YMCA of the East Bay
Camp Loma Mar
Climbing Wall/Zip Line
Liability Release Form

Participant's full Name:_____

Participants Date of Birth: _____

Date of Participation on Climbing Wall/Zip Line:_____

<u>Climbing Wall/ Zip Line:</u>

I hereby give permission for my child (if minor) to participate in the Climbing Wall/ Zip Line activity at Camp Loma Mar. I agree to indemnify and hold harmless YMCA of the East Bay and each of their employees, volunteers, officers, directors and agents from any and all liability incurred as a result of my/their participating on the Climbing Wall/ Zip line at Camp Loma Mar. I hereby state that I/my child am/is free of medical or physical conditions that might create undue risk to my/him/herself. I am aware that the activities involving the Climbing Wall/ Zip line involve a potential for injury to me/my child. I assume full responsibility for any loss, injury, and/or inconvenience resulting from my/ my child's participation.

_____

Participant's Signature **Date**

_____

Parent/Guardian's Signature **Date**
(if participant is a minor)

_____

Parent/Guardian Printed Name