

**Jr High**

**TO**

**TURN**

**IN**



## GUN LAKE COMMUNITY CHURCH YOUTH MINISTRIES

EVENT CONSENT FORM: \_\_\_\_\_

EVENT DATE: \_\_\_\_\_

Please Print:

Name of Child/Student \_\_\_\_\_

Parent(s) and/or Legal Guardian(s) of participant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Age of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Academic Grade \_\_\_\_\_

### **Release of Liability**

By signing this Permission/Liability Release Form, I expressly warrant that the child/student named above is capable of withstanding both the physical and mental demands of the activities sponsored by Gun Lake Community Church. I also expressly assume all risks of the child/student participating in the activities, whether such risks are known or unknown to me at this time. I further release Gun Lake Community Church and its administrators, leaders, employees, volunteers, and agents from any claim that my child/student may have or that I may have against them as a result of injury, death, or illness incurred during the course of participation in the activities.

### **First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child/student named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of Gun Lake Community Church to seek and secure any needed medical attention or treatment for the child/student named above, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment not covered by insurance. In the event that I cannot be reached at the phone numbers I provided, I hereby give permission for the Youth Director, adult sponsor, or other agent of Gun Lake Community Church to consent for any needed treatment for my child/student, including surgery, and I authorize them to surrender physical custody of my child/student to the Gun Lake Community Church Youth Director, adult sponsor, or other agent of Gun Lake Community Church upon completion of treatment.

**Health Insurance Information**

Insurance Company\_\_\_\_\_

Policy Number\_\_\_\_\_

Insurance Company Phone Number\_\_\_\_\_

Medical Doctor\_\_\_\_\_ Phone Number\_\_\_\_\_

Preferred Hospital\_\_\_\_\_

**Emergency Contacts Other Than Parent**

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

**Medical History (Please indicate "NONE" if no concerns or allergies)**

Special medical needs or concerns (medical, bee or food allergies, health conditions, medications, etc.)\_\_\_\_\_

Medication Allergies\_\_\_\_\_

Date of last tetanus shot\_\_\_\_\_

**Other Information**

Other Information leaders should know about the child/student or adult participant\_\_\_\_\_

**For Use Only if the Participant is a Child/Youth**

I represent that I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the above Permission/Liability Release Form, and I am fully familiar with the contents thereof.

I give permission for the child/student named above to participate in the activities of Gun Lake Community Church Youth Ministries. In consideration for allowing the participation of the child in the activities of Gun Lake Community Church, I hereby consent to the Permission/Liability Release Form, including the Release of Liability above, on behalf of the child/student, and I agree that this Permission/Liability Release Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature(s) of Parent(s) or Legal Guardian\_\_\_\_\_ Date\_\_\_\_\_

\_\_\_\_\_ Date\_\_\_\_\_

Printed Name(s) of Parent(s) or Legal Guardian\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT OF HAZARD ASSUMPTION OF RISK WAIVER  
OF LIABILITY FOR:  
Higher Ground II, LLC, aka Inside Moves Climbing Gym**

In consideration for my being allowed to use Inside Moves Climbing gym, and all related training facilities, I the undersigned hereby agree to and acknowledge the following:

**ASSUMPTION OF RISK:** I hereby acknowledge and accept and agree that the sport of rock and/or ice climbing and the use of Inside Moves Climbing Gym (henceforth known as Inside Moves) involves inherent risks. I have received full information and the opportunity to ask any questions that I wished. I have examined the climbing wall and have full knowledge of the nature and extent of risks associated with rock climbing and the use of the climbing wall, included but not limited to:

- a. All manner of injury resulting from falling off or from the climbing wall and hitting the floor, wall faces, people or more projections, whether permanently or temporarily in place.
- b. Rope abrasion, entanglement, and from other injuries resulting from activities on or near the climbing wall such as, but not limited to, belaying, rappelling, lowering on the ropes, rescue systems and other rope techniques.
- c. Injuries resulting from falling climbers or dropped items, such as but not limited to ropes, climbing hardware, wall parts, ice axes or personal property of other climbers.
- d. Cuts and/or abrasions resulting from skin contact with the climbing wall or any other surfaces.
- e. Failure of the ropes, slings, harnesses, runners, climbing holds, anchor points or other parts of the climbing wall.
- f. Failure to follow Inside Moves instructions or failure to ask for information.

