

# RELEASE OF LIABILITY STATEMENT

In consideration of being permitted to climb the "Rock Climbing Wall", presented by the West Virginia National Guard on behalf of myself, my personal representatives, heirs, and assigns. I hereby release and discharge the United States, its agents, servants, employees, from any and all claims for property damage and/or personal injury or death resulting from my attempt to climb or descend the Rock Climbing Wall. This release covers the negligent use, maintenance construction, design of the Rock Climbing Wall, and the negligent supervision of my use of the Rock Climbing Wall. My signature further certifies that I have read and understand the climbing safety instructions, and will comply with the climbing safety instructions provided by my instructor. This is an active sport.

## Restrictions:

- Do Not participate if you:
- Have had back, neck or heart problems
- Have had broken bones, are pregnant
- Have physical or medical problems
- Have limb problems
- Are under the influence of Drugs or Alcohol
- Unsure of your general health

## Rules:

- Weight between 40 and 230 lbs.
- Obey and listen to instructors
- No sideswinging
- Stay in your lane
- Repel feet first only
- Do not kick back more than 3 feet
- No climbing over top of wall
- No climbing without safety harness

Name of Child

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Last Name

First Name

Middle Initial

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Street Address:

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City:

ST:

Zip Code:

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Phone:

Date of Birth:

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Signature of Climber or  
Parent/Guardian if < 18

Date:

*During the course of this rock-climbing event, photographs may be taken by military personnel for training, recruitment or other official purposes. Please sign below if you agree to [allow photographs of your child to be taken]*

\_\_\_\_\_ I **consent** to allow myself or my child be photograph during activity by a representative of the National Guard.

\_\_\_\_\_ I **do not** consent to have myself or my child photographed during the rock-climbing event. I understand that I or my child can still climb the rock wall if I do not consent to having the picture taken.

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First, Last Name (Print)

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Signature of individual or parent

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Date