

Junior Ranger and The Rock

DATE: Monday, August 29th
 TIME: 8:00am - 3:30pm
 AGE: Pre K - 12th
 COST: \$20.00
 LIMIT: 26

This trip is going to be eventful. We will be starting the day at Sinks Canyon doing the Junior Ranger Program. We will then head to The Rock to eat lunch and join in some activities as well as climb the rock wall.

****Please send a lunch with your student.****



**Please fill out and sign both waiver, release and use form. And return them with this registration. **

****Please DO NOT send electronic devices (Cell phones, tablets, etc.) with your student.****

Registration Information

- **DEADLINE:** Thursday, August 25th
- Send your completed registration to:
PO BOX 356
Shoshoni, WY 82649
- Bring it to the SRD Building located at 97 S. Maple in Shoshoni.
- Or give it to your teacher to put in the SRD box located in the Elementary Office.
- Let us know if you would like to volunteer! Applications can be found on our website or you can pick them up at the office.

Shoshoni Recreation District #24 Registration
 Phone #: (307)876-2663 phone #: (307) 876-2572
 Email: rec24@wyoming.com Website: www.srd24.com
 Mailing Address: PO Box 356, Shoshoni, WY 82649

Physical Address: 97 S. Maple, Shoshoni WY
 Please either mail this form or bring it in to the SRD Office.

SRD is not responsible for fees/registrations not turned directly in to the SRD Office.

PLEASE PRINT AND WRITE CLEARLY.



Shoshoni
 Recreation
 District #24

Live to Play. Play to Live.

Participant's Name: _____ Age: _____ Sex: M/F
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Pick up/Drop off Choices: Sutherlands 8:00am/3:00pm _____

Parent's/Guardian's Name: _____
 (If participant is under 18) Last First
 Mailing Address: _____ PO Box/Street Address City State Zip
 Home _____ Cell _____ Work _____

Phone #'s: _____
 Person other than parent allowed to pick-up child: _____
 (please see disclosure on the bottom of this form) First Last Phone Number

Emergency Contact: (not you) _____ Name Phone #

I hereby release the SRD #24 and staff/volunteers associated with this organization from any liability while participating in Sinks Canyon and The Rock. I further give permission for the above participant to be treated medically if my emergency contact cannot be reached. I also understand that I will assume the cost of treatment. Please put only one person per registration form. Please visit our website at www.srd24.com for additional registrations. Your picture may be taken while participating in SRD events and used in our publications. Fees must be paid in full before the deadline; refunds will only be granted if the SRD is notified 24 hours prior to the start of the program. For more details on our cancel action policy please refer to srd24.com or call the main office. No tobacco of any kind is permitted within 50 feet of any SRD facilities or vehicles. SRD is not responsible for lost or stolen registrations or fees. We highly suggest that payments are given to us in envelopes labeled SRD. No persons other than a parent or the alternate pick up listed above will be allowed to pick up the registered child unless SRD is given proper notice.

Signature: _____ Date: _____

OFFICE ONLY: Payment type(\$20.00): Cash _____ Check _____



THE ROCK LIFE CENTER CHURCH

Pursue. Influence. Multiply

(Family Name - Print Legible)

ROCK WALL WAIVER

RELEASE OF LIABILITY AND INFORMED CONSENT WAIVER FOR TRCC CLIMBING WALL

This form valid for the year 2022

INITIALS

This agreement must be signed by all adult participants in activities at The Rock Church Life Center (TRCLC). If the participant is a minor, it must be signed by his or her parent or legal (court appointed) guardian, who signs for himself or herself and, if allowed by law, the minor participant. "Participant" as used in this Agreement includes participants in TRCLC activities and other persons in an activity area. In consideration of the services at TRCLC, I, as an adult participant or parent or legal guardian of a participant who is a minor, acknowledge and agree as follows:

INITIALS

Notice: This is a legally binding contract. In consideration of my being permitted by TRCLC to climb at its indoor climbing facility, I hereby affirm that I have carefully read this Release of liability and informed consent waiver in its entirety. I agree to this Release of my own free will. By my signature below, I agree to each and every term and condition of this Release. Participation at TRCLC is voluntary and participants may withdraw from participation at any time.

