



PARKS & RECREATION

TOWN OF ERIE
CLIMBING WAIVER & RELEASE OF LIABILITY
PLEASE READ BEFORE SIGNING

Name of Participant: _____ Date: _____

In consideration for permission by the Town of Erie for my minor child to participate in all climbing activities operated by the Town, on behalf of my minor child identified below, I (on my own behalf, on my child's behalf, and on behalf of our heirs, personal representatives, successors and assigns), acknowledge, understand and agree to the following:

- 1. My minor child and I will obey all rules and regulations of the climbing program established by the Town of Erie, its officers, agents, and employees (herein after referred to as the "Town of Erie").
2. I understand and acknowledge that my minor child's participation in the activities in the climbing program carries with it certain inherent risks that cannot be eliminated, regardless of the care taken to avoid injury. These specific risks vary from one activity to another, but the risks include (1) minor injuries such as scratches, bruises, and sprains; (2) major injuries such as eye injury or loss of sight, joint or back injuries, fractured or broken bones, heart attacks and concussions; and (3) catastrophic injuries including paralysis and death. Such risks may result from many factors including, but not limited to, falls from or contact with walls or equipment, bad decision making, inattention of belayers or actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, or accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the activities of the climbing program and agree that said list in no way limits the extent or reach of this Waiver and Release of Liability. I assert that my minor child's participation is voluntary and I knowingly assume all such risks.
3. I do hereby release and agree to hold harmless the Town of Erie from claims, demands, actions or causes of action on account of any injury or death to my minor child, or damage to my minor child's property which may occur from any cause during said programs, in my minor child's participation in these programs, or in connection with any activities incidental thereto.
4. I authorize the Town of Erie to arrange emergency medical care for my minor child, solely at my expense, should it become necessary to do so in the event of injury to my minor child.

I have read the above statement and agree to all of its terms, waivers and releases of liability.

Signature of parent of guardian _____ Date: _____

Printed name of parent or guardian _____ Printed name of minor child _____

Staff Use Only

Staff Member: _____ Date Received: _____
(Rev 1/2020)