



325 Sheckler Road

Fallon, NV 89406

(775) 423-7733

(775) 423-7734 Fax

## In Consideration of My (Child's) Participation In The Ropes Course / Rock Climbing Wall being offered by Churchill County

l,		, do hereb	y give permission for my chi	ıld,
Parent/Guardian to participate in the Churchill County Refall those instructors and assistants of the diabilities or suits, claims, or demands of program provided by Churchill County. Carry with it the potential of serious injurcaused by physical contact between partichild has no ailment or organic defect the factor of the case of an emergency, accident or serious reached within a very few minutes, I here	Ropes Course/Rock Clir every kind and character I acknowledge that this party, minor injury and death icipants, equipment, facility at would make participation	nbing Wall, he arising out of a cogram include. The risks include ies and the term on in this activate to be contacted.	armless and free from all and in connection with the sphysical activities that malude, but are not limited to, rain. I further certify that matty dangerous to his/her heal if possible. If I cannot be	y those y th.
<b>Wall</b> Representative to make whatever a such medical care.	rrangements deemed nece	ssary for medi	cal assistance. I agree to pa	y for
Initials Initials PHOTO RELEASE. I also under photos or video that will be used signing this hold harmless agreed I agree to pay a returned check to for any reason, by my bank or fire	for media information or adv ment I authorize the use of a fee of \$25.00 for each returne	ertising of future ny photos or vid	programs. I understand by eo taken during this program.	
Printed Name of Participant	Age	_	Home Phone Number	
Participant's Address	(	City	Zip	
Parent/Guardian's Signature Date		Day / Work Phone Number		
In case of emergency, contact:				
Name	Home Phone		Day Phone	

Updated: 4/2013