Customer Liability Waiver

Wall Climbing Gym – Assumption of Risk & Release of Liability

Personal Information / Data Pribadi

- Full Name Filip Myllyaho
- Date of Birth 17/05/1987
- Address Sunnanvindsgatan 2D, 417 12 Gothenburg, Sweden
- Phone +46761606768
- Email: filip.myllyaho@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.

Acknowledgment & Signature

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

Participant's Signature _____
Date / 02/11/2026