

Troop 84

Indoor Rock Climbing

When: Saturday, December 15th, 2007.

Highlights: Spend 2 hours climbing at the Troop's favorite Rock Gym. Challenging climbs await you with over 50 foot high climbing walls. If that is not enough then try the bouldering walls. This is a great trip for all levels of climbing experience! If you are a beginning, you can learn how to climb at your own pace. If you are a novice, then face off against tougher walls. If you are experienced, then take on the overhangs. Experienced climbers can also learn how to belay.

Experienced Scorpions, Cobras & Panthers may take advantage of the Belaying Option. If you wish, you can take a quick test and belay your fellow scouts. You will be able to climb ½ of the time and save money.

Ravens Only : Complete the Climbing Merit Badge you started at summer camp.

Where: Rockville Climbing Center, Hamilton, NJ 609-631-7625

Depart: 7:30 am from First United Methodist Church.

Return: Approximately 1:00 pm at church.

Signup: Monday, December 3rd

Cost: \$22 for climbing.
For experienced Scouts - \$11 for Belay option.
For Ravens completing Climbing Merit Badge \$35.
Cost due with permission slip and liability waiver on December 3rd.

Meals: Bring money; we will be stopping on the way home.

Wear: Loose fitting clothes like sweatpants and a sweatshirt over a t-shirt. Troop hat. Also wear sneakers; no boots will be allowed for rock climbing.

Adult Leaders: To make this trip successfully we need you to belay. We need one belayer for every 3-5 scouts. Experienced belayers are preferred, but you are never too young to learn, you can climb also. Either way, we need you to volunteer to drive.

PARENTS: Don't forget to sign the liability waiver!

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Signup and Payment Due December 3rd

Scout _____ Not Participating Climbing \$22 Belay/Climbing \$11 Ravens MB \$35

Parent _____ Will Not Participate Driving \$0 Belaying & Climbing \$0

Parent is available to provide transportation Yes No

If Driving, Number of Seat Belts (including driver) in Vehicle is

Trip Date : Dec 3 Total Paid : _____ by (Circle One) Cash Check Scout-Account

BOY SCOUTS OF AMERICA
TROOP 84 SOMERVILLE, NJ
WAIVER AND PERMISSION FORM

MY SON _____ HAS PERMISSION TO PARTICIPATE
(FIRST NAME) (LAST NAME)

WITH THE TROOP ACTIVITY KNOWN AS Indoor Rock Climbing

WHICH WILL BE HELD AT Rockville Climbing Center, Hamilton, NJ

MEDICAL CONDITIONS/RESTRICTIONS: _____

MEDICATIONS: _____

IN THE EVENT THAT YOU FIND IT NECESSARY FOR MY SON TO BE RETURNED HOME DUE TO ILLNESS OR OTHER REASONS, I MAY BE REACHED AT (PHONE) _____

OR AS AN ALTERNATIVE, CONTACT MR. /MRS. _____ AT _____

I hereby authorize the scout leaders to seek emergency care and further authorize the physician(s) to provide emergency treatment to my child for any laceration, fracture, other traumatic injury, any symptom, disease or injury which, in the judgment of attending physician, if untreated may be reasonably expected to increase the risk of harm to my child. This consent to care is to be in effect "only" after reasonable efforts have been made to contact and obtain my specific consent to any emergency treatment.

Parent's name (Print)

Parent's Signature

Date

In the event my son has a minor injury, I give my consent to the adult leader in charge to use his/her best judgment to decide if or when to administer the following over-the-counter medications:
Please check consented medications.

For headaches:	Acetaminophen (Tylenol)	_____
For muscle aches:	Ibuprofen (Advil)	_____
For hay fever, bee stings, poison ivy:	Antihistamine	_____
For upset stomach:	Antacid (Tums)	_____

Parent's Signature

Date

RELEASE OF LIABILITY

NOTICE: THIS IS A LEGALLY BINDING CONTRACT, In consideration of my being permitted by Rockville Climbing Center, to climb at one it's facilities and/or participate in any program offered by RCC, including it's climbing school, I agree to the following waiver and release and I make the following representations:

I HEREBY ACKNOWLEDGE THE INHERENT EXTREME RISKS IN ROCK CLIMBING, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with walls and equipment, bad decision-making, inattention of belayers or actions of other climbers , misuse or failure of equipment, holds which may have become loose or damaged, and freakish accident which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities, and/or the sport of climbing and I agree that said list in no way limits the extent or reach of this release. **I VOLUNTARILY ASSUME ALL SUCH RISKS WITH FULL KNOWLEDGE AND APPRECIATION OF THE DANGER AND RISK INVOLVED.**_____ (initial).

I voluntarily agree to assume all risk of personal injury, including paralysis and death, that may occur while I am in the facility, or participating in any event or program or while I am climbing anywhere at any time, whether or not under supervision of RCC personnel. I hereby knowingly and intentionally waive and release, and agree to indemnify, hold harmless and defend RCC, it's successors, assigns, officers, employees, and wall designers and builders, hold manufacturers lessors and agents from all liability for any such damage, injury paralysis or death which may result.

This release shall be effective even though said loss, damage or injury results or has resulted from the negligence, wrongful acts, omissions, breach of warranty or strict tort liability of RCC or the other parties released._____ (initial)

I am in good health and have no physical limitations which would affect my save use of the facilities. I agree to pay attention to the state of any ropes, anchors and other equipment I may use, and to advise staff members if I do any damage or notice damage. I certify that I have read the posted rules, and I agree to abide by these rules and any future rules, and if staff makes a specific request of or instruction to me, I agree to comply. I understand that indoor climbing is not the same as outdoor climbing, which requires additional skills; and I agree to seek qualified instruction before attempting to climb outdoors._____ (initial)

I am at least 18 years of age and otherwise legally competent to sign this agreement. The release shall be effective and binding upon me and upon my assigns, heirs, representatives, executors and administrators. If under the age of 18, this release must be signed by the parent/guardian of the minor, and I agree to indemnify and hold harmless RCC and the other released parties in the event of a minor member of my family sues them or any one of them._____ (initial)

I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all it's provisions and that I sign it of my own free will._____ (initial)

Climber's name _____ Signature _____

Date _____ Home Phone _____ Work Phone _____ Date of Birth _____

Address _____
City, State & Zip _____

TO BE READ AND SIGNED BY PARENT/GUARDIAN OF MINOR

I hereby state that I am the parent or guardian of the minor whose signature appears above. I am familiar with and consent and agree to the terms and provisions set forth in this Release.

Signature of Parent or Guardian

Date