



A.R.O.C.K.

Aspen Recreation Outdoor Climbing Klub Ages 8-18. 970-920-5140

The City of Aspen in cooperation with Aspen Expeditions takes kids ages 8, and up out on the real rocks. Join head climbing instructor Jeremy Graham and head up to the beautiful Independence Pass Area for a fun filled day of climbing in the mountains of Aspen. No experience or technical climbing equipment is needed to participate. Learn the basics of climbing safety, rope work, and leave no trace principals of outdoor recreation. We only do top rope climbing in the outdoor setting, and all participates will wear helmets. All guides are qualified /reputable, and have first aid training.

Please register early to be assured of a spot, there will be limited space. All forms must be filled out, and be present at time of registration to allow your child to participate. Please realize we will be outside in the mountain environment, and all personal equipment that is needed must be with your child for their safety, and comfort. All trips will meet at the Red Brick facility, and transportation will be provided. All technical equipment will be provided. Personal equipment, water, and food will need to be brought each day. Please see daily equipment list on page 2.

Drop off time: 8:30 am-8:45 am, Trip leaves at 9:00 am. Trips will return around 4:00pm.

- **Cancellations for 100% refund must be made 7 days before scheduled trip. A 50% refund will be provided for less than 7 days notice. If the minimum number of participants is not met a full refund will be given or credited for a future trip. We cannot afford to run trips without the minimum #s because of the logistics, and staffing required to put these trips together.**

June Trips

Tuesday 28 Rock Climbing Independence Pass \$95

July Trips

Tuesday 5 Rock Climbing Independence Pass \$95

Tuesday 12 Rock Climbing Independence Pass \$95

Tuesday 19 Rock Climbing Independence Pass \$95

Tuesday 26 Rock Climbing Independence Pass \$95

August Trips

Tuesday 2 Rock Climbing Independence Pass \$95

Tuesday 9 Rock Climbing Independence Pass \$95

Tuesday 16 Rock Climbing Independence Pass \$95

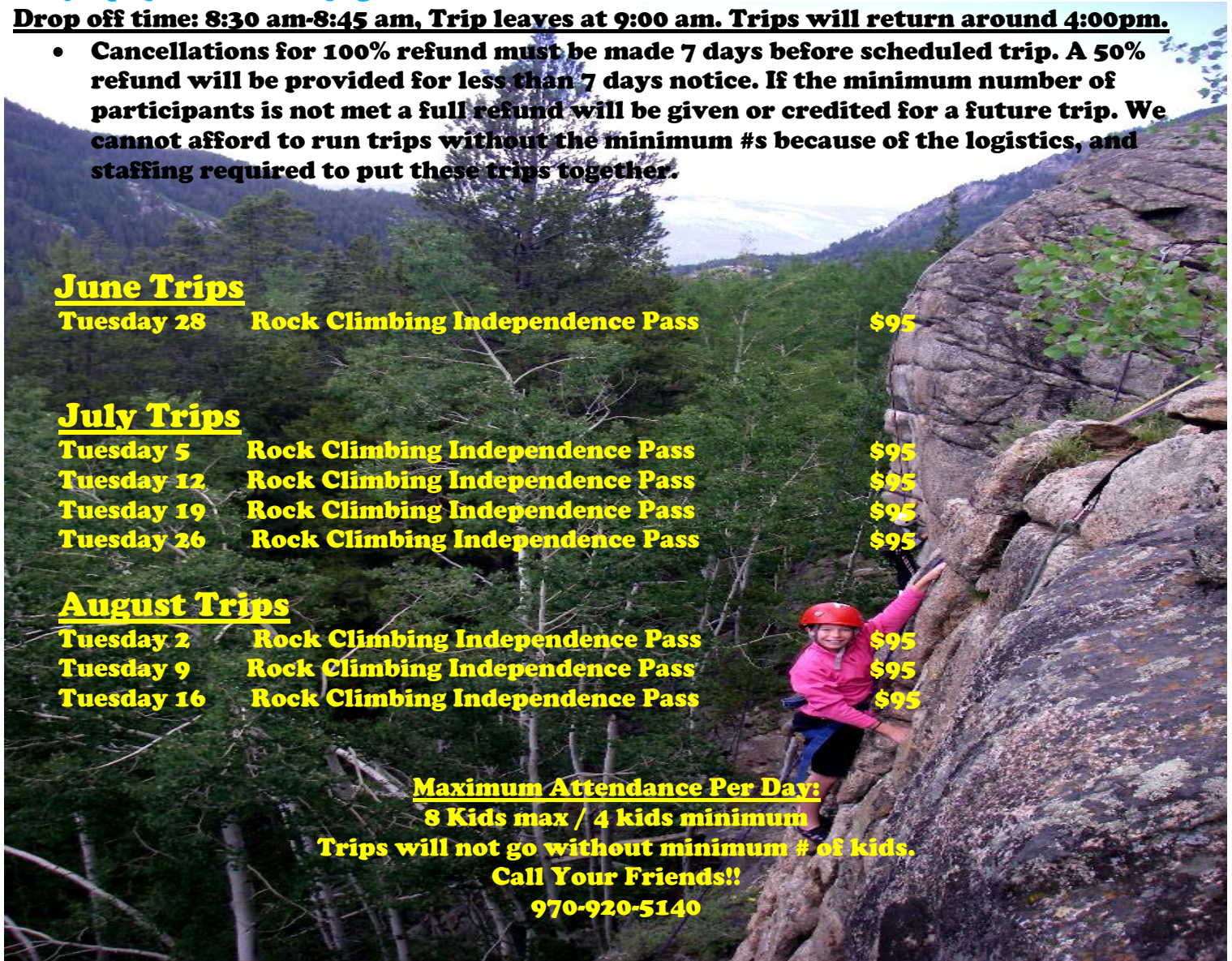
Maximum Attendance Per Day:

