

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF PARKS AND FORESTRY

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**Individual Waiver for Rock Climbing**  
*All climbers must complete this form*

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I, \_\_\_\_\_, being at least 18 years of age or accompanied by a legal guardian, hereby understand and acknowledge that the sport of rock climbing is extremely hazardous and the risk of injury engaging in this sport is high. I further understand and acknowledge that by engaging in the sport of rock climbing on any land under the jurisdiction of the New Jersey Division of Parks and Forestry, I subject myself to risk of injury, whether through my own negligence, through the negligence of another climber, or through accidental coincidence.

I, or my legal guardian on my behalf, hereby acknowledge that I have full knowledge of the types or risks to which I am subjecting myself by engaging in the sport of rock climbing.

In recognition of the above, **I hereby assume all risk of injury and I release, discharge and hold the State of New Jersey, Department of Environmental Protection, Division of Parks and Forestry, harmless from any liability resulting from injuries suffered by me, whether proper or improper, while climbing on any NJ State Park Service lands under this waiver. Further, I voluntarily waive all rights to bring legal action against the State of New Jersey for any cause related to my rock climbing activities on lands under the jurisdiction of the Division of Parks and Forestry. Finally, I agree to hold the State of New Jersey harmless from any claims or liability resulting from my use of State property under this waiver.**

By signing this release, I expressly state that I have read this document and that I fully understand and accept its contents as stated above.

**Climber Signature:**

\_\_\_\_\_

**Legal Guardian (Submit proof of Guardianship):**

\_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Today's Date: \_\_\_\_\_