

# Cave Quest VBS 2016

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

**\*For more information, visit our website at [forthowardcc.com](http://forthowardcc.com) or like us on facebook.**



(See waiver on back)

## Ft. HOWARD COMMUNITY CHURCH

### ROCK-CLIMBING WALL WAIVER

I understand and agree that I am assuming responsibility for the Participant named below all risk of injury from participating in rock climbing activities. I understand that injuries while rock climbing may occur from rope entanglements, or from contact with anchor points, bolts, or equipment used in climbing.

While particular protective equipment will minimize the risk, the risk of injury does exist and other unforeseeable injuries may occur from these activities. I hereby waive, release, and agree not to sue Ft. Howard Community Church or any of their directors, agents, or assigns for any damage, injury, cost, or cause.

I voluntarily sign this waiver, release and agreement not to sue with full knowledge of the nature and extent of the risks inherent in the use of the rock-climbing wall.

I further understand that Ft. Howard Community Church does not provide medical insurance coverage for my child and any medical expense incurred will be paid by me or my insurance. I hereby grant permission for my child to participate in all the rock-climbing activities, and to be treated by a licensed medical professional in the event of any injury, accident or illness or other situation that may require medical attention.

Any non-cooperative or non-compliant participants will be subject to exclusion from further participation in the rock-climbing wall.

**PARTICIPANT'S NAME**

**PARENT/GUARDIAN SIGNATURE**

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