



PARENT/GUARDIAN CONSENT AND ACKNOWLEDGEMENT OF RISK FORM

Please read carefully.

A. Information.

Minors Name _____

My child will be given the opportunity to participate in the following program or activity under the supervision of CUBE staff with the appropriate training and certification for the activity named below:

Climbing and bouldering at the CUBE indoor climbing wall

The Instructor will make every reasonable effort to ascertain that:

- a) The minors who undertake the program or activities will be adequately supervised.
- b) The location and/or facilities meet the applicable health and safety standards.
- c) The equipment made available or used in the activity has been inspected and is deemed to be appropriate, safe and well maintained.

Participating in Climbing Wall Activities involves many risks, dangers and hazards (INCLUDING THE RISK OF SEVERE OR FATAL INJURY TO MYSELF, MY CHILD OR OTHERS). These risks include, but are not limited to:

- Athletic injuries (sprains & strains)
- Trips, falls, and collisions (including all manner of muscular injuries, bruises, scrapes, cuts, sprains, dislocations, broken bones, and head, facial or dental injuries)
- Equipment failure
- Fall from height

Based on my understanding, acknowledgement and consents as described herein, I agree that _____ (name of minor) has my permission to participate in this program or activity under the supervision of CUBE staff.

Dated this _____ day of _____, 20____.

Parent/Guardian

Name: _____ Signature _____

Name (minor): _____ Signature (minor): _____

OFFICE USE ONLY:	MEMBER BARCODE	
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