SANTA FE CLIMBING CENTER SUMMER CAMP REGISTRATION FORM

(Please complete and print legibly)

Date:		
Camper's Last Name:	_ Camper's First!	Name:
Date of Birth:	Age:	Ses:
Address:		
City, State and Zip:		····
Parents Names:		
Parents Home Phone:	Pareute Work P	hone:
Other Phone:		
R-Mail:		
Name of a Emergency Contact:		
Phone: Relation:		
MEDICAL OUESTIONNA	IRE AND MEDIC.	AL CARE AUTHORIZATION
Is the camper especially susceptible to any illnesses?		
Does the camper have any special physical limitations?		_
Should any specific activities be encouraged or limited by the	re physicians advicat	·
		. <u></u>
Does the camper have any Allergies?		
Current medication (with instructions):		
Dietary modifications camp personnel should be aware of:		
Any other suggestions or health-related information for cam		
Name of family physician:		
Do you carry family medical/hospital insurance?		, lodicale:
Carrier.	Policy No:	·
Medical Release: In the event of an accident or illness, I understand However, if I am not available. I authorize the S.F.		
Camper's Initials: Parent/Guardian	's Initials:	Parent/Guardian's

CAMP RULES AND GUIDELINES

٠	Drop Off and	Pick Up of Camper:	Camps start every morning at 8 The camper may be dropped of	um and end at 4 p Y between \$:00 and	n. 8:30 am but no later becaus	e camp will be in
			full progress by 8:30 am.			
			When the camper is dropped of			
			The earnper may be picked up I Camp ends at 4:00 pm if the ca			a \$ 5 00 for for
			every fifteen minutes after 4:00			
			Center.		_	
			Whan the camper is picked up twith Name and Time.	the parent , guardia	n or authorized agent must si	ign the camper or
•	Authorization	of Non-Parental/Cities	rdian Camper Pick-up;			
	If a person oth	or than a perem/guero	dian is to pick up your camper fo	om the Santa Fe C.	limbing Center, please list hi	s/ber names and
	phone number	a below. We will not	release your camper without thi	s suthorization.		
	Name:			Phone:		
	Name:			Phone:		
	Name:			Phone:		_
	Lunches and S	nauke:				
			provided by the Santa Fe Climi	olse Center. The cu	mper is responsible to bring	their own lunch.
	drinks and/or s	mack. The camp will	have a designated time for the c	amper to eat their I	unch or snack	
•	The Camper in	ust follow the rules a	nd guidelines in this document .	If the camper is no	or able to follow the Sense Fe	Climbles Center
	Staff instruction	ns and /or creates a	unsafe environment for him/hers	elf, other campers	or staff lie or she may not be	allowed to
contima			nts for that camp will be made t			
•	The Sunta Fe C	Climbing Center will	employ a staff-comper ratio off :	no higher then 1-5.		
•	Camps may in	clude but are not limit	ted to the following activities:			
			loor Climbing, Netural Environ	mental Awareness.	Lessons, Wilderness Surviva	l Skills,
	Rappelling, Ou Line Walking.	rldoor Climbing, Firs	(Aid Lessons, Leadership Lesso	ns, Problem Solvin	g/Team Building Climbing	Games and Slack
	Capto Day San	anle:				
	8:00 - 8:30		fun bouldering games in the gy	T D		
	8:30 • 9:00	Intro to climbing a	equipment and safety.			
	9:00 -10:30		limbing games in the gym.			
	10:30 - 12:00		lling, Wilderness first aid, Natu	nd covironment, or	Knot tying lesson.	
	12:00 -12:30	Lunch	73 75 1 # 1			
	12:30 - 3:30 3:30 - 4:00		ike, Bouldering, or Rappelling.			
	5:50 - 4:00	rick up and levie	w of the day, short climbing rela	ited video of cool o	ожи вошает дажез.	
		I have	read, understand and agi	ee to follow th	ese rules.	
ampe	r's Initials:	Раген	t/Guardian's Initials:	P.	rent/Chardian's Initial	la ·

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INDOOR CLIMBING GYM RULES AND GUIDELINES

This waiver is in addition to the "Acknowledgement of Risk" form and outlines risks involved with lead climbing and/or not wearing a helm as well as general guidelines that must be adhered to by climbers using the gym. Climbers must recognize and assume all hazards of risk and inherent dangers associated with climbing activities.

