

TIMBERVIEW Middle School

Academy School District 20
8680 Scarborough Drive Colorado Springs, CO 80920 Phone: 719.234-3600
Fax: 719.234-3699 <http://academy.d20.co.edu/TMS/>

WALL CLIMBING RELEASE FORM

I. Acknowledgment of Risk & Authorization for Emergency Medical/Dental Treatment

I hereby acknowledge and agree that adventure activities such as the use of climbing walls and other training facilities have inherent risks.

I have full knowledge of the nature and extent of all the risks associated with adventure activities and the use of facilities and equipment associated with these activities including but not limited to:

1. Blisters, sprains, cuts, bruises, dislocations, fractures, arterial bleeding, concussion, spinal cord damage, and even death.
2. All manner of injury resulting from falling off the climbing wall and hitting projections, whether permanently or temporarily in place, or on the floor or ground.
3. Rope abrasion, entanglement or other injuries resulting from activities on or near climbing wall such as, but not limited to climbing, belaying, lowering on the rope, and any other rope techniques.
4. Injuries resulting from falling climbers or dropped items, such as but not limited to, ropes or climbing hardware.
5. Injuries resulting from participation in any activities associated with an adventure program such as, but not limited to, warm up activities, new games, cooperative games, spotting activities, group initiatives, low elements, or high elements.
6. Failure of ropes, harnesses, climbing hardware, or any part of the climbing wall.

I further acknowledge that the above list is not inclusive of all the possible risks associated with wall climbing and that the above list in no way limits the extent or reach of this release and covenant not to sue. I accept the fact that the program facilitator(s) cannot guarantee my total safety since some risks in adventure activities are beyond their control. I agree to follow all instructions and guidelines given by them, and to act in a safe and responsible manner toward all participants. I fully comprehend and willingly assume the responsibilities and risks of participating in this program, as outlined in the orientation information and as explained to me by the facilitator(s).

By signing below, I authorize the staff of Timberview Climbing Program to secure necessary emergency **medical/dental care for my child**. I authorize the administration of the anesthetic prescribed to carry out the necessary medical treatment. I further authorize the staff to release information necessary for treatment.

I, as parent or guardian of : _____ (minor under 18 years of age), hereby consent to the

Print Student's Name

terms and conditions set forth in this Acknowledgment of Risk form and Authorization for Emergency Medical

and Dental Treatment.

Parent or Guardian Signature

Address

City

State

Zip

II. AGREEMENT TO FOLLOW SAFETY POLICIES

I, the undersigned user of the Timberview climbing wall accept full responsibility for my own safety and the safety of other participants while on the premises of Timberview Middle School. I agree to abide by, and to help enforce the following Safety Policies:

1. All climbers must have signed Release Forms on file at TMS to gain access to the Climbing Wall.
2. Each new user of the Climbing Wall will demonstrate safe belaying and tie-in technique to a TMS Supervisor. Only approved users will be allowed in the climbing wall area. New belayers must take a training session and be qualified by a Wall Supervisor before receiving approval for climbing.
3. No unbelayed climbing over 8 feet above the landing zone.
4. Climbing over 8 feet above the landing zone must be roped and belayed through a belay plate or similar device. Roped climbers and belayers must wear approved harnesses.
5. Helmets are required for all climbing as specified by the instructor.
6. All belayers must use an appropriate back-up system.
7. Climbers should inspect the facilities and equipment to be used. If anything is unsafe, the Climbers should immediately advise the instructor of such conditions and refuse to participate. All Climbers are asked to assist and encourage less experienced Climbers.
8. All climbers will use proper check systems and verbal commands as instructed.
9. Timberview Middle School reserves the right to deny access to its facilities to any individual permanently or for a specified period of time for breach of contract in following the Safety Policies, or for any conduct that is viewed as unsafe or inappropriate.

In consideration of the use of the Timberview climbing wall, I acknowledge that I have read and will abide by the Safety Policies as set forth above and given verbally as instructions for use.

Student's Signature _____

Date: _____

III. EMERGENCY INFORMATION: MEDICAL INVENTORY

The following information will be held in confidence. The physical education department is soliciting this information from our students to insure a safe experience for your son or daughter. Please complete all questions:

Allergies: NO YES - List: _____ Current medications: _____

Heart and/or respiratory problems: NO YES: _____ Do you wear contacts? NO YES

List any other medical concerns: _____ Date of Birth: ____ - ____ - ____ Age: __

Insurance Company: _____ Policy # _____

Family Physician: _____ Person to contact of emergency: _____

Emergency Home Phone: _____ Business phone: _____

Parents/Guardians,

Please read the attached release form for our “Climbing Wall” unit. This is a standard District 20 waiver that covers both the high ropes course, used only at the high school, and the climbing wall used at TMS. Our unit teaches basic skills, to include belay, bouldering, and climbing. We appreciate your support and look forward to receiving your signature as soon as possible. Note, your child cannot participate until we have the signed form. **If you do not want your child to participate in this unit and want them to be excused please sign below.**

Respectfully,

Timberview Physical Education and Health

Joe Frasca, Kathy Powell, and Lindsey Wallace

I DO NOT want my child to participate in the wall climbing unit at Timberview Middle School.

Student Name _____ *Grade* _____

Parent Signature _____