8 Kids max / 4 kids minimum

Trips will not go without minimum # of kids.

Call Your Friends!!

970-920-5140





Daily Equipment List for Outdoor Club

All equipment listed must accompany your child to ensure their well being and safety while outdoors in various weather conditions, it can get very cold in the summer months when it becomes wet, or windy.

NO COTTON CLOTHING OF ANY KIND.

Wet cotton does not insulate, and your kids will be cold, and miserable.

Climbing Days:

Warm jacket, rain jacket, pants, tennis shoes, or boots (no sandals, or flip flops), 2x water 10,000ft above sea level! Bring any climbing equipment you may have, or we will provide all technical equipment needed.



Aspen Expeditions owner Dick Jackson and his crew of IFMGA, & AMGA certified guides have guided clients all over the world since 1976.

www.aspenexpeditions.com

Aspen Expeditions, Inc.

Rocky Mountain Climbing School

WAIVER AND RELEASE OF LIABILITY

Name _____ Age _____

Address _____

Weight _____ Height _____

City _____ State _____ Zip _____ Email _____

Telephone (h) _____ (w) _____

How did you hear of our company? _____

Do you have health insurance? Yes No

If so, what is the name of the company? _____

IN CASE OF ACCIDENT, NOTIFY: _____

Telephone _____ Relationship _____

CAUTION: READ EACH SECTION OF THIS DOCUMENT CAREFULLY AND THOROUGHLY BEFORE SIGNING YOUR NAME.

In consideration of aspen expeditions, inc./rocky mountain climbing school, hereinafter referred to as "AE/RMCS", allowing yourself, _____, hereinafter referred to as "the Participant", to utilize facilities and participate in Climbing and its associated activities, it is agreed that:

1. ASSUMPTION OF RISK: The Participant is fully aware that Climbing and all associated activities (skiing, mountain trips, expeditions, ski tours, alpine skiing, paragliding, rock climbing, camping, mountaineering and other wilderness activities) is a sport containing inherent and integral risks and dangers (particularly in a wilderness environment in mountainous terrain) that cannot be eliminated which can result in serious injury, paralysis or death. The Participant understands the scope, nature and extent of the risks involved in the activities contemplated by this agreement. The Participant voluntarily and freely chooses to accept any and all such risks and dangers. Such risks include, without limitation, equipment failure, sudden weather changes, sudden terrain changes and other risks that can result in serious injury, paralysis or death. I acknowledge that AE/RMCS's staff has been available to answer any questions I may have regarding such risks.

CLIMBING IS A DANGEROUS SPORT.

2. EXEMPTION FROM LIABILITY: The Participant hereby fully and forever discharges, agrees to defend, indemnifies and releases AE/RMCS, its principals, employees, instructors, equipment manufacturers, and Independent Guides, if applicable, from all and any liability, claims, demands, actions, suits, expenses (including attorneys' fees), costs and causes of action arising out of any damages, both in law and equity, in any way of any kind or nature resulting from personal injuries, conscious suffering, paralysis, death, property damages sustained by the Participant arising directly or indirectly out of training or any operation or use of any device, equipment or vehicles, and associated equipment, of AE/RMCS while on the ground or in flight, or while participating in any of the activities contemplated by this release and engaged in with AE/RMCS. This exemption from liability includes loss, damage, injury or death resulting from the NEGLIGENCE of AE/RMCS or any other cause or causes.

