

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 _____