- * All climbers are required to demonstrate their knowledge of safety and belaying techniques and procedures to a gym employer via : certification test. Instructional classes are offered at the gym.
- * All clumbers and individuals entering the climbing area must sign in at the front desk. Their membership status and certifications to be checked there.
 - No loose chalk, food or drinks (except water) is allowed in the climbing area.
- * All personal climbing gear must be manufactured and designed for climbing and in good condition. Personal harnesses must also fit properly.
- No top rope climbing on a single holt anchor, always two or more unchors must be used.
- The gym provides top ropes that are inspected regularly,
- The gym does not provide lead ropes. Lead climbers must bring their own dynamic ropes, which must be UIAA approved. The gym is not responsible for the care or inspection of a lead climber's rope. Climbers must understand that textured holds, textured wal and the protection at the gym are all abrasive to ropes.
- * The gym provides UIAA approved believes. Any climber, at any time has free use of a helinet, which can prevent head neck injury or permanent brain damage in the event of an accident.
- * Climbers will tie into the rope with a figure eight knot. All carabiners used for belaying or floor anchors will be locking. Anchoslings and non locking carabiners will be doubled.
- All climbers should check with a qualified medical physician prior to starting a new exercise program like climbing.
- Belaying Goldelines are:

No one under the age of 12 will be allowed to belay.

Ages 12 and 13 will only be allowed to belay with a back up belayer and a gym employee supervising.

Ages 14 and 15 will only be allowed to belay with a gym employee supervising.

Allowed belay methods are with belay plates or GriGris. No hip or hand held dynamic belays, figure 8 heleys used in plate mode) or self belays are allowed. (except when

- No one under the age of 14 is allowed to lead climb or lead belay unless it is in a class setting and backed up with a top rope belay. Persons 14 and older are allowed to lead climb and/or lead belay after demonstrating proper skills in a certification test.
- * Bouldering is allowed up to the green line for ages 12 and under with a trained spotter. Ages 13 and up will not boulder past the red line. The use of a spotter and crash pad is recommended when bouldering.

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CERTIFICATIONS FORM

To be filled out by a gym instruction				
Student's Name				
Top Rope Citmbing:	Top Rope Belay:	Lead Climbing:	Lead Belay:	
Proper Harness Use	Floor Anchoring Use	Verbal Commands	Stands and Positioning	
Locking Cambiner Use	Stands and Positioning	When/Where/How to Clip		
Rope Management	Belay Plate Set Up	7-Clip and Back Clip	Catching a Fall	
Retrace Figure 8 Knot	Grigri Set Up	Rope Position	Rope Management	
Buddy Check	Closing the Climbing System			
Verbal Commands	Pull-Break-Grab-Slide Tech.	Lowerina		
- Constitution	Two Hand Lowering Tech.	1 X I W C I M C		
Gym Instructors Initials (for TR)		 13 Instructors Initials (for Lead	t Photo	
crym lastractory linkads (101 1 fc	,Gyi	D TURILACIOLS TOTAINE (101, Test)Dute	
希尔乔大大大大大大大大工业业企业企业企业企业企业企业企业企业企业企业企业企业企业企业企				
I have read, understand and agree to follow these rules.				
Camper's Initials:	Parent/Guardian's Ioi	tials: Paren	t/Guardian's loitlais:	

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SANTA FE CLIMBING CENTER INDOOR CLIMBING RELEASE FORM

Participant agreement, Release and Acknowledgement of Risk

a consideration of the services of the Santa Fe Climbing Center, their agents, owners, officers, volunteers, participants, employees, at ther persons or entities acting on their behalf (hereinafter referred to as "S.F.C.C"), I hereby agree to release and discharge S.F.C.C., f myself, my children, my perents, my beirs, assigns, personal representative and estate as follows:

. I ucknowledge that climbing on an artificial climbing wall entails known and unanticipated risks which could result in physic motional injury, paralysis, death, or duringe to myself, to property, or to third parties. I understand that such risks simply cannot be eleithout jeopardizing the assential qualities of the activity.

The risks include, among other things: falling off the wall; loose and/or damaged artificial holds, rented equipment failure, fa its ground, on other users or being fallen on by other users; abrasions from the wall, rope, pads, or the floor; equipment failure; below elayer failure; climbing out of control or beyond ones personal limits; the negligence of other climbers, visitors, participants, or other the may be present; assembly skeletal injuries and/or over training; head injuries or, my own negligence.

Furthermore, S.F.C.C. employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be a f participant's fitness abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is pluntary, and I elect to participate in spite of the risks.

I hereby voluntarily release, forever discharge, and agree to indomnify and hold harmless S.F.C.C. from any and all claims, decreases of action, which are in any way connected with my participation in this activity or my use of S.F.C.C.'s equipment or facilities including any such claims which allege negligent acts or emissions of S.F.C.C.

