

Washington County Community College



Outdoor Adventure Center
Rock Climbing Wall

**Consent to Participate
Assumption of Risks and Release of Liability**

Legal Name _____ Date of Birth ___/___/___

School Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Cell Home Phone Work Phone

Secondary Phone # _____ Cell Home Phone Work Phone

Emergency Contact Person _____

Emergency Contact Phone # _____

I understand the physical demands and the risks associated with climbing on this wall, and that such risks, including head, limb and spinal injuries caused by exertion or falling, could result in serious injuries, impairment or death. I declare that I am in excellent health and may participate safely in climbing with no restrictions, and do, therefore assume all risks arising from or as a result of my participation in climbing. I also agree, on behalf of myself, my family, heirs and personal representative(s), to release, discharge and hold harmless Washington County Community College and the Maine Community College System and all of their respective agents, employees and officers from any and all liability, demand, costs or damages, including attorney fees, other than those for which Maine law prohibits release, arising from my participation in climbing. I further authorize attending medical personnel to administer any necessary medical attention that may be required as a result of my participation in this activity.

Washington County Community College follows all CDC COVID-19 guidelines requiring social distancing, face coverings and sanitizing equipment. I recognize the risks of transmitting COVID-19 and will follow the Maine CDC guidelines as well as Washington County Community College's COVID-19 guidelines.

Please sign below only if you have read, understood and agree to all of the above terms and conditions.

Signature: _____ Date: _____