



Waiver/Registration Form

Crux Climbing Center
121 Pickle Rd. Ste 100
Austin, TX 78704
Phone: (512) 931-3911

*Please complete waiver with ink pen

Participant

Name: _____ Birth Date: ___/___/___ Age: _____ Gender: M F

Mailing Address: _____ Zip: _____

Guardian/Emergency Contact

Name: _____ Relation: _____ Email: _____

Mailing Address: _____ Zip: _____

Primary Phone: _____ Secondary/Work Phone: _____

Emergency & Non-Custodial Release Contacts Other Than Guardian

NAME	PHONE	RELATION TO CHILD	AUTHORIZED TO PICK UP CHILD?
			(Yes ___) (No ___)
			(Yes ___) (No ___)

Medical Care Information

- Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc.? (Yes ___) (No ___)
Please Specify: _____
- Any known existing illnesses? (Yes ___) (No ___) Please Specify: _____
- Please list any physical condition that could restrict activities or have a need requiring special care in order to participate in program/activity:

- Does participant require prescription medication during program hours?
(Yes ___) (No ___) Please Specify: _____

Image Release Waiver

I hereby consent to allow usage of photographs and video taken during this program and at our sites for publicity purposes in printed materials, and on our website. Photographs remain the property of Crux Climbing Center. If you do not want to allow photos or videos, then please initial (OPT OUT _____)

*Please note that guardian needs to fill out Crux Climbing Center Visitor Agreement Waiver for participant.

SIGNATURE: _____

PRINTED NAME: _____ DATE: _____