I acknowledge that the above list is not inclusive of all the possible risks associated with the use of the climbing wall and related training facilities.

**RELEASE:** I hereby release and discharge Inside Moves, its owners, affiliates, agents and employees, and their successors and assigns, from any and all liabilities, suits, claims and demand actions or damages (including attorney fees and disbursements) incurred by me arising out of the use of or intended use of the climbing wall, including, without limitations all claims for property damage, personal injuries or wrongful death whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law. This release is binding on my heirs, assigns and agents. If I see or hear anything I feel is questionably dangerous, it is my responsibility to ask or inform Inside Moves employees until corrected or satisfactorily answered.

**INDEMNIFICATIONS:** I hereby agree to indemnify and hold harmless Inside Moves, its owners, affiliates, agents, and employees, and their successors and assigns from any and all causes of action, claims, demands, losses and costs or any nature whatever arising out of or in any way relating to my use of the climbing wall. This indemnification is binding on my heirs, assigns and agents.

**AGREEMENT TO FOLLOW SAFETY POLICIES OF INSIDE MOVES:** I accept full responsibility for my own safety and the safety of other climbers and spectators while on the premises of Inside Moves or its affiliates. I agree to abide by and help enforce the following safety policies:

1. All climbers must participate in the climbing wall orientation, must be familiar with the following policies and must have signed and filed this form with Inside Moves to be allowed to climb on the climbing wall.
2. All climbing wall users must undergo a belay skills test in order to become a qualified user. New Belayers will be trained and qualified by a Inside Moves Wall Supervisor.

3. All un-belayed climbing is prohibited except in designated bouldering areas or in other areas with height of feet only off the ground of 5' (five feet).
4. The Inside Moves Wall Supervisor or Climbing Wall Instructor must approve all climbing equipment not provided by Inside Moves.
5. All belayed climbing must be on Inside Moves provided ropes and must be belayed through an approved belay device. All belay devices other than those provided by Inside Moves may not be used unless approved by the Climbing Wall Supervisor. Roped climbers and belayers must wear approved harnesses.
6. Climbers will tie the rope directly into their harnesses with a FIGURE EIGHT FOLLOW THROUGH KNOT.
7. The supervision of any child in my party is my responsibility and not the responsibility of Inside Moves. Any behavior that is deemed inappropriate by the climbing wall supervisor will not be tolerated. Action will be at the discretion of the Climbing Wall Supervisor and could include the child being asked to return all equipment and cease climbing on Inside Moves walls.
8. Equipment is assigned in as "AS IS" condition. The climber accepts full responsibility for the care of the equipment and agrees to pay Inside Moves an amount equal to any loss or damage resulting from its use other than reasonable and normal wear and tear.

All climbers must inform Inside Moves Personnel and all other climbers of any situation seen as unsafe or not in accordance with the safety policies. All climbers are asked to assist and encourage less experienced climbers. All accidents or equipment damages must be reported immediately.

Inside Moves reserve the right to deny access to its facilities to any individual permanently or for a specific period of time for any breach of its safety policies, or for any conduct that is viewed as unsafe or inappropriate.

\_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_  
 User Signature Date

\_\_\_\_\_  
 Name Printed Clearly

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Birth

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_(\_\_\_\_\_)\_\_\_\_\_  
 Telephone & Emergency Contact

\_\_\_\_\_  
 Medical Problems we should be aware of

**FOR PARENTS/GUARDIANS OF A PARTICIPANT OF MINOR AGE (UNDER 18 ON DAY OF VISIT).**

This is to certify that I, as the parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all of the releases and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless Inside Moves from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X\_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_\_  
 Parent/Guardian Signature Date