Clarks Summit University Event Waiver

Personal Information

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| Name       |
| Street Address       |
| City/State/Zip       |
| Parent Phone       | Student Phone       |

Clarks Summit University Event

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| Event attending       |
| Dates       |

Waiver

The undersigned acknowledges that events at Clarks Summit University may include, but not limited to, use of The Crag rock climbing wall and transportation to and from a ministry location in vehicles supplied by Summit University.

I agree to hold Clarks Summit University harmless for all occurrences relating to this event. I understand that this event is voluntary on my part and has been initiated at my request.

I also authorize the director of this event to act for me according to their best judgment in any medical emergency. I understand that any insurance claims will be filed with my personal insurance.

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| Student Signature (if 18 or older)  | Date      |
| Parent Signature (if under 18)  | Date       |
| Emergency Phone       |  |