

**ACKNOWLEDGEMENT OF RISK & ASSUMPTION OF RISK AND RELEASE
FORT RUCKER YOUTH CENTER'S ROCK CLIMBING WALL**

ACKNOWLEDGEMENT OF RISK

As a participant in the Fort Rucker Youth Center's Rock Climbing Wall, you are about to knowingly participate in an activity where there is a possibility that an accident or a serious injury could occur. While the Youth Center will follow high-risk management standards to help protect you from potential harm, we cannot guarantee that you will not be hurt in the event of an unforeseen event.

Please do not participate in these activities if you believe you cannot sustain an injury. Every participant is expected to follow rules, policies, and procedures, and use good judgement in order to help make the activities as safe as possible for all participants.

ASSUMPTION OF RISK AND RELEASE

RELEASE EXECUTED TO: Fort Rucker Youth Center, Fort Rucker, AL. In consideration of being permitted to participate in utilizing the Youth Center's Rock Climbing Wall, I the undersigned, do hereby voluntarily agree to assume all associated risks and responsibilities to which I may be exposed during my participation in the activity. In addition, I will be financially responsible for any property damage/loss or injuries that may occur as a result of my negligence or failure to follow instructions.

I will not participate in unsafe practices and I will inform the staff of any dangers known to me that may cause injury to others or myself.

I understand that I have the right to not participate if I don't feel physically or emotionally safe.

I have read all of this informed consent and understand that I may be dismissed from participation for refusing to follow any of the above agreements.

By signing this release form I agree to release and hold harmless the Fort Rucker Youth Center, its agents, assistants, employees and co-sponsors for any damage or injuries, physical or mental, which might incur as a result of my voluntary decision to participate in the Rock Climbing Wall at the Youth Center, Fort Rucker, AL.

(Youth and Parent/Guardian must complete the following)

Print Participant Name: _____ Age: _____

Participant Signature: _____ Date: _____

Participant/Guardian(s) Full Name (if participant is under 18): _____

Participant/Guardian(s) Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (other than parent/guardian):

Name: _____ Phone Number: _____