

Wylie Recreation Center

Climbing Wall Rental Participation Waiver



Name of Rental	Permit #

A maximum of 10 participants may be in the Climbing Wall Area at one time. A room rental is required for parties of 11 or more people.

A City of Wylie Participation Waiver is **required** prior to engaging in any recreation activities. You are encouraged to review the following City of Wylie Participation Waiver. A Parent/Legal Guardian must read and sign for any minor age 17 and under.

I UNDERSTAND THAT THE ACTIVITIES/PROGRAMS HELD WITHIN THE PARKS AND RECREATION DEPARTMENT MAY INCLUDE PHYSICAL ACTIVITY AND EXERCISE WITH THE POSSIBILITY OF PHYSICAL CONTACT AND BODILY INJURY TO MYSELF OR MY CHILDREN OR WARD (IF ANY) LISTED ABOVE, AND THAT THE PARKS AND RECREATION DEPARTMENT AND ITS STAFF AND THE CITY OF WYLIE (THE CITY), ARE NOT UNDERTAKING RESPONSIBILITY TO OVERSEE ACTIVITIES THAT ARE FREE FROM THE RISK OF INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY, AND I HEREBY ASSUME ALL OF SAID RISKS FOR MYSELF AND MY CHILDREN.

IN CONSIDERATION OF THE USE AND AVAILABILITY OF THE SERVICES AND FACILITIES, BY ME AND THE ABOVE LISTED CHILDREN AND WARDS IF ANY, I HEREBY AGREE TO RELEASE, RELIEVE, HOLD HARMLESS, AND INDEMNIFY THE CITY, THE CENTER, AND THEIR RESPECTIVE OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES FROM ALL LIABILITY AND CLAIMS ARISING OUT OF ANY ACCIDENT OR INJURY SUFFERED OR INCURRED BY ME OR SAID CHILDREN OR WARDS WHILE ENROLLED IN ANY CLASS OR PROGRAM SPONSORED, ORGANIZED OR SUPERVISED BY THE CENTER OR THE CITY, EXCEPT FOR ACTS OF GROSS NEGLIGENCE OR INTENTIONAL ACTS OF THE SAID OFFICERS, AGENTS, INSTRUCTORS, AND EMPLOYEES.

FURTHER, IN CASE OF ACCIDENT, INJURY OR SUDDEN ILLNESS, I AUTHORIZE ANY FIRST-AID OR EMERGENCY MEDICAL CARE WHICH MAY BECOME NECESSARY FOR MY CHILD, WARD OR MYSELF WHILE ENROLLED IN ANY ACTIVITY OR PROGRAM ADMINISTERED BY THE CITY. I ALSO AUTHORIZE THAT MY CHILD, WARD OR I MAY BE TRANSPORTED TO A LOCAL MEDICAL FACILITY. IF I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION FOR MY CHILD OR WARD NAMED ABOVE TO RECEIVE ALL APPROPRIATE MEDICAL TREATMENT NECESSARY. BY EXECUTING THIS DOCUMENT, I HEREBY ASSUME, ON BEHALF OF MY CHILD OR WARD, ALL RISK OF INJURY OR LOSS TO WHICH HE OR SHE MAY BE EXPOSED.

	Print Participant's Name	Signature of Participant or Parent/Legal Guardian if age 17 and under
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