

Minot Family YMCA Climbing Wall Release of Liability

Updated 06/28/2017

The Minot Family YMCA is committed to conducting all of its programs in a safe and enjoyable manner. The safety of participants is held in high regard, and rules and guidelines have been set in place to minimize the risk involved with all activities. However, participants must be informed of and must understand that there is an inherent risk of injury involved with all recreational activities that cannot be logistically eliminated. Please read all sections of this form and initial the corresponding box indicating that you understand their contents.

precaution and attention to sa available to me and I underst	afety, there is a risk of serious and that it is my responsibility hese rules as well as any addi	injury beyond total cont to familiarize myself wit	rol. Climbing facilith them. I have re	ity policies ha ad and unde	ave been made	of
	"Furthermore, I waive all rig ly injury to myself/my child. I any injury, loss, or damages s	release the Minot Family	YMCA, its staff, it	s affiliates, a		
during all activities. Approve	part in any level of climbing a d helmets will be provided on- datory, participants must be a	site and may be worn du	iring any phase of	the climbing	experience. Whil	le y
elect not to wear a helmet that	vare of the position held by the at I am putting myself at great and all responsibility in the ev	ter risk for head, neck or	back injury while			
losses and costs accrued to m	nereby indemnify and hold har nyself/my child as a result of n imitation which would preclude	ny participation in any cli	mbing activities. I			,
"I, the undersigned, am of	In signature is required in signature is required in flegal age (18 years old) anderstand that they are leg	nd am competent to e		rementione	ed agreement. :	I
Parent's Name (Printed))					
Signature of Parent or L	egal Guardian					
Name of Participant (pr	inted)	Birth Date		Male	Female	
Name of Participant (printed)		Birth Date		Male	Female	
Name of Participant (printed)		Birth Date		Male	Female	-
Name of Participant (printed)		Birth Date		Male	Female	-
, , , , ,	•					
Signature				Date		
Address	City	State	Zip code	Phone		

Phone Number

Emergency Contact Full Name