



Park High School  
 102 View Vista Drive  
 Livingston, MT 59047  
 Phone: 406-222-0448  
 Fax: 406-222-9404

**Student Name (Please Print)**

\_\_\_\_\_  
 Last

\_\_\_\_\_  
 First

\_\_\_\_\_  
 Grade

\_\_\_\_\_  
**Sport/Activity**

**2017-18**

**Medical Insurance Waiver Form**

~ This form must be completed and signed to be valid ~

The Livingston School District does not offer a medical insurance program for students. Therefore, it is the responsibility of the parent/guardian of the student to secure medical insurance. In return for the school district allowing your son/daughter to participate in activities you must agree to take full responsibility for medical expenses for your child.

This form must be signed and returned to the office/advisor prior to your son/daughter participating in any activity. I have read and understand the Medical Insurance Waiver and agree to accept responsibility for my child's medical expenses.

**Medical Assistance to Injured Students**

I hereby authorize School District Number 4 & 1 and its faculty members in charge of my child named below, to obtain all necessary medical care for my child, and I hereby authorize any licensed physician and/or medical personnel to render necessary medical treatments to my child.

\_\_\_\_\_  
 Parent/Guardian (Print)

\_\_\_\_\_  
 Relationship to student

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date

Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Student Birthdate (MM/DD/YY)

\_\_\_\_\_  
 Home Phone

\_\_\_\_\_  
 Cell Phone

\_\_\_\_\_  
 Work Phone



*(in handbook)*

**PHS Activities Code**  
 (must also be signed)

Both my child and I have read the Park High School Activities Code and I understand its contents. We agree to abide by all of the policies described in the Activities Code.

\_\_\_\_\_  
 Parent Name (Please Print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Name (Please Print)

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Student Signature

**PARK HIGH SCHOOL CLIMBING WALL  
INFORMATION AND WAIVER/RELEASE OF LIABILITY FORM**

The Park High Climbing wall has been constructed with significant aide of several grants from generous donors including the Livingston Education Foundation, the Park County Community Foundation, the Solid Rock Foundation, Northwestern Energy, the Summer Fund, Katabatic Brewing Company, and Timber Trails. This wall is the result of countless hours of work by Park High employees as well as a handful of community members. We are one of few schools in the state to have such an opportunity for our students, and we are excited to provide this chance to begin learning the wonderful, lifelong outdoor sport that is rock climbing.

The Park High Climbing wall is considered a "bouldering wall", meaning it is a short wall (12 feet) which uses 8-inch thick floor-padding for fall protection rather than ropes. The wall is a bit shorter than bouldering walls found in many commercial gyms, and the padding is been built to the guidelines as determined by the padding manufacturer, Asana Climbing; BUT AS IN ANY SPORT THERE IS STILL RISK OF INJURY. To MINIMIZE risk, for students to be eligible to climb on the wall, they must:

- Sign this waiver along with a parent or guardian
- Attend a brief orientation on climbing wall safety (can be done when student first comes to climb)
- Demonstrate safe falling practices to supervisor
- Closely follow wall rules posted which are posted on the wall

**Students who fail to demonstrate safe practices, or who fail to follow the instructions of wall supervisors are subject to suspension from use.**

I, \_\_\_\_\_ (student) and  
\_\_\_\_\_ (parent/guardian) understand and hereby  
acknowledge that climbing on Park High's bouldering wall involves INHERENT RISKS  
AND HAZARDS. I VOLUNTARILY accept and assume all such RISKS AND HAZARDS  
and do hereby release Livingston School District 4&1 from any and all liability,  
including personal injury. I acknowledge that all wall users must follow the safety  
rules regarding wall usage, and comply with requests of supervising adults.

**Student Signature**

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_

**Parent/Guardian Signature**

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_