

ASRC  
6101 Dorchester ST  
Springfield VA 22150  
703-923-9700 - 703-698-6114 (Fax)



**AGREEMENT  
CONSENT TO ALLOW MEDICAL TREATMENT AND  
ACKNOWLEDGEMENT OF RESPONSIBILITY BY PARENT AND MINOR  
TO ALLOW FOR MEDICAL TREATMENT**

1. The undersigned, being both parent and the minor and/or the guardian or the person being *in loco parentis* to the minor child, do hereby acknowledge that I (we) have signed a document described Release and Discharge, Acceptance of Responsibility and Acknowledgment of Risks prior to the execution of this medical release form.
2. That this medical release form is being issued **for all children under the age of fifteen (15) years** for the purposes of allowing Adventure Schools Rock Climbing, it's agents or employees to administer CPR or other related emergency medical treatment on behalf of the minor listed below until such time as emergency medical personnel can become available.
3. That upon the arrival of emergency medical personnel, the undersigned hereby agree (s) that the emergency medical personnel may offer any and all emergency services to the minor which, in the opinion of the emergency medical team is necessary to sustain life or to alleviate any injuries.
4. That by the signing of this Agreement, the minor and the parent (s) or persons *in loco parentis* acknowledge that Adventure Schools Rock Climbing is not the agent of any emergency medical team or responsible for any of their decisions and that this Agreement is being executed to allow emergency medical actions to be taken only.
5. The signature of the participant, who is a minor, and the signature of the parent (s) guardian or person in *in loco parentis* is below and each party indicates, by signing hereof, that they have read this document and understand it.

**THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.**

Participants Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent or Guardians Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_ Cell or Work: \_\_\_\_\_