



Climbing Pinnacle Risk Acknowledgement/Liability Release and Waiver

I have read, understand, and agree to the following statements:

Rock climbing is an inherently dangerous sport and can potentially result in serious injury or death. My use is voluntary and I assume all responsibility for any property loss or damage, bodily injury, or death resulting from my participation. I am physically able and sufficiently skilled to participate in activities and use the equipment available. I am obligated to conduct myself and to supervise my children, if any, in a safe and respectful manner including complete sobriety of alcohol and mind altering drugs. It is my responsibility to check and maintain the safety condition of all equipment used while participating in any climbing activities including personal, rented, and borrowed gear. I am familiar and will comply with all rules and regulations and will obey all staff members. I authorize and consent to emergency medical treatment or hospital care rendered to me or my child by any licensed medical professional. Any photograph taken of me while utilizing the facility or participating in Federal Way parks and recreation activity may be used to publicize activities as deemed appropriate by Federal Way parks and recreation staff. I understand that failing to comply with the aforementioned standards may result in short or long term loss of facility use I hereby waive, hold harmless, release, and discharge forever the city of Federal Way, Federal Way parks and recreation, their employees, coaches, volunteers, and other agents, from any liabilities, demands, claims, or cause of action resulting from property loss, damage, bodily injury, or death that may result from my participation, except as may arise solely from the gross negligence of the city of Federal Way.

Participants Printed Name: _____

Participants Signature: _____ **Date:** _____

Emergency Treatment Authorization

I hereby certify that I am the **parent/legal guardian** of the participant and give my consent for participation in the provided activities. In the event that I cannot be reached in an emergency, I give permission to any licensed medical professional to secure proper treatment including injection and anesthesia. I also hereby state that my child is free from communicable diseases, has received all required immunizations, and has submitted in writing to staff any allergies in case of emergency medical treatment.

Liability Release and Wavier for Minors

In consideration of the City of Federal Way allowing my child to participate in rock climbing activities at Federal Way Community Center, I hereby waive, hold harmless, release, and discharge forever the City of Federal Way, Federal Way parks and recreation, their employees, coaches, volunteers, and other agents, from any and all liabilities, demands, claims, or cause of action resulting from property loss, damage, bodily injury, or death that may result from my child's participation in these activities except as may arise solely from the gross negligence of the City of Federal Way. I understand that, by signing this waiver, I am not waiving any rights or claims my child may have for his/hers own damage or injury resulting from his/hers participation in this activity.

I hereby agree to the forgoing Emergency Treatment Authorization and Liability Release and Waiver.

Parent/Guardian Printed Name: _____ **Emergency Phone #:** _____

Parent/Guardian Signature _____ **Date:** _____