

Troop 84

Indoor Rock Climbing

When: Saturday, December 20th, 2008.

Highlights: Spend 2 hours climbing at the all new Garden State Rock Gym in Morganville, NJ (near Freehold). Challenging climbs await you with over 30 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. The more than 6,000 sq. ft. of climbing surface includes vertical and overhung terrain with bulges, roofs, arêtes, and slabs with the most realistic crack anywhere. The creative, rock-like climbing structures, are surrounded by a continuous safety pad.

Experienced Scorpions, Dragons, Cobras, Panthers and Hawks 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.

Also: We will visit the Monmouth County Boy Scout Shop for 20 minutes after climbing - need anything? Bring spending money for this.

Where: Garden State Rock Gym, Morganville, NJ 732-972-3003

Depart: 8:30 am from First United Methodist Church.

Return: Approximately 2:00 pm at church.

Signup: Monday, December 8th

Cost: \$22 for climbing.
For experienced Scouts and Adults - \$11 for Belay option, must sign waiver also.
Cost due with permission form and liability waiver on December 8th.

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

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. Seasonal outerwear.

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 old 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 8th

Scout _____ Not Participating Climbing \$22 Belay/Climbing \$11

Parent _____ Will Not Participate Driving \$0 Belaying & Climbing \$11

Parent is available to provide transportation Yes No

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

Trip Date : Dec 20 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 Garden State Rock Gym, Morgenville, 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

GARDEN STATE ROCKS-ACKNOWLEDGEMENT OF RISKS

Participant's Name (printed)

Assumption of Risk and Responsibility and Release of Liability

WARNING: There are significant elements of risk in any adventure, sport or activity associated with a "rock gym", climbing wall, bouldering area, and incidental weight and fitness training regiments and equipment (referred to herein as "activity"). Although we have taken reasonable steps to provide you with appropriate equipment and or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

ACKNOWLEDGMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks: 1) Slips, trips, falls or painful crashes while using the facilities or equipment, climbing walls, bouldering areas, landing pits, work out areas, floors below climbing areas, bathroom facilities, or stairs; 2) Risk associated with crossing, climbing, or down climbing. 3) Misuse of equipment or facilities or failure of equipment. 4) My physical strength, coordination, sense of balance, and ability to follow or give directions while climbing, belaying, or working out; 5) Fatigue, chill and/or dizziness, which may diminish my/our reaction- time and increase the risk of accident.6) Abrasion from or entanglement with ropes or equipment: 7) The presence, actions or falls of other participants. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks in the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. I also assume responsibility for damage to or loss of my/our personal property. I also assume risk for accidents or injury caused by the negligence of my belayer or spotter whether such negligence is comparative or contributory. I am aware of the meaning of the terms "Unroped Climbing" (aka: "Bouldering"), "Top Rope Climbing", and "Lead Climbing" and understand the differences between the activities. I accept that lead climbing is the most dangerous due to the hazard to both leader and follower. I agree to be "checked out" on climbing and belaying skills prior to participation, and to follow posted rules. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that wearing a UIAA approved helmet may help prevent head and/or neck injuries. I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck and/or spinal injuries; insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participation in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become your property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns do hereby release: H & N DEVELOPMENT CORP., dba: GARDEN STATE ROCKS, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property and activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgment of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights

Participant's Name (Printed)

Date of Birth

Signature

Address:

Street city state zip

Today's Date: _____ Phone: _____

In an emergency notify: _____

Phone: _____

Signature of parent or guardian if participant is under the age of 18: _____