

2011 Rock Dimensions Summer Climbing & Adventure Camp

The following Summer Camp registration form is to be completed in conjunction with Rock Dimensions' general medical/registration form and liability agreement. Please complete all three forms and return to Rock Dimensions along with a 50% deposit. Mailing address:

Rock Dimensions
131-B S. Depot St.
Boone, NC 28607

Name of participant: _____ Age: _____

Climbing experience (no experience necessary!): _____

Please check which week you plan to attend:

_____ June 20-24 _____ July 18-22 _____ July 25-29

If not attending the whole week, list specific dates: _____

Cost: \$500 full week, \$300 for half-week (first 3 days or last 3 days). Call for other options. Includes RD t-shirt.

Amount enclosed: \$ _____

****Additional parent/guardian contact information:***

Cell phones: _____

Local phone numbers (if not on the medical/registration form):

E-mail address: _____

Any other information:

Authorization to Use Photographs

I agree to release any images of me/my child captured by means of photography while I am a participant with Rock Dimensions. Rock Dimensions may use the above mentioned, without limitation, in connection with any brochure, publicity, marketing, or educational materials. I release Rock Dimensions from any claims whatsoever that arise in said regard.

Participant signature _____ Parent/Guardian signature _____

**ROCK DIMENSIONS, INC.
REGISTRATION AND MEDICAL FORM**

Name: _____ Age: _____ Today's date: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work/Mobile: _____

*If you would like to receive information about Rock Dimensions upcoming programs & events, please provide us with your **E-mail address**: _____

Name of personal physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Health/Accident Insurance Company: _____

Policy Number: _____

Have you ever had a kidney transplant? _____ Are you pregnant? _____

Do you suffer from asthma? _____ Do you have an inhaler that you carry with you? _____

(**Asthmatics should bring an extra inhaler*).

Have you ever had any heart problems? (heart attack, chest pains, surgery) _____

▪ Date and Explanation: _____

Allergies: _____

Medications: _____

Pre-existing injuries: _____

Do you have any other medical problems? _____

*****All participants are expected to take responsibility for their own health and safety. Participants should check with their doctor for advice if they are concerned about any pre-existing injuries or medical problems prior to hiking, climbing, caving, or ropes/challenge course activities.***

Medical Release

In the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to myself or my child, in the event of an accidental injury or illness during participation with Rock Dimensions, until such time as I or the emergency contact can be reached. This permission includes but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. Every reasonable effort will be made to contact the emergency contact person(s) listed on this form in the event that significant medical care is needed.

Participant signature _____ Parent/Guardian signature _____

ROCK DIMENSIONS, INC.
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of being allowed to participate in any way in the program, related events, activities, and services of Rock Dimensions, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (herein collectively referred to as Rock Dimensions), I the undersigned, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate acknowledge, appreciate, and agree to the following:

1. I acknowledge that my participation in rock climbing, rappelling, caving, hiking, climbing tower and/or ropes course activities entails **known and unknown** risks that could result in physical or emotional injury, permanent disability, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated 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 rockfall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning and rapid weather changes; the risks of falling off the rock; the risks of exposure to insect bites, snakes, and other animals; the risk of cold and heat including hypothermia, hyperthermia, and dehydration; my own physical condition, and the physical exertion associated with this activity.

Furthermore, Rock Dimensions employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the 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. On behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Rock Dimensions from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Rock Dimensions' equipment or facilities, including any such claims which **allege negligent acts or omissions of Rock Dimensions**.
4. Should Rock Dimensions 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 harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against Rock Dimensions, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that 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 portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against Rock Dimensions 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 agree to be bound by its terms.

Signature of Participant _____ Age _____ Print Name _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by Rock Dimensions to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless Rock Dimensions from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____