

**CLIMBING WALL/TOWER AND HIGH ROPES COURSE  
ASSUMPTION OF RISK  
WAIVER AND RELEASE OF ALL CLAIMS**

This program and activities include high ropes, climbing wall/tower and low elements activities (collectively, the "Activities"). These Activities challenge and engage the physical, mental and emotional resources of each participant. In addition, all recreational activities carry an inherent risk of injury. Some risks and dangers of the Activities include, but are not limited to, injury from slipping, falling, running or jumping, acts of God, lack of safety equipment, equipment failure, failure in supervision, and all other circumstances inherent to the Activities. Physical injuries from participation in the Activities may include, but are not limited to, cuts, abrasions, sprains, broken bones, concussions, head injuries, spinal injuries and/or death. Please read this form carefully and be aware that in participating in the Activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you or your minor child/ward might sustain as a result of participating in the Activities.

THESE ACTIVITIES INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I RECOGNIZE AND ACKNOWLEDGE THERE ARE CERTAIN RISKS OF PHYSICAL INJURY TO PARTICIPANTS IN THE ACTIVITIES AND VOLUNTARILY AGREE TO ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that my minor/ward child or I may sustain as a result of participating in the Activities.

I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents and each of them from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the Activities.

I have read and fully understand the above important information, ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Please Print

Participant's name \_\_\_\_\_ Parent or guardian name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Parent or guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY TREATMENT RELEASE**

As the parent or guardian of the minor named below, I hereby authorize the treatment by a qualified and licensed medical doctor of such minor in the event of a medical emergency, which in the opinion of the physician may endanger the minor's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of minor: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_\_

Specific medical allergies or other conditions: \_\_\_\_\_

Other emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_