



Baldwin Park Teen Center & Skate Park

Rock Wall Liability Waiver

Please complete the following information:

Participant's Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Father (Legal Guardian) Name: _____ Phone Number: _____

Mother (Legal Guardian) Name: _____ Phone Number: _____

In case of an emergency when neither parent is available please list two trusted emergency contacts

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

General Release / Waiver and Indemnity Agreement

I certify that I am in good health and have no physical or other impediment, which would endanger me while participating in the Rock Climbing Wall here after known as the activity. I realize that by participating in the activity, I will be exposed to a risk of injury, or death. In consideration of permitting me to enroll in and participate in the activity I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Baldwin Park, here after known as the "city" (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions of personal injury, property damage, or wrongful death which arise out of or relate to the activity, whether or not the liability, or claim, or action rises out of negligence or carelessness on the part of the City (or its officers, agents, employees or volunteers). I understand the dangers incidental to participating in the activity and the need for safety precautions and I have discussed the dangers of the activity and the need for safety precautions. I have read the General Release Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it. Parental Consent: (to be completed and signed by a parent/legal guardian) I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and I do hereby give permission for the child to participate in the above activity. I further certify that the child is in good health and has no physical or other impediment, which would endanger him/her while participating in the activity. I realize that, by participating in this activity, the child will be exposed to risk of injury or death. I hereby execute the above Agreement Waiver and Release on his/her behalf. I understand that the dangers incidental to participating in the activity and the need for safety precautions and I have discussed the dangers and the need for safety precautions with the child.

Parent / Legal Guardian Signature: _____ Date: _____

It is the Parent/Legal Guardian's responsibility to renew this form annually in order for their child to continue the use of the Rock Wall.

Staff Signature: _____ Date: _____