#### Challenge by Choice

For Wrightstown Middle School Climbing Wall

SAFETY and POSITIVE ENCOURAGEMENT are the two most important factors in creating an environment conductive to personal growth. Often, programs and activities involve a risk where a participant could suffer injury. Appropriate training, supervision, safety procedures, and positive guidance will be exercised at all times to avoid or limit the potential for injury.

**STATEMENT OF UNDERSTANDING/PARTICIPATION/RELEASE OF LIABILITY**

I am aware in signing this statement of participation that I will only participate if I am free of medical or physical conditions, which might create undue risk to others who depend on me or myself. I understand that a high level of physical strength is NOT necessary for participation.

I understand that these activities involve a potential risk for injury to my person or property. I acknowledge that I am aware of and assume all risks in my choice to participate in this activity. To the extent that I participate in such activities, I do so voluntarily and assume full responsibility for any loss and/ or inconveniences resulting from an injury to my person and/ or property resulting therefrom.

I further agree to indemnify and hold harmless the Wrightstown Community School District, the instructors, and supervisors from any and all liability incurred as a result of my participation. I also agree that the terms hereof shall serve as a release and assumption of risk for my heirs, executors and administration, and for all members of my family, including minors.

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Age Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent(s) or legal guardian Date

\*Please read and sign the Full Value Commitment on the following page or reverse side of this page. Thank you

**Full Value Commitment**

In order for us to honor the Full Value Commitment, we must be willing to support and respect one another and ourselves. Therefore, SAFETY and POSITIVE ENCOURAGEMENT are the two most important factors in creating an environment conductive to personal growth. By signing this commitment, you are agreeing to do your part to make this class safe for everyone, both physically and emotionally.

1. I will hand in this completed sheet signed by myself and by my parent(s)/guardian(s) **before** December 4, 2013.
2. I will wear appropriate clothing for class. I take full responsibility to dress accordingly. I will avoid wearing jewelry, belt buckles, or other attire, which may cause injury to others or myself.
3. I agree to use equipment only when trained, supervised, and given permission to do so.
4. I agree to follow all safety/spotting regulations as explained in class, as well as maintain established group guidelines.
5. I agree to work with my group to meet both individual and group goals. I agree to give and receive feedback. I agree to work toward changing behavior when necessary.
6. I agree not to use put-downs or negative comments to others or myself.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand the importance of the Full Value Commitment and agree to work toward achieving these goals for the benefit and safety of the group. I understand that if I jeopardize the emotional or physical safety of anyone in class, as determined by the instructor, I will be removed from class and will have to make it up at a later date.

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Student Signature Parent/Legal Guardian Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

Date

## \*Please read and sign the Challenge By Choice on the previous page or on the reverse side of this page. Thank you

## Parent(s)/Guardian(s),

## If you have any questions or concerns, please feel free to call me at 532-5553 ext.4501.

## Thank you