

GRANITE ARCH, LLC
(d.b.a Granite Arch Climbing Center)

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY

UNDERSTAND, ACKNOWLEDGE, AND AGREE AS FOLLOWS:

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT WHICH IS INTENDED TO PROVIDE A COMPREHENSIVE RELEASE OF LIABILITY, BUT IT NOT INTENDED TO ASSERT ANY CLAIMS OR DEFENSES WHICH ARE PROHIBITED BY LAW.

By signing this Release, you give up any right you may have to bring a court action to recover compensation or obtain any other remedy for any injury to yourself or your property or for any death however caused arising out of participation, or observation of activities at the facility of Granite Arch Climbing Center (hereinafter. "Granite Arch"), now or at any time in the future.

(INITIAL)

Climbing is an inherently hazardous and dangerous activity, and events and activities related to or associated with climbing can expose me to hazards and risks, both natural and artificial, that may result in harm, damage, personal injuries or death.

(INITIAL)

My use of Granite Arch, its facilities, equipment, or apparatus is entirely voluntary and I understand that any and all such usage, including, but not limited to climbing, involves hazards and dangers that can result in harm, loss, damage, personal injuries, or death resulting from, arising out of, or related to all such usage.

READ CAREFULLY**READ CAREFULLY**READ CAREFULLY**READ CAREFULLY**READ CAREFULLY

(INITIAL)

I recognize the dangers inherent in climbing. I realize I am subject to injury from this activity and that no form of preparing can remove all of the danger to which I am exposing myself. I am aware of the safety policy requiring the use of a protective helmet, which could prevent permanent brain damage in the event of an accident.

(INITIAL)

Against advice of Granite Arch, I am refusing this critical safety precaution.

NOTE: Those choosing not to initial the helmet waiver are required to furnish and wear a helmet at all times while climbing. **GRANITE ARCH DOES NOT SUPPLY HELMETS.**

(INITIAL)

I acknowledge and understand that there is not a substantial impact medium beneath the bouldering, roped and lead climbing areas.

(INITIAL)

In consideration of being permitted to use the Granite Arch, its facilities, equipment, and/or apparatus, for myself and on behalf of my heirs, personal representatives and assigns, I hereby assume all risks and waive, release and discharge forever Granite Arch, its affiliates and successors, its LLC members, employees, and agents from any and all liabilities, claims, demands or causes of action of any nature, whether known or unknown, for any harm, loss, damage, injuries or death, due to negligence or any other cause, resulting from, arising out of, or in any way related to my use of Granite Arch, its facilities, equipment, or apparatus.

(INITIAL)

I will obey and comply with all rules, regulations, or instructions by Granite Arch and its employees or agents, and I have a responsibility to ask questions and clarify rules, regulations or instructions if I do not understand, fully comprehend, or have any doubts about any rule, regulation, or instruction.

(INITIAL)

I have an obligation and responsibility to myself, as well as other users of Granite Arch, its facilities, equipment, or apparatus, to conduct myself in a safe and responsible manner, and I will NOT use Granite Arch, its facilities, equipment, or apparatus while under the influence of drugs or alcohol or suffering from or experiencing any condition that might impair me.

I REPRESENT AND ACKNOWLEDGE THAT I HAVE READ THIS ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND EACH AND EVERY PROVISION AND THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL.

Climber Name (Printed): _____ **Signature:** _____

Parent/Guardian (Printed): _____ **Signature:** _____

Signature of parent/legal guardian required if climber if under 18 years of age.

Date signed: _____

GRANITE ARCH CLIMBING CENTER

11335 Folsom Blvd., Bldg. G, Rancho Cordova, CA. 95742 (916) 852-ROCK

LAST NAME	FIRST NAME	Date of Birth / /
Address(same for all above)		Date of Birth / /
City	State	Zip
		Date of Birth / /

Telephone Number

SAFETY RULES

Climbing or not, everyone entering the climbing areas must first sign an Acknowledgement of Risk. All climbers/spectators must check in at counter.

General

- No Smoking / No one under the influence of drugs or alcohol permitted on premises.
- Use of excessive profanity will constitute immediate loss of access.
- Adult supervision is required for children under 14 yr. Old.
- No food or drink (other than water in enclosed plastic bottles) allowed in climbing areas.
- No running, horse playing or swinging from ropes allowed. No throwing of the floor material will be permitted.
- Shirts are generally preferred. No bare feet.
- No giving of paid classes or instruction allowed.

Chalk Bag Rules

- Chalk balls only! Loose chalk is not allowed in gym.
- Chalk balls MUST remain inside chalk bags.
- No rented chalk bags for children under 14 yrs. Old.

Climbing

- Belayers must pass a safety check and be certified by Granite Arch staff prior to belaying.
- Lead climbers must pass a lead climbing test prior to climbing or belaying lead climbers.
- Climbers and belayers must wear a helmet, unless helmet waiver is signed.
- It is recommended that all belayers be anchored to floor. Those weighing less than their climbing partner are required to be anchored to floor.
- Belay with approved belay devices only.
- Tie directly into harness with a figure-eight follow-through knot.
- Belayers and climbers must use a manufactured harness designed for climbing.
- Granite Arch reserves the right to withdraw a climber's belay and/or lead certification.
- Lead climbers are required to provide their own lead climbing rope acceptable to Granite Arch staff.

Bouldering

- Do not climb above or below other climbers or spectators. Spotters are recommended for bouldering.
- No climbing on top of bouldering area walls (also referred to as Topping Out).
- No bouldering above marked areas in main climbing wall area. Respect other boulderers as routes overlap.
- DO NOT give unsolicited climbing advice (also referred to as "Beta").

