



COLUMBIA ELEMENTARY
TRAVERSE CLIMBING UNIT

PARENT ACKNOWLEDGEMENT OF RISK AND RELEASE

We/I the parent(s) of _____ (student), do hereby acknowledge that we/I have been fully advised, cautioned, and warned by the proper administrative and personnel of the Columbia School District that our/my child named above, may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis, or even death, by participating in the sport of the Traverse Climbing Unit, notwithstanding such warnings, and with full knowledge and understanding the risk of serious injury to our/my child named above which may result, we/I give our/ my consent _____ (student) participating in the Traverse Climbing Unit.

We hereby release, discharge, and/or otherwise indemnify the Columbia School District, and their employees against any claim by/or on behalf of the registrant as a result of the registrant's participation in the Traverse Climbing Unit.

WITNESSES:

(Sign) _____ (Parent Sign) _____

Print Name _____ Print Name _____

(Sign) _____ (Parent Sign) _____

Print Name _____ Print Name _____

Date