

Washington County Community College



Outdoor Adventure Center
Rock Climbing Wall

**Consent on Behalf of Minor to Participate
Assumption of Risks and Release of Liability**

Legal Name of Minor _____ Date of Birth ____/____/____

Name of Parent or Guardian (printed) _____

Address _____ City _____ State _____ Zip _____

Primary Phone # _____ Cell Home Phone Work Phone

Secondary Phone # _____ Cell Home Phone Work Phone

Email Address _____

Emergency Contact Person _____

Emergency Contact Phone # _____

I verify that I am the parent or guardian of the above-named minor child and have authority to enter into this Assumption of the Risk and Release from Liability Agreement. On behalf of my child, I understand the physical demands and the risks associated with activities on the rock climbing wall, and that such risks include head, limb and spinal injuries caused by exertion or falling, that could result in serious injuries, impairment or death. I declare my child is in excellent health and may participate safely in climbing with no restrictions, and I, therefore assume all risks arising from or as a result of my child's participation in climbing activities. I also agree on behalf of my child, our 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 child's use of the climbing wall. I further authorize attending medical personnel to administer any necessary medical attention that may be required as a result of the minor's 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.

Parent or Guardian Signature: _____ Date: _____