

# Climbing Wall Waiver Form

## 2011

**Participant's Last Name:** \_\_\_\_\_, **First Name:** \_\_\_\_\_

(This form needs to be filled out by anyone who wishes to climb the Longmont Recreation Center Climbing Wall. Waivers stay on file for one year.)

### **ACKNOWLEDGMENT OF RISKS TO MYSELF AND MY MINOR CHILD/WARD WHEN PARTICIPATING IN THE CLIMBING WALL PROGRAM SPONSORED BY CITY OF LONGMONT, COLORADO**

I understand that there are certain risks involved in participating in the City of Longmont program, including the risk of physical injury. I hereby **RECOGNIZE, ACHNOWLEDGE AND ACCEPT** on behalf of my child/ward such risks. I furthermore **AGREE** that it is acceptable to me and my child/ward that my child/ward participates in this program although such risks, including the risk of physical injury exist. I **RECOGNIZE AND AGREE** that the City of Longmont may not be able to prevent injury to my child/ward and further **RECOGNIZE AND AGREE** that the City of Longmont cannot guarantee that not injury will occur to my child/ward.

**Participant's Full Name (Please Print):** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Participant's Age:** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian's Signature if participant is less than 18 years of age:**

\_\_\_\_\_

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Emergency Contact:**

**Name:** \_\_\_\_\_      **Phone #:** \_\_\_\_\_

**Longmont Recreation Center Staff Signature:** \_\_\_\_\_

(This is necessary when a parent/guardian is signing the form.)