

# Troop 90

## Kendall Park, New Jersey

### Permission Slip

Troop 90 BSA of Kendall Park, NJ is participating in the following activity

**Rockville Climbing Center**  
Hamilton, NJ

**Departure Time and place:** Sand Hill Presbyterian Church\*  
**Saturday March 9<sup>th</sup>, 2013 – 7:15 PM**

**Returning time and place:** Woodlot Park\*  
**Sunday March 10<sup>th</sup>, 2013 – 9:15 AM Sharp**

Personal Equipment

**Patrol Requirements:** Each scout must have a sleeping bag and pad, toiletries, water bottle, loose clothing for climbing.

**Fee \$30 per scout.** All sign-ups, payment, permission slips due on Feb. 25<sup>th</sup>. Checks made out to Troop 90.

**Activity Coordinator:** Mr. Z. Contact number 732-910-5180

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-Keep This Part of Form-

-Return This Part of Form-

Our son \_\_\_\_\_ has our permission to participate with Troop 90 BSA of Kendall Park, New Jersey to attend the following activity: **Rockville Climbing Center**

In case of emergency, we can be reached at the following # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ If no answer, please call \_\_\_\_\_ @ (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Special Medical Needs or Comments: \_\_\_\_\_  
\_\_\_\_\_

(Check here \_\_\_\_ if another Parent will drive Scout home - Parent Name: \_\_\_\_\_)

Parent or Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IMPORTANT INFORMATION:**

I authorize the adult leaders of Troop 90 Boy Scouts of America, to obtain such emergency medical treatment as may be required should my son suffer from any sudden illness or accident. I also give my consent for my son to receive blood transfusions should it be deemed necessary to sustain his life and/or well-being. I further agree that I will accept financial responsibility for any medical treatment provided. In consideration of benefits to be derived and in view of the fact the Boy Scouts of America is an educational institution, which is voluntary, and having full confidence that every precaution will be taken to insure safety and well-being of my son, I hereby agree to my son's participation and waive all claims against the leaders of this activity and officers, agents and representatives of Troop 90 and the Boy Scouts of America.

Is Scout covered by medical insurance? Yes \_\_\_\_ No \_\_\_\_ Policy #: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Parent's/Guardian's Initials: \_\_\_\_\_

ROCKVILLE CLIMBING CENTER, INC.  
INDOOR ROCK CLIMBING  
www.rockvilleclimbing.com

200 Whitehead Road  
Hamilton, NJ 08619  
609-631-7625 Fax: 609-631-7582

**RELEASE OF LIABILITY**

**NOTICE: THIS IS A LEGALLY BINDING CONTRACT.** In consideration of my being permitted by Rockville Climbing Center to climb at one of its 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, actions of other climbers, misuse or failure of equipment, holds which may have become loose or damaged, and freakish accidents 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, its 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 that would affect my safe 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; 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 \_\_\_\_\_ Email Address \_\_\_\_\_

**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