

# ROCK CLIMBING CLUB FIELD TRIP PERMISSION AND WAIVER FORM

Destination: RockQuest – 3475 E. Kemper Road, Sharonville, OH

Date(s): 9/9/08, 9/30/08, 10/21/08, 11/11/08, 12/2/08,  
1/6/09, 1/27/09, 2/17/09, 3/10/09, 4/7/09, 4/21/09, 5/12/09

Teacher(s)/Advisor(s) in charge: Mr. Miles

Admission/Other Expenses: Rentals, food, etc. at club members' discretion while at RockQuest.

Transportation: Club members and their families make their own transportation arrangements.

I understand that field trips are planned as an extension of school activities. Participation in the Rock Climbing Club is an extra-curricular activity.

\_\_\_\_\_ Has my permission to participate in the  
PRINT STUDENT NAME

Rock Climbing Club field trips described above. I realize that rock climbing may be a dangerous sport, with a risk of falling or other accidents, and that participation in Rock Climbing Club may result in injuries, paralysis, or even death. I hereby release, indemnify, and agree to defend and forever hold harmless Mr. Miles, Walnut Hills High School, the Cincinnati Public Schools and its employees, and the Walnut Hills Rock Climbing Club from any responsibility or liability for any incidents, including accidents, injuries, paralysis, or death, which may result from the student named above participating in Rock Climbing Club.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Parent signature

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**EMERGENCY NOTIFICATION**

In the event of an accident on the field trip, we may need to contact a parent or guardian as quickly as possible. Please provide the name and telephone number of the person(s) who can be called during the trip.

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_