



**Claude Moore Recreation Center  
Loudoun County  
Parks, Recreation and Community Service**

**The Rock Wall: Participation and Release Agreements**

\_\_\_\_\_ (*Initial for participants ages 6 and up*) I, the undersigned, hereby request permission for my child/ myself to participate in indoor climbing activities on the facility known as “The Rock Wall” at the Claude Moore Recreation Center. I have been fully informed of and understand the risks associated with this activity, including but not limited to the risk of bodily injury to my child, myself, and others, and I agree to release, hold harmless and indemnify the County of Loudoun and the Department of Parks, Recreation, and Community Services, their officers, servants and employees, against any and all claims for injury to my child, myself, or others, or for damage to property, arising as a result of mine or my child’s participation in this activity.

I understand the rules and procedures associated with this activity, and have discussed them with my child (if they are climbing), and I agree to be responsible for mine and/or my child’s actions at all times while I/he/she participates in this activity. I further understand that the failure of myself or my child to abide by all Recreation Center rules and regulations and the instructions of the Recreation Center staff could result in injury to my child, myself, and to others, and to myself or my child being denied permission to use the facility.

**Helmet Waiver (Optional)** \_\_\_\_\_ (**initial**)

By initialing above, I acknowledge that I recognize the dangers inherent with climbing activities and assume the hazard of this risk for myself/child. I realize that pre-planning cannot remove all risks associated with climbing, and that I am subject to injury from this activity. I have been offered a protective helmet, which could prevent brain damage in the case of an accident. Against the advice of Claude Moore Rec. Center staff, PRCS, the County of Loudoun, and its insurers, I am refusing this safety precaution for myself/child.

Parent/Adult Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Adult Participant **Full Name (printed)** \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ City,St,Zip \_\_\_\_\_

**When Applicable:**

Child’s FULL Name (printed): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Adult signer’s Relationship to child: \_\_\_\_\_ **(Parent/Legal Guardian ONLY!!)**