# Customer Liability Waiver

## Wall Climbing Gym – Assumption of Risk & Release of Liability

### Personal Information / Data Pribadi

- Full Name Raphael Matulessy
- Date of Birth 12/07/2012
- Address Jalan bumbak
- Phone +6281337410127
- Email: sjianewattimena30@gmail.com

### Acknowledgment of Risk

I, the undersigned, acknowledge that indoor climbing and related activities (bouldering, top rope, lead climbing, training) involve inherent risks such as falls, equipment failure, injury, disability, or death. I voluntarily accept these risks and take full responsibility for my participation.

### Health & Fitness Declaration

I declare that I am in good physical condition and have no medical condition that prevents me from climbing safely. I will inform staff if any health issues arise.

### Assumption of Responsibility

I agree to follow all gym rules, staff instructions, and use equipment properly. I accept full responsibility for any injury or accident that occurs due to my actions, others, or the facility conditions.

### Release of Liability

By signing this waiver, I release the Wall Climbing Gym, its owners, staff, and affiliates from

any claims or legal responsibility for injury, accident, or property loss arising from my participation.

**Image & Media Rights**

By becoming a member or using Rock Island facilities, you grant Rock Island permission to take photos/videos of activities within the gym and to use them for promotional purposes, social media, and publications. If you do not wish for your face to be shown, please inform our staff.

**Consent for Minors**

If the participant is under 18 years old, I, the parent/guardian, give consent for my child to participate and accept full responsibility as stated in this waiver.

Name of Minor Raphael

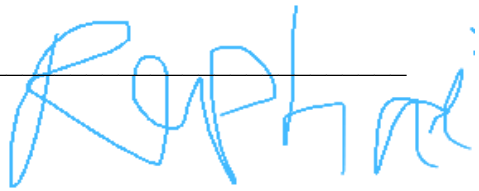
Date of birth 12/07/2012

Name of Minor

Date if Birth

Parent/Guardian Name / Raphael Matulessy

Signature / Tanda Tangan: _____
Date / 01/11/2026



**Acknowledgment & Signature**

I have read, understood, and voluntarily signed this waiver.

**Participant's Signature** _____
**Date** / 01/11/2026

