



Solstice Rock Guides
Teacher / Parent Consent Form

Students Full Name _____ Age: _____

School: _____

Teacher _____ Phone: _____

In Consideration of my being permitted by Solstice Rock Guides to use natural rock climbing areas and indoor rock climbing centres. I agree to the following waiver and release. I, the undersigned user, agree to IDEMNITY AND HOLD HARMLESS Solstice Rock Guides and I make the following representations:

I understand that there are extreme risks in rock climbing activities at natural rock climbing areas and indoor climbing facilities. I further acknowledge and agree that those risks include but are not limited to:

- 1 Inattentive belayers and other bad decisions making, by myself or those I am climbing with.
- 2 All manner of injuries resulting from hitting projections, permanent or temporary, or the ground.
- 3 Injures resulting from hitting falling people or other dropped items.
- 4 Cuts, abrasions, and other wounds resulting from skin contact with center walls and projections.
- 5 Rope abrasion, entanglement, and other injures resulting from activities inside or at natural rock climbing areas.
- 6 Rock fall, falling items, bee stings, lightning strikes, sun burn, slips, twisted ankles and other similar injures.

I agree to assume all risk of personal injury including, but not limited to: broken bones, paralysis, and death that may occur while inside or on natural rock

I am over (19) years of age. If I am not over (19) years of age, my parent or legal guardian has also read and signed this release. I have carefully read this agreement and fully understand its contents. I hereby give permission for my child to participate in these programs.

Please Print and write clearly

Signature of Participant _____ Date of Birth _____

Participant's Name **Clearly Printed** _____ Phone () _____

Parent / Legal Guardian's Signature, if participant is under 19 years _____

Parent / Legal Guardian's Name **Clearly Printed** _____

Participant's Address _____

Date: ____/____/____
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