INITIALS

I recognize and understand that there are risks, hazards and dangers in climbing activities, inherent and otherwise, and that participation could result in injuries of all kinds, including serious injury or death. The risks involved in climbing at TRCLC include, but are not limited to: hazards in traveling to the location of an activity; parking and moving about parking and other areas in the vicinity of the gym or other activity site; falling, collision with objects, people or structures, falling onto hard landing surfaces; being struck by other participants or objects; loose handholds or loose anchors, equipment failure even if equipment is properly used; failure of any hardware used in the climbing wall or used to attach the climbing holds, anchors or ropes; the conduct, including negligent conduct, of other participants, visitors and staff; and the aggravation of pre-existing conditions. Possible injuries can include head injuries, sprained or broken bones, tendonitis, bursitis or other connective tissue or overuse injuries. Numerous other unknown hazards and risks not already mentioned can occur in this facility which could result in injury or death. Any instruction given at TRCLC cannot fully prepare or prevent any dangers that might occur. TRCLC encourages all participants to have adequate life and health insurance and is not responsible for any such expenses that might occur as the result of injury or death while at TRCLC. In the event of an accident, I authorize TRCLC to stabilize and obtain medical care, including transportation to a medical facility, for me or the minor participant if, in the opinion of TRCLC, medical care is needed, and I am unable to make such decisions for myself. I agree to pay all costs associated with such actions on the part of TRCLC, and to indemnify and hold TRCLC harmless from any consequences resulting from such care. I personally assume all risks and agree to take full responsibility for any and all damage, injury, paralysis, or death to myself or others resulting from participation in activities at TRCLC, whether or not described above.

INITIALS

I understand that in order to participate in climbing activities at TRCLC, I, for myself or for the minor participant of whom I am a parent or legal guardian, must sign this agreement; I, or the minor, must complete whatever instructional program TRCLC requires for the particular activity; and I, or the minor, must read and abide by TRCLC Rules and Regulations. I understand that indoor climbing is different from outdoor climbing and may require additional skills and training. I understand that Lead climbing is different from Top Rope climbing and may require additional skills and training. I agree to seek the additional training offered by TRCLC in regard to indoor climbing, top rope climbing, lead climbing and use of an auto-belay device. I agree to use all equipment offered by TRCLC as instructed and return all equipment to TRCLC after use in acceptable condition including rentals of climbing shoes, harnesses and helmets. I understand that a helmet can prevent serious head injury and my refusal to use a helmet is my sole responsibility and I will not hold TRCLC responsible for any injury or

INITIALS

I understand that this Agreement shall continue in effect and remain in force for the year of 2022 it is executed, and covers my, or the minor participant's, participation in all climbing activities at TRCLC including use of its facilities, equipment and parking areas. If any portion of this Agreement is held invalid, the remaining portions shall survive and continue in full force and effect. If a party seeks either to enforce its rights under this Agreement or seeks a declaration of any rights or obligations under this Agreement, the prevailing party shall be awarded its reasonable attorney fees, and costs and expenses incurred.

INITIALS

This Agreement shall be construed in accordance with the laws (but not the conflict of law's provisions which might invoke the laws of another jurisdiction) of the State of Wyoming and for any suit, mediation or other resolution of a dispute arising under this Agreement I, for myself and on behalf of the minor participant hereby submit to the exclusive jurisdiction of the courts of Fremont County, Wyoming. I voluntarily waive any right I or the minor child may have to a jury trial in any action under this Agreement.

INITIALS

RELEASE OF LIABILITY AND INDEMNITY: I, an adult participant, or parent or guardian of a participant who is a minor knowingly, intentionally and voluntarily agree not to sue, and to release, discharge, and indemnify (that is, defend and pay, including costs and attorney's fees) TRCLC, owners of the properties on which TRCLC activities are conducted, and their respective members, owners, managers, directors and staff ("Released Parties") with respect to any damages, claims, liability, or causes of action arising out of my or the minor child's visit to TRCLC facilities, the use of its facilities and equipment and participation in TRCLC activities and agree to hold harmless TRCCC. Neither I, an adult participant, or parent/guardian of a minor participant and my family, heirs or successors shall bring any legal action against TRCLC and any other released party. The obligation to indemnify includes any claim, liability, or cause of action by third parties, including other visitors, and a member of my, or the minor participant's, families, arising out of my, or the minor participant's, visit to TRCLC site, the use of its facilities and equipment and participation TRCLC activities. These agreements of release and indemnity include claims of negligence (but not gross negligence or intentionally wrongful conduct) of a Released Party.

INITIALS

IN ADDITION, I understand that I am responsible to put back any equipment, and items that I/my children have used, to the proper location. I will clean up any trash or debris. I will, if directed, clean the areas used by me/my children with the provided Covid approved cleaners.

If signing for as a family – Child's Name & Age # 1

If signing for as a family – Child's Name & Age # 2

If signing for as a family – Child's Name & Age # 3

If signing for as a family – Child's Name & Age # 4

Print Name – Parent/Guardian # 1

Print Name – Parent/Guardian # 2

Signature– Parent/Guardian # 1

Signature – Parent/Guardian # 2

Emergency Contact Phone #

Date

MUST BE 18 Years old to Sign.
(If NOT Parent/Guardian must sign)