Granite Arch and its employees reserve the right to deny facility access to anyone for any act deemed inappropriate or unsafe. Individuals not complying with all gym rules will immediately be asked to leave the facility.

I have read and understand the above rules and agree to abide by all of them:

Signature: _____ Date: _____

**PARENT AUTHORIZATION
FOR TRIP/ACTIVITY AND FOR MEDICAL TREATMENT**

I, the undersigned parent/guardian of _____, authorize his participation in the listed activities:

- Travel to and from the event
- Camping
- Hiking
- Backpacking
- Swimming
- Boating
- Other: _____

DATE OF ACTIVITY: Jan. 19, 2008 9PM to Jan 20, 2008 **EXPECTED RETURN:** 8:00 AM

LOCATION OF ACTIVITY (including travel by motor vehicle from Woodland, CA, and return):

Granite Arch Climbing Center, 11335-G Folsom Blvd. Rancho Cordova, CA 95742

I understand that the trip/activity will be under the general supervision of the following two adult leaders:

<u>Dan Diaz</u>	Cell Phone: <u>(530) 383-3442</u>
<u>Bill Ragsdale</u>	Cell Phone: <u>(530) 867-6241</u>

I also understand that my son may be travelling to/from the event with one of the following adult drivers:

Dan Diaz, Bill Ragsdale

In case of emergency, I understand reasonable effort will be made to contact me. In the event I cannot be contacted, I authorize the physicians and/or hospital selected by the Adult Leader or the Adult Driver to provide medical treatment, including without limitation, hospitalization, anesthesia, surgery, and medications by injection or otherwise.

Please answer the following (Provide details on the reverse side for any question answered YES):

- | | | |
|---|------------------------------|-----------------------------|
| Does the individual have any allergies to anything? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the individual take any medications? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the individual have any medications with them? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the individual have any special medical needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

EMERGENCY CONTACT INFORMATION: (please print legibly):

Name: _____ Telephone: _____

Address: _____ City: _____

Medical Insurance Carrier: _____

Policy Number: _____

Signed: _____ Date: _____



PERSONAL HEALTH AND MEDICAL RECORD

CLASS 1 AND CLASS 2

Class 1 (update annually for all participants). Activity: Day camp, overnight hike, or other programs not exceeding 72 hours, with level of activity similar to that of home or school. Medical care is readily available. Current personal health and medical summary (history) is attested by parents to be accurate. This form is filled out by all participants and is on file for easy reference.

Class 2 (required once every 36 months for all participants under 40 years of age). Activity: Resident camp or any other activity such as backpacking, tour camping, or recreational sports involving events lasting longer than 72 consecutive hours, with level of activity similar to that at home or school. Medical care is readily available.

Note: Some states require an **annual** precamp medical evaluation. Your BSA local council service center can advise you about the requirements for your state.

If your child has had a medical evaluation (**physical examination**) within the last 36 months, a copy of the results of this examination must be attached to the health history for all participants in a camping experience lasting longer than 72 consecutive hours. If a copy is not available, a physical examination (using the Class 2 section of this form) must be scheduled by a *licensed health-care practitioner. This medical evaluation (physical examination) also is required if your child is currently under medical care, takes a prescribed medication, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from a head injury.

*Examinations conducted by licensed health-care practitioners, other than physicians, will be recognized for BSA purposes in those states where such practitioners may perform physical examinations within their legally prescribed scope of practice.

THIS FORM IS NOT TO BE USED BY ADULTS OVER 40, BY HIGH-ADVENTURE PARTICIPANTS (USE FORM NO. 34412A), OR FOR NATIONAL SCOUT JAMBOREE (USE FORM NSJ-34412-97).

CLASS 1 PERSONAL HEALTH AND MEDICAL HISTORY

(To be filled out annually by all participants)

To be filled out by parent, guardian, or adult participant. Please print in ink.

IDENTIFICATION

Name _____ Date of birth _____ Age _____ Sex _____

Name of parent or guardian _____ Telephone _____

Home address _____ City _____ State _____ Zip _____

Business address _____ City _____ State _____ Zip _____

If person named above is not available in the event of an emergency, notify

Name _____ Relationship _____ Telephone _____

Name _____ Relationship _____ Telephone _____

Name of personal physician _____ Telephone _____

Personal health/accident insurance carrier _____ Policy No. _____

I give permission for full participation in BSA programs, subject to limitations noted herein.

In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin). In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

Date _____ Signature of parent/guardian or adult _____

Some hospitals require the parent/guardian signature to be notarized. Check with your BSA local council.

NAME

TROOP

CAMPSITE

Check all items that apply, **past or present**, to your health history. Explain any "Yes" answers.

ALLERGIES: Food, medicines, insects, plants Yes No Explain: _____

GENERAL INFORMATION:		Yes	No		Yes	No		Yes	No	
ADHD (Attention-Deficit)										
Hyperactivity Disorder	<input type="checkbox"/>	<input type="checkbox"/>		Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>		Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>		Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>		Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Please list ALL medications taken in the 30 days **prior** to arrival at the Scouting activity where this form is to be used: _____

List any medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in swimming, backpacking, hiking long distances, or playing strenuous physical games: _____

List equipment needed such as wheelchair, braces, glasses, contact lenses, etc.: _____

Immunizations: (Give date of last inoculation.)

Tetanus toxoid _____	Measles _____	Polio _____
Diphtheria _____	Mumps _____	_____
Pertussis _____	Rubella _____	_____

34414A
1999 Printing

INTERVAL RECORD	SCREENING EXAMINATION	
Date, Time, Place, Etc.	(Findings, diagnoses, treatment, instructions, disposition, etc.)	By
#34414A		
730176344140	PHOTOCOPING THIS FORM IS PERMITTED.	