

CLIMBING TOWER WAIVER

The undersigned, or the parent/guardian if undersigned is a minor, wishes to participate in the Climbing Tower Activity offered by the Saint Paul Department of Parks and Recreation.		
associated with a physical activity, as death, or damage to property arising is in good physical condition, is phys condition which would pose a risk of	articipant is aware of and understands the inherent risk and dangers d agrees to assume all risk of and responsibility for personal injury of from, based upon, or relating to the participation in the event. Participatly able to participate in this activity, and has no health or medical harm to him/herself or others. Participant has been informed that the g Tower requires that all participants must be between 40 and 250 po	ipant l e Auto
	ticipant agrees to release the City of Saint Paul, its employees, office claims of any nature whatsoever arising from undersigned's particip	
Name of Participant	Date of Birth	
Signature of Participant	Date	
THIS SECTION MUST BE COMPL	ETED IF PARTICIPANT IS A MINOR.	
I am the parent/guardian of	, and consent to his/her participation in the opportunity to read this entire document, I understand the contents,	, and
Name of Parent/Guardian	Date	
Signature of Parent/Guardian		