

*This is intended as a sample of documented procedure and reflects effective practice and is not intended as a mandated or required approach. Adjustments should be made to match your school and school district's personnel and specific circumstance. Any legal document should be reviewed with your district attorney. For editable content and further assistance please contact the Idaho Office of School Safety and Security.*

**Any Idaho School District #000**

**Waver Of Liability**

**Permission to use climbing wall**

**Student**

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_

Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Relationship to participant \_\_\_\_\_

I, (Parent/Guardian above), grant permission for my child, (student above), to utilize the climbing wall as a therapeutic measure. I acknowledge that there is the inherent potential for accident or injury. I also acknowledge that Any Idaho School District #000 provides trained supervision for every student engaged in this activity. I further acknowledge that participation is not a requirement for enrollment in the autism program.

As parent and/or legal guardian, I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless Any Idaho SD #000, its elected School Board, and employees for any accident, property loss, injury or illness incurred as a result of, or in connection with such climbing wall use.

Signature \_\_\_\_\_

Date \_\_\_\_\_

