

**Capital Innovations Academy
Climbing Waiver**

I choose the following Climbing privilege:

My student has my permission to climb trees and other climbable structures when the adult in charge gives permission. I understand that Capital Innovations Academy staff members may or may not be able to monitor my child while he/she climbs and will not hold Capital Innovations Academy liable for any personal injury my student may cause to him/herself while participating in these activities, supervised or not.

My student may **not** climb on anything with the exception of playground equipment at the park.

My student may **not** climb on anything including playground equipment at the park.

Please note that the Capital Innovations Academy staff reserves the right to remove or alter a student's Climbing privileges at anytime for any reason. Parents/Guardians will be informed of any changes.

Student Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Permissions given on this form apply to the above listed student from the date listed on the form through the date that the student graduates or disenrolls from Capital Innovations Academy unless the parent/guardian submits an updated form.