

## Participant Assumption of Risk Form

### Charles F. Patton Middle School Climbing Program Unionville-Chadds Ford School District

I understand that part of the Unionville-Chadds Ford School District Climbing Program may be physically and/or emotionally demanding and involve a potential risk of physical injury. I agree that I am solely responsible for my own participation and form my own physical and emotional well-being. I understand that the program activities are voluntary and it is my choice to participate in each activity to whatever degree I deem appropriate, after due consideration of my own physical health, physical abilities, and medical condition. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in adventure activities. I willingly and knowingly assume for myself, my heirs, family members, executors, administrators, and assign all risk of physical injury and emotional upset which may occur during or after participation in any aspect of the program and hereby agree to hold the Unionville-Chadds Ford School District, its employees, its instructors, facilitators and agents harmless for any liability arising out of my participation in the program. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of Unionville-Chadds Ford School District, its employees, its instructors, facilitators, and agents.

**In the event of accident or emergency situation that renders me unable to communicate or requires medical care, I grant permission for any medical care, operations, and/or anesthesia that might become necessary.**

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

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Participant's Name (please print)

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Participant's Signature

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Parent/Guardian Signature  
(If Under 18 Years)

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### Charles F. Patton Middle School Climbing Program Unionville-Chadds Ford School District

Risks	Prevention	Solution/Treatment
Getting hit by a falling object.	Be alert. Look up before walking near or under a course. Wear a helmet.	Inform Faculty/Facilitators of injuries for assistance.
Hair, clothing, or jewelry getting caught in pulleys or other parts of the challenge course.	Tie back long hair. Remove all jewelry and wear proper clothing. (i.e., avoid long sleeves or baggy clothing).	If caught, remain calm and ask Faculty/Facilitators for assistance.
Injuries or discomfort caused by improper wearing of harness.	The harness is as secure as possible and check for loosening throughout the day. Have the harness checked by two different Faculty/Facilitators.	If you have any questions or doubts, ask the Faculty/Facilitators for assistance.
Scrapes and cuts.	Climb within abilities. Wear proper clothing.	Inform Faculty/Facilitators of any injuries.
Death or serious injury.	Wear proper safety gear. Check to see if the carabiners are secure. Make sure the belayer is ready BEFORE you climb. Follow the climbing rules.	Inform the Faculty/Facilitators of any injuries.

I have read and understand the risks listed above and how to avoid them and agree to take an active part to protect myself and fellow participants during participation in the Rise and Shine Program. I realize there are other risks and/or dangers that may exist and I will avoid these also, and I will not participate in unsafe practices and I will inform the Faculty/Facilitators of any dangers known to me that cause injury to myself or others.

Furthermore, I agree to respect the rights and feeling of the other participants and the Faculty/Facilitators and to act in a supportive and caring manner during my participation.

I understand that I should do nothing to harm the environment or destroy its natural beauty, so that anyone that follows me may enjoy what the nature can provide.

I understand that I have the right to not participate if I do not feel physically and emotionally safe.

I have read all of this Informed Consent and understand that I may be dismissed from participation for refusing to follow any of the above.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18)

Date \_\_\_\_\_