

Troop 777 Sign Up

Event: Venture Climb at UCSD Outback Adventures

Date: February 13, 2006

Description: A tune-up and practice for Venture Scouts interested in our climbing program. This will be in lieu of the normal troop meeting.

Prerequisite: Climbing Merit Badge and knowledge of the Figure-8 Follow-Thru and proper belaying procedures.

Parents must sign this permission slip and the attached waivers before going. Do not initial the Climbing Center form. It will be completed at the gym once you can demonstrate the knowledge required. For the Outing Name in the Health Waiver, enter "Outback Adventures Climbing Center". This second form may not be necessary, but we don't want to get at the Gym and find otherwise.

Meet at: St Andrew's, 6:50pm – depart by 7pm.

Return: Return by 9pm.

Cost: \$6 for gym time, \$2 for harness, \$2 for shoes, \$1 for chalk bag.

Instructions: Travel in Class-A shirts, wear a Class-B T-Shirt and wear comfortable pants or shorts for climbing.

Adult Leaders: Bob Mihalik and Dan Peterka

(Keep this part for reference)

(Return this part with parent signature)

Venture Climb at UCSD Outback Adventures February 13 – 7-9pm

Scout Attending: _____

Parent Attending _____

Bring Cash only....

I can drive to/from w. ____ seatbelts

I understand that participation in the climbing/rappelling activity offered through the Desert Pacific Council, BSA, on February 13, 2006, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the Boy Scout of America is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my son, I have given _____ (Scout's name) my consent to participate in the climbing activity shown above on the date shown above.

In case of emergency, I understand every effort will be made to contact me. I the even I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. (Both parents must sign).

Father's permission _____ Date: _____

Mother's permission _____ Date: _____



Outback Climbing Center

Top-rope Climbing and Belaying

Date of Birth: _____

First Name: _____

Last Name: _____

Address: _____

Member Type: _____

Email: _____

Phone: _____

Harnesses

- Waist belt is above hip bones.
- Waist belt is tight enough to keep climber securely in it if he/she takes a fall.
- Leg loops are snug but not restrictive.

I, the undersigned, have demonstrated and take sole responsibility for the ability to correctly use a climbing harness as intended, to prevent any possible accident, injury, loss or damage.

Initials: _____

Figure 8 Follow Through Knot

- Rope is tied to the tie in point of the harness with a figure 8 follow through knot.
- The knot is dressed. (flat and cinched tight with no extra twisting of the rope)
- The knot has at least three inches of tail. (about the length of your fist)

I, the undersigned, have demonstrated and take full responsibility to correctly tie into the climbing rope as per the Outback Climbing Center specifications, to properly secure myself to the system for my safety and the safety of others, and to prevent any possible accident, injury, loss or damage.

Initials: _____

Belaying

- Locking carabiner is clipped into the belay loop of the harness and the gate is locked.
- Belayer is clipped into the floor anchor as needed.
- Guest can effectively belay while keeping the brake hand on the rope at all times and in brake position as much as possible.
- Guest can successfully arrest a climber's fall.
- Guest can successfully lower a climber in a slow and controlled manner.
- Guest understands the importance of commands between climber and belayer.

I, the undersigned, have demonstrated and take full responsibility for the ability to correctly belay an individual, securing the rope and using a belay device and locking carabiner as per the Outback Climbing Center specifications to prevent any possible accident, injury, loss or damage.

Initials: _____

Climbing Wall User's Signature: _____ Date: _____

Parent or Guardian's Signature: _____ Date: _____

Belay Tested By: _____ Date: _____

Health Statement and Liability Waiver UCSD Outback Adventures

Outing Name _____ Date(s) _____

Section I : Health Statement - Complete and Return In Advance of Outing

Name _____	Receipt # <input type="text"/>
Address _____	Age : _____
City _____ State _____ Zip _____	Home Phone : _____
	Work Phone : _____
Person to contact in case of emergency (parents, nearest relative) Please print legibly.	
Name _____	Relation _____
Home Phone () _____	Work Phone () _____
Health Insurance Carrier : _____	
Policy #: _____	
Please list any physical or mental disabilities, conditions, past injuries or any other physical limitations that you have or had which could limit your participation in any way. Include past head, neck and joint injuries and date of injury: _____	

Please list any allergies, medical alert information, or any medications you are presently taking: _____	

Please list any dietary restrictions that you may have: _____	

Section II : Liability Waiver (Please fill out this section when you arrive for the outing.)

