Permission Slip

For Bruce FFA’s Officer Retreat

I give my permission for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend Bruce FFA’s Officer retreat June 8th, 9th, and 10th, at Devil’s Lake State park in Baraboo, WI. The school van will depart at 9:00 on Wednesday, and return around 4:00 on Friday. Members will be staying at the Group Campground in site G-4 at Devils Lake State park, and will be tent camping. Activities they may participate in include: Camping, Canoeing, Kayaking, Rock Climbing, Hiking, Fishing and various Leadership Activities. Meals will be mostly prepared by the members with groceries provided by the FFA. Members should have a small amount of spending money with them as lunch on Wednesday will be restaurant fare in Baraboo. In case of an Emergency, Mr. Behrends may be contacted at 651-468-6987.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment of Risks, Assumption of Risk and Responsibility, and Release of Liability for Rock Climbing**

**Terms and Conditions**

I hereby acknowledge, appreciate, and agree that:

1) The risk of injury from rock climbing is significant, including the potential for death, permanent paralysis, or other injury, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2) I confirm that I am physically and mentally capable of rock climbing, that I have attained the age of 18 years or I am the parent or legal guardian of minors participating. I hereby knowingly and freely assume all risks associated with rock climbing , whether hidden, open, obvious or otherwise, both known and unknown to me, even if such risks arise from the negligence, reckless, wanton or intentional acts of myself or others, equipment failure or forces of nature, and I assume full responsibility for my participation and for any minor children for whom I am responsible, and any expense as a result of my negligence or the negligence of others; and,

3) I understand and agree that all artificial installations typically used in rock climbing, including, but not limited to, rock anchors, glue-in bolts, bolted hangers, chains, cables, quicklinks, Permadraws, quickdraws, and carabiners, found on the property have been placed by many individuals, including the owners of the property, for their convenience, and that my use of any of these installations is undertaken solely at my risk and discretion; and,

4) I, for myself and any minors accompanying me for whom I am the parent or legal guardian, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, indemnify, defend, and hold harmless Bruce School; Samuel Behrends, ruce School FFA Advisor and, if existing, each of the foregoing entities’ board of directors, officers, employees, officials, agents, members, and volunteers; other participants; sponsoring agencies; sponsors or advertisers; and, if applicable, owners and leasers of premises used for the activity (“Releasees”) with respect to any and all injury, illness, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and,

5) I have read and understood the foregoing agreement: Acknowledgment of Risks, Assumption of Risk and Responsibility, and Release of Liability. I understand that by signing this Waiver form, I have given up substantial legal rights, and sign it freely and voluntarily without inducement.

I have read and accept the Terms and Conditions of the Waiver above.

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_