

**INCLIMB
PORTABLE ROCK N' CHALLENGE
EVENT/RENTAL AGREEMENT**

**INCLIMB, LLC
550 SW INDUSTRIAL WAY
BEND, OREGON 97702
PH 541-388-6764
FX Same
WWW.INCLIMB.COM**

Contact: _____
Email: _____
_____

DATE OF EVENT: _____

**CONTACT
NAME/ADDRESS/PHONE:** _____

NAME OF EVENT: _____

LOCATION: _____

ALTERNATE LOCATION: _____

HOURS OF OPERATION: _____

INCLIMB BELAYERS: YES / NO # _____

***YOU MUST PROVIDE AT LEAST 2 VOLUNTEERS IF YOU ARE HOSTING A 'FREE CLIMBING' EVENT.**

EVENT BELAYERS/VOLUNTEERS PROVIDED BY YOU: YES / NO # _____

(list by name): _____

INITIAL _____

ADDITIONAL INSURANCE: YES / NO

-if YES, please complete the following info IN FULL:

NAME OF EVENT: _____

DATE OF EVENT: _____

CONTACT NAME: _____

ADDRESS,CITY,STATE & ZIP: _____

PHONE: _____ FAX: _____
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TERMS: _____

1/2 DOWN DEPOSIT \$ _____ REC'D _____ BY _____

BALANCE \$ _____ REC'D _____ BY _____

INCLIMB carries both property insurance and liability insurance while under INCLIMB operation. INCLIMB staff will always be present to supervise the operation of the Rock n' Challenge. Understand that if you are handling INCLIMB portable wall and equipment you accepting full responsibility for the equipment, the maintenance and the safety of the people on the portable wall. Initial _____

If there are changes made to the contract they must be approved two weeks prior to booked date. Initial _____

In the event of a CANCELLATION, the rentee must cancel at least TWO WEEKS prior to event to receive DEPOSIT BACK IN FULL. Initial _____

In the event of RAIN, UNFAVORABLE WEATHER and an alternate location has not been secured, INCLIMB will keep deposit as partial payment. Initial _____

By signing this contract I understand that I am entering into a non-competition agreement with INCLIMB. For one year from the booking date I agree not to purchase, build or promote climbing programs privately. Initial _____

I have read and understand all of the above.

_____ date ___ / ___ / ___