Should S.F.C.C., or anyone acting on their behalf, be required to incur anomey's fees and costs to enforce this agreement, I at demnify and hold them harmless for all such fees and costs.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else to bear such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in tivity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit against S.F.C.C., I agree to do so solely in the state of New Mexico, and I further agree that the Instantive law of that state shall apply in the action without regard to the conflict of law roles of that state. I agree that if any portion agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I acknowledge that if I or anyone is bart or property is damaged during articipation in this activity, I may be found by a court of law to have waived my rights to maintain a law tainst S.F.C.C. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and be bound by its terms.

mper's Initials;	Parent/Guardian's Inittals:	Parent/Guardian's Initials:
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SANTA FE CLIMBING CENTER OUTDOOR CLIMBING AND OTHER OUTDOOR ACTIVITIES RELEASE FORM

Participant agreement. Release and Acknowledgement of Risk

In consideration of the services of the Santa Fe Climbing Center, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting on their behalf (hereinafter referred to as "S.F.C.C"), I hereby agree to release and discharge S.F.C.C., on beh of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor climbing and other outdoor activities entails known and manticipated risks which could result in physic or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be climinated without Jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; being struck by rock fall, ice fall other objects disladged or thrown from above; the use of climbing ropes and equipment; forces of nature, including highling, weather chang and syllanche; the risks of falling off rock, mountains, or into a crevasse; the risks of exposure to insect bites; the risk of allitude and cold including hypothermia, frostbite, acute mountain sickness, and cerebral and pulmonary edems; my own physical condition, and the physical exertion associated with this activity.

Furthermore, S.F.C.C. guides and employees have difficult jobs to perform. They seek safety, but they are not infallible. They might unaware of participant's fitness abilities. They might misjudge the weather, elements, or terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

- 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless S.F.C.C. from any and all claims, demand: or causes of action, which are in any way connected with my participation in this activity or my use of S.F.C.C.'s equipment or facilities, including any such claims which allege negligent acts or ordisalons of S.F.C.C.
- 4. Should S.F.C.C., or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them hamdess for all such fees and exists.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else to bear the color such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
- Authorization of Medical Care: In the event 1 am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in Santa Fe Climbing Center Camps, I hereby authorize and agree to allow the S.F.C.C. to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless are indemnification provisions set forth above shall apply to any authorization and consent to medical or surgical treatment made on my behalf by the S.F.C.C. I further agree to be personally responsible for all cost of medical treatment and services (including emergency services) as may authorized by the S.F.C.C.
- 7. In the event that I file a lawsuit against S.P.C.C., I agree to do so solely in the state of New Mexico, and I further agree that the substantive law of that state shall apply in the action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I acknowledge that if I or anyone is hart or property is damaged during my participation in this activity, I may be found by a court of law to have weived my rights to maintain a lawsuit against S.F.C.C. on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agre to be bound by its terms.

Comper's Initials:	Parent/Guardian's Initials:	Parent/Guardian's Initials:

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I HAVE CAREFULLY READ THIS RELEASE, AUTHORIZATION, RULES AND GUIDELINES DOCUMENT. I ARREST THAT I AM OVER EIGHTEEN YEARS OF AGE AND AM NOT A MINOR IN MY STATE OF RESIDENCE OR, IF I AM A MINOR IN SUCH STATE, THAT MY PARENTS OR LEGA GUARDIANS HAVE SIGNED THIS FORM IN THE "CONSENT" SECTION BELOW.

Camper's Signature:	Datc:
Print Name:	Age:
	PARENTAL CONSENT
I represent that I am the parent/legal gua	rdian of:
Camper's Name:	Date of Birth:
Camper's Name:	Date of Birth:
Comper's Name:	Date of Birth:
Who is/are under the age of eighteen or a the participation of my child/ward in San terms of the above Release, Hold Harmle	otherwise a minor in his or her State of residence. In consideration for allow ita Fe Climbing Center's Camp Program, I hereby agree to be bound by the ess and Authorization of Medical Care.
Signature:	Signature:
Date:	Date:
Print Name:	Print Name:
IF ONLY ONE PARENT/GUARDIA	AN SIGNS THIS FORM, THE FOLLOWING MUST ALSO BE SIGNED:
responsible for the care and upbringing of	ed by only one parent/guardian because I am the sole parent/guardian of the child/ward due to death or other incapacity of the other parent or becauth effort to obtain the signature from the second parent/guardian but have not my control.
Signature:	
Date;	.
Print Name:	
Camper's Initials: Parent/G	enrdian's Initials: Perent/Guardian's Initials:

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