

Please complete this form in full, sign where indicated, print and return to climbing staff.

## **Project C.L.I.M.B. (& MHS Climbing Team) Participant Form**

### **General Information**

Name \_\_\_\_\_ MHS student ID# \_\_\_\_\_ Gender \_\_\_\_\_

Home phone \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Father \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

Mother \_\_\_\_\_ work phone \_\_\_\_\_ cell phone \_\_\_\_\_

### **Emergency Contact**

Name \_\_\_\_\_ phone # \_\_\_\_\_ relationship \_\_\_\_\_

### **Medical History**

Do you have any allergies? \_\_\_\_\_

Do you take any medications? \_\_\_\_\_

Any current conditions or health problems we should know about? \_\_\_\_\_

## **Project C.L.I.M.B. (& MHS Climbing Team) Release of Liability**

I understand that parts of the Project CLIMB program may be physically and emotionally demanding. 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 Project CLIMB activities. I understand that the level of participation in these activities is at all times completely voluntary and up to the choice of the individual. Also, I recognize the inherent risk of injury, disability, or death in climbing activities and understand that each participant must assume the risk of injury that could result from any of the activities. I hereby agree to indemnify, hold harmless, and release Project CLIMB and Maryville High School, staff members, faculty, administration, and Maryville City Schools administration and board from any and all liability arising from participation in Project CLIMB. I have read and understand all parts of this form.

Date \_\_\_\_\_ Participant signature \_\_\_\_\_

Participant name (please print) \_\_\_\_\_ Participant Cell Phone \_\_\_\_\_

### **► Signature of Parent/Guardian required of ALL participants**

Date \_\_\_\_\_ Parent signature \_\_\_\_\_

Parent name (please print) \_\_\_\_\_

## **Project C.L.I.M.B. (& MHS Climbing Team) Photo/Media Release**

I grant to Project CLIMB the right to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself, for use in materials they may create. I understand that good faith efforts will be made to contact me and to inform me of such materials and their use.

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_