

# MANITOU SPRINGS SCHOOL DISTRICT 14 Partners for Healthy Choices (PHC)- Cliffhanger Registration Middle/High School Packet



**To receive a PASS TO PARTICIPATE:**

**The following items must be completed:**

- \_\_\_\_\_ MSSD 14 Activity Insurance Waiver (page 2/5)
- \_\_\_\_\_ Physical/Activities Release Form (page 2/5)
- \_\_\_\_\_ Transportation Permission (page 2/5)
- \_\_\_\_\_ Parent Permission (page 3/5)
- \_\_\_\_\_ Emergency Contact Information (page 3/5)
- \_\_\_\_\_ City Rock Participant Agreement (page 4 & 5)

**SIGNATURE PAGE** Print Student Name \_\_\_\_\_

**1. INSURANCE STATEMENT**

\_\_\_\_\_ I have purchased an accident insurance plan or am covered under a family medical plan.

\_\_\_\_\_ I do not have insurance, and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter. Manitou Springs Schools will not be held responsible for any medical bills or debts resulting from any injury to the above named participant while participating in any sanctioned activities that are a part of the sponsored club.

**2. STATEMENT BY PHYSICIAN FOR PARTICIPATION**

(use of physician's form is acceptable)

I hereby certify that I have examined \_\_\_\_\_ and that the student was found physically fit to engage in rock climbing in a climbing gym, rock climbing on natural rock, bouldering, slack lining, mountain biking, hiking, *(Please cross out any activity in which the student should not participate.)*

Student's birth date: \_\_\_\_\_

\* Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Physician's signature)

\_\_\_\_\_  
(Type or print name)

Address: \_\_\_\_\_

\_\_\_\_\_  
(Valid for 365 days unless rescinded)

\* **If student has a physical on file at the school please initial here** \_\_\_\_\_

\* **If you are unable to get a physical for your child, but feel they are healthy enough to participate and agree to be solely responsible for your child health.**

**please sign here.** Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**3. TRANSPORTATION**

Manitou Springs School District 14 expects communication on how my child will arrive at the designated climbing venue, or will be transported home if it is not on the MSSD14's club bus.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### **4. PARENT OR GUARDIAN PERMIT**

**WARNING:** Although participation in supervised MSSD 14 activities may be one of the least hazardous in which any student will engage, by its nature, in club activities includes:

A. *Risk of injury, which may range in severity from minor, to long-term catastrophic.* Although serious injuries are not common in supervised school club programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. *Participants must obey all safety rules, report all physical problems to their sponsors, follow a proper conditioning program, and inspect their equipment daily.*

B. By signing this permission form, we acknowledge that we have read and understood this warning. *Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.*

I hereby give my consent for \_\_\_\_\_ to participate in club activities for Manitou Springs Schools. I have read the rules stated on the attached pages and agree with of the expectations placed upon my son or daughter.

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

#### **Manitou Springs Mustangs Emergency Information**

Participant \_\_\_\_\_ Grade \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

Home/cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

Emergency number to call \_\_\_\_\_

Chronic ailments \_\_\_\_\_

If you cannot be reached, who to call?

Name \_\_\_\_\_ Number \_\_\_\_\_

#### **Consent for Emergency Treatment of Extracurricular Activities**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ in consideration for my child's opportunity to participate in extracurricular activities sponsored by PHC/MSSD 14, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an extracurricular activity or group, and hereby waive on behalf of myself and the above named child any liability of the school district, any of its agents or employees, arising out of such medical treatment.

\_\_\_\_\_  
**Signature of Parent/guardian**

\_\_\_\_\_  
**date**

## CityROCK Colorado Springs

21 N. Nevada Avenue, Colorado Springs, CO 80903  
(719) 634-8099

### Participant Agreement

(Including assumption of risks and agreements of release and indemnity)

This Agreement covers participation in certain indoor wall climbing, bouldering, yoga and related activities offered by CityROCK, LLC, a Colorado Limited Liability Company doing business as CityROCK. CityROCK, LLC, and CityROCK are referred to in this document as "The Center". This agreement affects the legal rights of participants and their families, and should be read carefully. It must be signed by participants eighteen years and older or by a parent or guardian of all minor Participants (those under 18 years of age). The parent or guardian (referred to in this document as "Parent") signs and agrees for himself or herself and on behalf of the minor participant. From this point forward, the term "Participant" will include both adult and minor users of the facility.

In consideration of being allowed to participate in the climbing and other activities offered by The Center, I, the Participant, and/or the Parent of a minor Participant, understand, acknowledge and agree as follows:

#### Activities

Activities offered by The Center include climbing indoors on an artificial wall or boulder, rappelling, "slack lining", "dry tooling" (simulated ice climbing), yoga, fitness classes and activities, indoor games and play equipment and team building exercises. The wall or walls for climbing or rappelling may reach heights of forty-five feet. Wall climbers are assisted by means of handholds attached to the walls, and, depending on heights and other circumstances, may be supported in the climb by means of a "belay" – a system of ropes or cable operated automatically or managed by a staff member or other person, including another Participant, at or near the base of the wall and at other points along and above the climbing route. Bouldering activities will not be belayed, spotted or otherwise managed by The Center, although a climber may choose to be spotted by another Participant. "Slack-lining" involves moving across a rope or cable at heights from six inches to as many as forty-five feet off the ground, supported by a belay if required by height or other circumstances.

