

Lafayette College Recreation Services
CLIMBING WALL MINOR WAIVER

REQUEST FOR CHILD / MINOR TO PARTICIPATE

Name of Participating Child / Minor (Print) _____ Birth Date _____

Name of Participating Child / Minor (Print) _____ Birth Date _____

Release of Liability & Informed Consent for Minor Climber Guest

I am the parent/guardian of the above-named participant(s), who is/are under 18 years of age, and I am fully competent and legally empowered to sign this agreement. I am requesting that my child/children be permitted to participate in Lafayette's Climbing Wall Program. By my signature below, I acknowledge that my child's/children's participation at the climbing wall involves inherent risks that may result in his/her/their personal injury, illness and even death, and I understand and appreciate the nature of such hazards and risks. Relying on my own judgment, I have voluntarily chosen to allow my child/children to participate, and I assume all such dangers and risks.

I acknowledge that participation in this activity involves risk of injury and even the possibility of death. If medical attention is required for illness or injury while attending or participating, I give my permission for such care and I certify that I am covered by my medical insurance program. Lafayette College and the Department of Recreation Services are not responsible for and will not provide payment of any medical, dental, hospital or laboratory fees due to injury incurred while participating on the climbing wall. Knowing and appreciating the possible risks of injury, I voluntarily choose to participate and agree to assume the risk of participating in the climbing wall program and further agree to hold harmless Lafayette College and its trustees, officers, employees and agents from and against any claim for personal injury or property damage that I might incur as a result of participating in the climbing even if such personal injury or property damage is allegedly attributable to the negligent acts or omissions of Lafayette College or its trustees, officers, employees or agents.

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date: _____

Name of Parent/Guardian (please print) _____

Email: _____

Campus Affiliation:

Child of Employee

Guest of Student or Employee

ANY CLIMBER UNDER THE AGE OF 16 MUST WEAR A SAFETY HELMET – NO EXCEPTIONS.