YOU PROMISE NOT TO HOLD US RESPONSIBLE IN ANY WAY FOR YOUR INJURIES.

3. INDEMNITY AGREEMENT: The Participant agrees, for him/herself and his/her heirs, executors, or administrators, or assigns to indemnify and hold harmless, AE/RMCS, its principals, employees, instructors, successors, or assigns, and any Independent Guides, if applicable, against the owner or manufacturer of any equipment used, or against the owner of any land utilized for Climbing activities from any and all losses, claims, actions or proceedings of any kind which may be initiated by the Participant and/or any other person or organization. This includes reimbursement of all legal costs and reasonable attorneys' fees incurred by the OFFICE USE ONLY Guide _____

Paid: _____ Check _____ Cash _____ Credit _____

Activity _____ Ability _____ Fitness _____

Location _____

Comments _____

Participant, AE/RMCS, and indemnified parties, or any of them, for the defense of any such action which may hereafter arise directly or indirectly from the activities of the Participant while engaged in the activities contemplated by this agreement.

YOU AGREE TO PAY OUR COSTS & ATTORNEY'S FEES FOR ANY LAWSUIT FILED AGAINST AE/RMCS.

4. CONTINUATION OF OBLIGATION: The Participant agrees and acknowledges that the terms and conditions of the above provisions, including Assumption of risk, exemption from liability, covenant not to sue, and indemnity agreement shall continue in full force and effect at all times, and shall be binding upon heirs, executors, administrators or assigns of the Participant or his/her estate.

THIS CONTRACT IS IN EFFECT NOW AND AT ANY TIME IN THE FUTURE.

5. NO INSURANCE: AE/RMCS does not provide medical insurance for any incident which may arise as a result of participation in any phase of Climbing or Climbing instruction/training.

WARNING: Any and all Climbing equipment is rented to the user without any warranties, express or implied. This equipment is specifically not warranted as being merchant-able or suited for any particular purpose. Climbing training programs are not licensed by any governmental agency.

6. TERMS OF USE OF EQUIPMENT AND INSTRUCTION: I agree to pay for all damages to or loss of equipment belonging to ae/rmcs, resulting from my use, whether damage is intentional or unavoidable.

I understand that I am paying for instruction in the sport of Climbing .

7. HEALTH AND FITNESS FOR TRAINING AND CLIMBING: Climbing is a strenuous physical and mental activity. I hereby represent that I am in good mental and physical condition. We recommend a complete physical examination prior to training for Climbing. All participants agree to refrain from taking any drug including alcohol for 12 hours prior to engaging in Climbing activities.

THE PARTICIPANT EXPRESSLY RECOGNIZES THAT THIS AGREEMENT AND RELEASE OF LIABILITY IS A BINDING CONTRACT MADE IN THE STATE OF COLORADO TO BE GOVERNED BY ITS LAWS PURSUANT TO WHICH HE/SHE HAS RELEASED ALL CLAIMS AS PROVIDED ABOVE, INCLUDING WITHOUT LIMITATION, ANY AND ALL CLAIMS OF NEGLIGENCE, ALL CLAIMS AGAINST THE RELEASED PARTIES RESULTING FROM PARTICIPATING IN CLIMBING AND RELATED ACTIVITIES.

IN THE EVENT THAT I FILE A LAWSUIT AGAINST AE/RMCS, I AGREE TO DO SO SOLELY IN THE STATE OF COLORADO, 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. IF ANY PORTION OF THIS FORM IS FOUND TO BE INVALID OR UNENFORCEABLE THE REMAINDER OF THE FORM SHALL REMAIN IN FULL FORCE AND IN EFFECT.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS, AND SIGN IT OF MY OWN FREE WILL.

Date: _____ Signed: _____

Print Name: _____

INDEMNIFICATION

(to be signed by Parent of Legal Guardian of Minor)

In consideration of _____ (print minor's name) ("Minor") being permitted by AE/RMCS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless AE/RMCS 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.

Date: _____ Signed: _____

(Parent or Guardian of minor)

Print Name: _____

City of Aspen Parks, and Recreation Department



COVENANT NOT TO SUE, RELEASE, AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY BEFORE SIGNING.
THIS IS A LEGALLY BINDING AGREEMENT!

