Charleston County Park & Recreation Commission Climbing Wall/Slackline Park

PARTICIPANT'S NAME _____**ADDRESS**_____**DOB**_____

CITY_____**STATE**_____**ZIP**_____**PHONE** _____**AGE**_____

PLEASE FILL-OUT THIS FORM AND RETURN ON THE DAY OF YOUR PROGRAM

PART I: AGREEMENT TO PARTICIPATE AND HOLD HARMLESS

In agreeing to participate at the Charleston County Park and Recreation Commission Climbing Wall/Slackline Park, I recognize certain risks and dangers exist. These risks include, but are not limited to loss or damage of personal property, injury or fatality due to falling from heights, being struck by falling objects, allergic reactions to foods or insects and exposure to temperature extremes or inclement weather.

I agree to abide by the Climbing Wall/Slackline Park rules, and understand that Charleston County Park and Recreation Commission, its staff and other program participants shall assume no responsibility or liability for me for accident, illness, injury, or loss or damage of personal property caused either by negligence or risks inherent in the activity. I acknowledge and assume all risks in connection with this activity, and I hold CCPRC and its agents harmless from any and all liability, action, claims, damage of every kind.

Furthermore, I hereby grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I also understand that this Agreement has no expiration date and remains in effect at all times that I am observing or participating in the Activity, until such time that I notify CCPRC in writing or till CCPRC determines.

PART II: AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I am aware of my general condition and affirm that I am fit to participate in any activities required for participation in this program. I will fully disclose any relevant medical information on this form and to CCPRC staff, and will engage in all prescribed activities except for those noted by me and/or by my examining physician. In the event I am rendered unable to communicate by an emergency or accident, I authorize and request such medical and surgical services as may be necessary, and further agree to accept financial responsibility for same. I further agree that it is my responsibility to seek the approval from a medical provider in order to participate in this activity should my physical, mental, or medical status change.

List any medical concerns that might affect your ability to participate and/or information you wish us to pass on to EMS or hospital staff incase of emergency:_____

_____

PART III: HELMET WAIVER

I understand that any person 17 years of age or under must wear a helmet to climb and cannot waive that right. I further understand t if I am 18 years of age or older, I may waive the right to wear a rock climbing helmet, knowing that a helmet may protect me from debris falling from the top of the wall, striking overhanging parts of the wall, colliding with other climbers, etc. I fully and voluntarily accept these risks and any others not listed here. CCPRC recommends that you wear a helmet.

PART IV: THE CLIMBING WALL/Slackline RULES

- Any person 17 years of age or under MUST wear a helmet and cannot waive that right.
- Any person involved in lead climbing /lead belaying regardless of age MUST wear a helmet and cannot waive that right
- All belayers must be at least 14 years of age and have on their person a valid Belay Card from this facility, unless participating in a CCPRC program.
- Belayers are required to be properly anchored.
- No bouldering on The Climbing Wall under climbers.
- Any personal equipment is subject to the approval of The Climbing Wall staff.
- Loitering within the belay bench perimeter is not allowed.
- Shoes must be worn while climbing at The Climbing Wall.
- No smoking allowed past The Climbing Wall office.
- All persons are subject to monitoring by The Climbing Wall staff in regards to safe climbing and belaying practices.

My signature on this document is also intended to bind my heirs, representatives, executors, or administrators.

PARTICIPANT'S SIGNATURE_____**DATE**_____

PARENT/GUARDIAN'S SIGNATURE_____**DATE**_____

(Required if participant is under 18 years of age)

Participant's Name: _____ **Date of Birth:** _____

Program Title: _____ **Program Date:** _____

ANYONE WITH SEVERE ALLERGIES TO FOOD, PLANTS OR INSECTS MUST INFORM CCPRC STAFF, MUST BRING THEIR OWN MEDICATION, AND BE ABLE TO SELF-ADMINISTER IT!

Last revised 02-13