

Rock Climbing Wall Waiver

Name: _____

Address: _____

City, State, Zip Code: _____

Contact Phone #: _____

Date of Birth: _____

For and in consideration of being permitted to climb the “Rock Climbing Wall” owned and operated by the Northwest Texas Council Boy Scouts of America, and on behalf of the Northwest Texas Council Boy Scouts of America and it’s representatives and employees and assigns, from and against all and any all claims, demands, fines, suit actions, proceedings, orders, decrees, and judgments of any kind or nature and from and against any and all costs and expenses, including reasonable attorney’s fees, resulting from or in connection with loss of life, bodily or personal injury or property damage arising, directly or indirectly, out of my attempt to climb or descend the “Rock Climbing Wall”.

Signature of Climber: _____

Parent or Guardian (if under age 18): _____

Date: _____

**Note: All climbers must wear closed toed shoes.
Any person not wearing the proper shoes will NOT be allowed to climb.**