

4th 9 Weeks Positive Behavior Award - June 4th, 2019

(Both the applicant child and a parent or guardian must read carefully and sign.)

Child's Name _____

Age _____ Grade _____ Date of Birth _____

CHILD - (10th-12th graders - wishing to participate in rock climbing wall)

I am aware that playing or practicing in any physical activity can be dangerous involving MANY RISKS OF INJURY. I understand that the dangers and risks of participating climbing the *National Guard climbing wall* include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers and risks of playing or practicing using *The National Guard Climbing Wall* may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating using *The National Guard Climbing Wall*, I recognize the importance of following advisors instructions regarding climbing techniques, training and other rules, etc., and to agree to obey such instructions.

I acknowledge that the Shade-Central City School District is permitting me to engage in *The National Guard Climbing Wall*, not limited to, trying out, practicing or participating. I hereby assume all the risks associated with participation and agree to hold the Shade-Central City School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in *The National Guard Climbing Wall*. The terms hereof shall serve as a release and assumption of risk for my heirs, estate executor, administrator, assignees, and for all members of my family.

Date: _____ 20 _____

Signature of Student

WARNING, AGREEMENT TO OBEY INSTRUCTION, RELEASE, ASSUMPTION OF RISK, AND AGREEMENT TO HOLD HARMLESS (PARENT OR GUARDIAN)

I, _____ am the parent/legal guardian

Of _____ (CHILD). I have read the above warning and release and understand its terms. I understand that all physical activity can involve many RISKS OF INJURY, including, but not limited to, those risks outlined in CHILD section.

I acknowledge that the Shade-Central City School District is permitting my child to engage in activity of using *The National Guard Climbing Wall*, not limited to, trying out, practicing or participating. I hereby assume all the risks associated with participation and agree to hold the Shade-Central City School District, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in *The National Guard Climbing Wall*. The terms hereof shall serve as a release and assumption of risk for my heirs, estate executor, administrator, assignees, and for all members of my family.

Date: _____, 20 _____

Signature of Parent or Legal Guardian

