



DAILY PASS FOR MINORS AGES 13-17

- This form must be filled out and turned in by the parent or legal guardian.
- Parent must also bring proof of residency and attach copy of birth certificate.

MINOR INFORMATION:

NAME: (FIRST) _____ (LAST) _____
 MINOR'S BIRTHDATE: _____ CELL/CONTACT # _____
 ADDRESS: _____
 CITY: _____ ZIP CODE: _____

PARENT OR LEGAL GUARDIAN INFORMATION:

NAME: (FIRST) _____ (LAST) _____
 DAY CONTACT _____ EVENING _____

Second emergency contact:

Name: (First) _____ (Last) _____
 Day Contact _____ Evening _____

Parent/Legal guardian must initial in understanding of the following policies:

- _____ Minors ages 13-14 must complete a fitness orientation prior to gaining access to the second floor of the recreation center.
- _____ Minors ages 13-14 must also be supervised by a parent or legal guardian on the second floor of the recreation center.
- _____ Minors ages 13-17 may use the first floor without a parent or legal guardian in the facility if proper paperwork is on file.
- _____ Rio Vista Recreation Staff reserve the right to dismiss, suspend, and/or ban a minor from the center for violating policies.

Parent/Legal guardian must read and sign in understanding of waiver:

Rio Vista Recreation Center Climbing Wall Waiver

I AM AWARE THAT ROCK WALL CLIMBING INCLUDES CERTAIN RISKS, INCLUDING BUT NOT LIMITED TO THE RISK OF SERIOUS INJURY OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF THE DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THE RISKS INVOLVED.

In consideration of being allowed to use the rock climbing wall at the Rio Vista Recreation Center, I acknowledge and agree to the following:

- **Hazards of Climbing.** Rock wall climbing is an inherently dangerous activity.
- **Climbing is Voluntary.** The use of the Rio Vista rock wall, facilities, equipment or apparatus is voluntary with complete and full understanding that such usage involves hazards and dangers.
- **Conduct.** I will obey and comply with all rules, regulations, or instructions of the Recreation Staff in charge of the wall.
- **Equipment.** Any equipment or gear that I may receive, rent, or borrow from the Rio Vista Recreation Center, I use at my own risk.

Waiver of Liability & Photo/Video Consent

I/we hereby release and forever discharge Peoria Unified School District and the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms, or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria recreation program at a Peoria Unified School District facility. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of Peoria Unified School District and/or the City of Peoria or its officers, employees, or agents. By signing, I authorize the City of Peoria to use and/or disclose certain protected health information (PHI) about me to any state licensing agency. I give my consent to the City to take photos/video of my child to be used by the City for program promotion.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING

For staff use only		
Date Received:	Received Staff Name:	Wristband Color:
Date Processed & Filed:	Processed Staff Name:	

CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I AM VOLUNTARILY SIGNING THIS AGREEMENT.

Parent/Guardian Signature: _____ Date: _____

For staff use only		
Date Received:	Received Staff Name:	Wristband Color:
Date Processed & Filed:	Processed Staff Name:	