

**\*This form is for anyone 13 years old or younger\***

**TEXAS ROCK GYM**

**MINOR PARTICIPANT AGREEMENT, LIABILITY WAIVER, INDEMNIFICATION, AND ACKNOWLEDGEMENT OF RISK**

(Must be completed by parent or legal guardian for participants under the age of 18)

I acknowledge that my child's participation in indoor rock climbing and/or slacklining at a climbing gym entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by Rocktastic, LLC, Rocktastic, LLC dba Texas Rock Gym, dba Texas Rock Gym, (hereinafter collectively referred to as T.R.G.) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless T.R.G. from any and all Claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the Minor against T.R.G., and which are in any way connected with such use or participation by Minor. I hereby represent that the minor is in good health, that there are no special problems associated with the care of the minor, and that I have adequately informed T.R.G. personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I authorize T.R.G. personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, T.R.G. shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

Minor's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_

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

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Health Insurance Provider \_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_

(Optional. TRG hates spam as much as you do, and will not share your information with any third parties.)

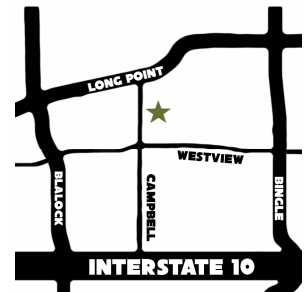
**PARTY NAME** (if applicable): \_\_\_\_\_  
(please provide the first and last name of the birthday person, or the name of your organization)

**From I-10 East (headed towards downtown):**

- Take the Blalock-Campbell exit
- Go through the first light (Echo Ln), and turn left at the next one (Campbell Rd.)
- We are on Campbell Rd, one mile north of I-10, between Westview and Long Point

**From I-10 West (headed towards Katy):**

- Take the Campbell exit
- Turn right on Campbell Rd
- We are on Campbell Rd, one mile north of I-10, between Westview and Long Point



[www.TexasRockGym.com](http://www.TexasRockGym.com)

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