NOTICE: THIS WAIVER IS A CONTRACT WITH LEGAL CONSEQUENCES. READ IT CAREFULLY BEFORE SIGNING!

In consideration of the acceptance of my participation on the outing named _____ on dates _____. I hereby freely agree to and make the following contractual representations and agreements.

I have read the Outing Information Sheet and have specifically asked about the inherent dangers associated with this outing. I FULLY REALIZE THE DANGERS OF PARTICIPATING IN AN OUTING OF THIS TYPE AND VOLUNTARILY ASSUME ALL THE RISKS ASSOCIATED WITH SUCH PARTICIPATION. I understand the risks include, but are not limited to, the following: Accidents that may happen while traveling in vehicles to the outing location including University provided transportation, carpools, bicycles, and walking; the dangers of falling from high places; the dangers of being lost in a wilderness area; the possibility of being exposed to extreme temperatures for long time periods and with limited food, water and comforts; sudden changes in weather; all dangers associated with water sports; failed rescue or evacuation attempts; property damage or loss; and the possibility of serious physical injury, pain, mental trauma or death with medical attention several hours to several days away. Medical attention may be limited to the training of the guides, remoteness of site, and limited evacuation possibilities.

Initial _____

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with the above named outing. With these demands in mind, I have no physical or medical condition which, to my knowledge, would endanger myself or others if I participate in this event, or would interfere with my ability to participate in this event. I also agree to abide by any University or UCSD Outback Adventures rules or policies INCLUDING, NO SMOKING, NO ILLEGAL DRUGS OR ALCOHOL while on this outing.

Initial _____

I understand and agree that situations may arise during the outing which may be beyond the control and scope of knowledge of the outing guides or participants. I RELEASE, FOREVER DISCHARGE AND AGREE NOT TO SUE AND INDEMNIFY the University of California at San Diego, the University of California, the Regents of the University of California, the Outdoor Program Director, outing guides (leaders), any employees of the University of California, or outing participants. I HEREBY WAIVE ALL SUCH CLAIMS WHICH I HAVE NOW OR MAY HEREAFTER HAVE AGAINST THE ABOVE ORGANIZATIONS OR PERSONS, HOWEVER CAUSED. I also agree to pay any and all expenses arising from my inability to continue with this outing including but not limited to evacuation costs, my medical costs, or additional transportation costs associated with this outing.

Initial _____

I agree, for myself and my successors, that the above representations and agreements are contractually binding, and are not mere recitals. I agree that my failure or refusal to sign other such agreements or releases shall in no way affect the validity of this agreement nor revoke or cancel any of the terms of this agreement. I agree that should I or my successors assert any claim or bring any suit in violation of this agreement, I or any of my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such claim or suit. This agreement may not be modified orally.

Initial _____

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS.

I AM AWARE THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE AND A CONTRACT BETWEEN MYSELF AND THE UNIVERSITY OF CALIFORNIA SAN DIEGO, AND FOR THE BENEFIT OF OTHERS DESCRIBED HEREIN. I SIGN IT OF MY OWN FREE WILL.

Initial _____

Participant's Signature _____ Date _____

FOR PARENTS OF MINORS ONLY:

PARENT or GUARDIAN of a minor: I as parent or guardian of the above named minor, hereby give my permission for my child or ward to participate in the above named outing, and further agree, individually and on behalf of my child or ward, to the terms of the above. I grant permission to any representative of UCSD - Outback Adventures to act on my behalf in allowing qualified medical personnel, including UCSD-Outback Adventures representatives, to give needed (emergency) care to my minor child or ward in the event I am not available for immediate consultation.

Initial _____

Parent or Guardian Signature if participant is under 18 years,
Signature _____ Date _____

Printed Name _____