

**CONSENT FORM & INDEMNITY BOND**

**Wall Climbing**

I, \_\_\_\_\_ parent / guardian of \_\_\_\_\_ of Class \_\_\_\_\_ allow my ward to participate in wall climbing during school hours.

My ward \_\_\_\_\_ is medically fit to participate in the above wall climbing. I certify that my ward does not suffer from any allergic ailment leading to breathing problems or any contagious diseases.

In case of any accident, illness or injury to my ward during the wall climbing, I shall not hold the institution (TAFS) / Organizers / and /or their nominees wholly or partially responsible.

Date: ..... Parents / Guardian Signature .....

Name: .....

Address:.....

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Phone: .....