Household Last Name _____ First Name _____
Birth Date _____ **Minors will be listed on next page.**
Address: _____ City: _____ ST. _____ Zip: _____
Home Phone#: _____ Work#: _____ E-mail Address _____

Activities: Use of Aspen Recreation Center to include the climbing tower, swimming pool, and athletic fields.

By signing this Agreement, you give up your right to bring a course of action to recover compensation or obtaining any remedy for any injury to yourself or your property or for your death, however caused, arising out of your participation in the above listed activities or use of City facilities, now or any time in the future.

Acknowledgement of Risk

I hereby acknowledge and agree that the activities listed above and the City facilities used to participate in the activities listed above, have inherent risks, including the risk of serious injury, paralysis and death. I have full knowledge of the nature and extent of all risks of serious injury, paralysis and death. I have full knowledge of the nature and extent of all risks associated with the activities listed above and the use of associated City facilities for those activities.

Release/Indemnification

In consideration of my participation in the activities listed above and the use of City owned facilities, I, the undersigned user and participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators and assigns HEREBY DO RELEASE, the City of Aspen, its officers, agents, sponsors and employees from any cause of action, claims, or demands of any nature whatsoever, including, but not limited to, a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the activities listed above or the use of City owned facilities, whether that participation or use is supervised or unsupervised, however the injury or damage caused, including, but not limited to, the negligence of the City of Aspen, its officers, agents and employees.

I hereby consent to the use by the City of Aspen of any photographs taken of me during city run events, programs, and activities for use in publications, advertisements, or on City of Aspen website.

In consideration of my participation and use of City owned facilities, I, the undersigned, agree to indemnify and hold harmless the City of Aspen, its officers, agents and employees from any and all causes of action, claims, demands, losses or costs of any nature whatever arising out of or in any way related to my participation or use of City owned facilities.

The terms of this Agreement shall be in full force and effect on the date hereof, the date(s) upon which I participate in the activities listed above, and on any other occasion when I may participate or use City owned facilities to participate in the activities listed above.

Signature of Participant: _____ Date: _____



PARENTAL ACKNOWLEDGMENT AND CONSENT

This form must be executed and attached to a duly executed "Covenant Not to Sue, Release, and Assumption of Risk" form if the participant is under 18 years of age.

The undersigned, represents that I am the legally appointed or natural guardian of the participant listed on the attached "Covenant Not to Sue, Release, and Assumption of Risk" form who is under the age of 18 years; that he or she has signed this document with my full knowledge and consent; and that I join in the execution of the same and agree to the terms thereof and do hereby bind myself, my heirs, executors, personal representatives and assigns.

Name of Parent or Guardian executing this document (Please print) _____

Signature of Parent/Guardian: _____ Date: _____

Hospital and Medical Release:

The undersigned parent or legal guardian of the minor participant DO HEREBY CONSENT to the giving of emergency medical care or treatment of my son or daughter by any professional medical nursing staff of the Aspen Valley Hospital, or any other hospital, or any licensed physician, which in their judgment is required in case of accident or medical emergency incurred during said minor's participation or use of City owned facilities.

Signature of Parent/Guardian: _____ Date: _____

Name of minor _____ Birth Date: _____

Name of minor _____ Birth Date: _____

Name of minor _____ Birth Date: _____

In case of emergency, contact with me can be made by calling: _____

ROCK CLIMBING ACTIVITIES

Name of Participant _____

Date _____

ACKNOWLEDGMENT OF RISKS

The sport of rock climbing and the use of the facilities of the City of Aspen climbing wall (hereinafter, the "Wall") and other training facilities, has inherent risks, including the risk of serious injury, paralysis and death. I have full knowledge of the nature and extent of all risks associated with rock climbing and the use of the wall, including, but not limited to:

1. All manner of injury from falling off the climbing wall and hitting rock faces and projections, whether permanently or temporarily in place, or the floor;
2. Rope abrasion, entanglement and other injuries resulting from activities on or near the climbing wall such as, but not limited to, climbing, belaying, repelling, lowering the rope, rescue systems, and any other rope techniques;
3. Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes or climbing hardware;
4. Cuts or abrasions resulting from skin contact with the climbing wall;
5. Failure of ropes, slings, harnesses, helmets, climbing hardware, anchor points, or any part of the climbing wall structure.

I further acknowledge that the above list is not inclusive of all possible risks associated with the use of the wall and that the above list in no way limits the extent or reach of the release.

_____ initial