Clarks Summit University Event Waiver

Personal Information

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

Clarks Summit University Event

|  |
| --- |
| 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.

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