These activities require moderate to heavy physical exertion and can be physically and emotionally demanding. Participant may not participate in the program if he or she has any medical (mental or physical) condition that might create risks to himself or herself or to other Participants or staff. Participant has no such conditions and Participant, or Parent, if requested to do so, has completed The Center's Medical Form, and has done so truthfully and to the best of his or her knowledge.

#### Risks

The risks of the activities of The Center include, among others, the following:

1. All manner of injury resulting from falling off the climbing wall or boulder or exiting the boulder by means of a slide; hitting other persons, the wall, holds and other projections (permanent or temporary), mats, the floor or the ground;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall or artificial boulder, including, among others, climbing, belaying, rappelling, lowering on a rope, rescue systems, and other rope uses and techniques;
3. Injuries resulting from falling climbers or dropped items, including, among others, ropes and climbing (including ice climbing) tools and hardware;
4. Cuts, abrasions and other trauma resulting from contact with other persons, the climbing wall and other structures, and climbing (including ice climbing) tools and hardware;
5. Failure of ropes, slings, harnesses, climbing hardware, belay devices, anchor points, or any part of the climbing wall.
6. Carelessness of staff and other climbers, including while supervising or managing a belay,
7. The fear of heights, close personal contact with other persons, and other fears or phobias;
8. Strains, pulls and other trauma arising from yoga or fitness exercises.
9. Moving about the premises in which the activities are conducted, and use of the facilities, including the café, locker room, and lounge and entry areas.
10. The Center may from time to time employ independent contractors to perform certain services in connection with the activities. The Center is not responsible for the acts or omissions of these contractors.

The above list does not describe all possible risks associated with the activities of The Center and the list does not limit the extent or scope of the following assumption of risk, release and indemnity. The risks described above, and others, are inherent to the program and its activities – that is, they cannot be eliminated without destroying the basic nature of the program and reducing its appeal and value.

Participant acknowledges that he or she has read and understands the Safety Policies of The Center and agrees to fully comply with those policies. Parent has discussed the rules with the minor participant and the minor agrees to comply.

### Assumption of Risks

Participant understand that the risks described above, and others, inherent or not, may result in loss of or damage to property, personal injuries and even death. I nevertheless hereby expressly acknowledge and assume all such risks, inherent and otherwise and whether or not described above, and voluntarily choose to participate in the activity, accepting responsibility for all such risks, and for injuries or other losses which may be encountered.

### Release and Indemnity

I, an adult Participant, or Parent of a minor participant (for myself and on behalf of the minor), hereby agree to release and discharge CityROCK, LLC (doing business as CityROCK, and referred to herein as The Center) its owners, directors, trustees, employees, officers, and contractors (referred to as "Released Parties") from all claims and liabilities in any way arising from or connected with my, or the minor participant's, enrollment or participation in the program or any of its activities, including my, or the minor participant's, presence on the premises of The Center. I understand that by signing this document, I surrender my rights, and the rights of the minor for whom I sign below, to make a claim or file a lawsuit against CityROCK, LLC, The Center or any other Released Party for personal injury, property damage, wrongful death or otherwise.

If I am an adult participant or Parent of a minor participant I further agree to defend and indemnify (that is, to pay or reimburse damages and costs, including attorneys' fees) The Center and the other Released Parties from any claim associated with my, or the minor participant's, enrollment or participation in an activity of The Center, whether brought by a co-Participant, member of my, or the minor's, family, a rescuer or any other person, for loss or damage either suffered by me, or the minor, or caused in whole or in part by my, or the minor's, conduct.

These agreements of release and indemnity include loss or damage caused or claimed to be caused in whole or in part by the negligence, but not the intentional wrongs or the gross negligence, of CityROCK, LLC, The Center or another Released Party.

### Other including Photo Release

This agreement will govern participation in the activities of The Center on the date on which it is signed and thereafter until it is withdrawn by written notice to The Center. I hereby give my permission and consent to the taking of photographs, videotapes, and other images of me or the minor participant and agree that such images may be published and otherwise used by The Center for advertising, promotion, publicity, or any other purpose The Center deem appropriate, without compensation to me or to the minor participant.

If Participant is a minor, the Parent has discussed the terms of this Agreement including the description of activities and risks with the minor who understands them and chooses to participate nevertheless.

The terms of this agreement and any dispute between a Released Party and Participant or Parent will be governed by the substantive laws of the State of Colorado (not including laws which might apply the laws of another jurisdiction); and any suit or mediation of the dispute will take place solely in El Paso County, Colorado.

This document is intended to be binding, to the fullest extent of the law, on all persons signing below, and their respective successors, heirs, executors, administrators and family members. If any part of this document is deemed by a court of competent jurisdiction to be unenforceable the remainder shall nevertheless be in full force and effect. The terms of this agreement cannot be altered except by a written document signed by the parties.

X  
Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Participant's Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Birthday: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_  
E-mail address: (only if you want to receive our e-mails): \_\_\_\_\_

### If Participant is under 18 years old: Parent / Guardian Consent and Agreement:

I, as parent or guardian of the above minor under 18 years of age, hereby consent to the terms and conditions set forth in the Release Form and agree to its terms, for myself and on behalf of the minor for whom I sign.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

Relationship to Climber \_\_\_\_\_

### How did you find out about CityROCK?

Internet  Signs/Driving By  Family/Friend told me  Ad-Where? \_\_\_\_\_  Other \_\_\_\_\_

For EMPLOYEES ONLY: Auto-belay \_\_\_\_\_ Bouldering \_\_\_\_\_ Belay test \_\_\_\_\_ Lead Belay \_\_\_\_\_ Lead Climb \_\_\_\_\_