

INDOOR CLIMBING CONSENT FORM

I am the legal guardian of _____, and I consent to his or her
Participation in the **Indoor Climbing Center** activities at the University of Washington.

I acknowledge that my child's voluntary participation in this sport activity involves inherent hazards and risks of serious personal injury such as, but not limited to: paralysis, brain damage, loss of vision or limb function, permanent scarring, disability, and/or death, and I agree to assume those risks outside the control of the University of Washington Staff. I agree to be responsible for assuring that my child has the necessary abilities and conditioning to safely participate in this activity.

I understand that the Department of Recreational Sports Programs or the University of Washington does not provide accident/medical coverage for **Indoor Climbing Center** participants. I further agree that my child has the appropriate accident/medical insurance to provide for the possible future medical expenses which may be required by my child as a result of any injury sustained in participation in this activity.

Signature of Parent or Legal Guardian

Date

Name