

STATEMENT OF UNDERSTANDING

1. I understand that climbing the Rock Climbing Wall operated by the South Carolina Army National Guard has inherent risk of injury.
2. I understand that I have asked to participate as a climber, and I will climb at my own risk.
3. I understand that I may not participate in this activity if I have had any medical history of knee, ankle or back problems.
4. I understand that I must follow all instructions of the operator.

Printed Name

County of Event

Signature

Date

Parental Consent if under age 17

Date

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REQUIRED INFORMATION

Name

Date of Birth

Address

Height / Weight

City

State

Zip

Telephone Number

Name of High School/College (if still attending)

Projected Graduation Date from High School/College

I would like more information on the S.C. Army National Guard. Yes No

Please Check One of the Blocks Below

- I am currently a High School Junior
- I am currently a High School Senior
- I am a High School Graduate
- I am a High School GED Holder
- I did not graduate from High School
- I am currently attending a 4 year College
- I am currently attending a 2 year College
- I am a College Graduate w/Bachelor's Degree
- I am a College Graduate w/Associate's Degree

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