

JR A.R.O.C.K

Aspen Recreation Outdoor Climbing Klub

Ages: 4-7, max of 6 kids.

Time: 9AM-1PM

Where: Meet at Red Brick Recreation Department 110 E Hallam ST #135

Register: aspenrecreation.com, or 970-920-5140

Cost: \$45 per child

When: Monday June 13,27, July 18 and August 1,15.

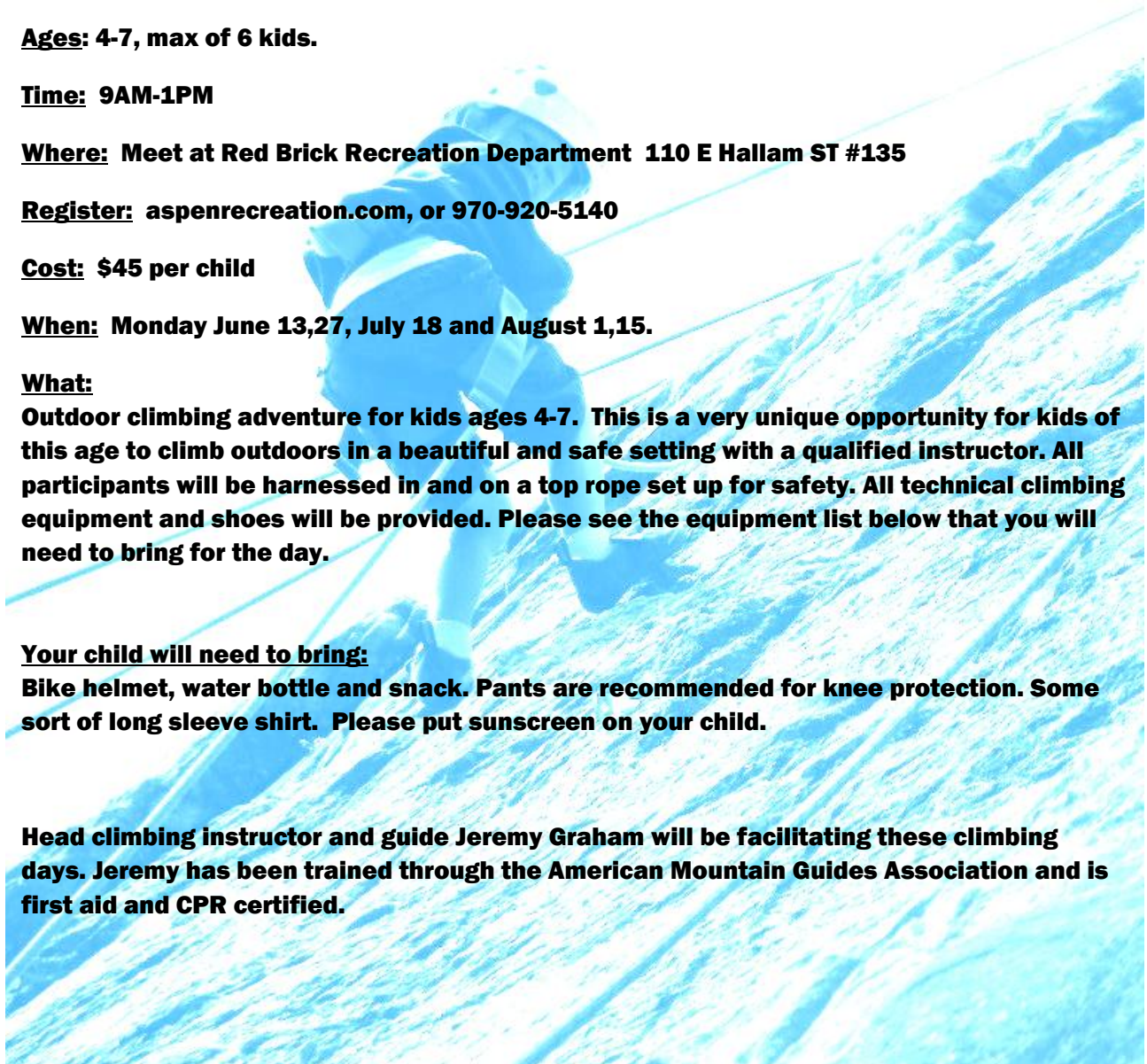
What:

Outdoor climbing adventure for kids ages 4-7. This is a very unique opportunity for kids of this age to climb outdoors in a beautiful and safe setting with a qualified instructor. All participants will be harnessed in and on a top rope set up for safety. All technical climbing equipment and shoes will be provided. Please see the equipment list below that you will need to bring for the day.

Your child will need to bring:

Bike helmet, water bottle and snack. Pants are recommended for knee protection. Some sort of long sleeve shirt. Please put sunscreen on your child.

Head climbing instructor and guide Jeremy Graham will be facilitating these climbing days. Jeremy has been trained through the American Mountain Guides Association and is first aid and CPR certified.



City of Aspen Parks, and Recreation Department



The City of Aspen
City Attorney's Office

COVENANT NOT TO SUE, RELEASE, AND ASSUMPTION OF RISK

PLEASE READ CAREFULLY BEFORE SIGNING.

Household Last Name _____ First Name _____

Birth Date _____ **Minors will be listed on next page.**

Address: _____ City: _____ ST. _____ Zip: _____

Activities: Use of Aspen Recreation Center to include the climbing tower, swimming pool, and athletic fields. SEE ATTACHED ADDENDUM FOR CLIMBING ACTIVITIES ON PRIVATE PROPERTY.

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: _____

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

Comments: _____

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

ADDENDUM FOR CLIMBING ACTIVITIES ON PRIVATE LANDS

I understand that the above Covenant not to Sue, Release, and Assumption of Risk is hereby amended by this Addendum to include climbing activities that I may engage in on private property not under the control of the Aspen Recreation Center.

I hereby acknowledge that in addition to the risks stated above, that climbing on private property may present additional risk of serious injury, paralysis, or death. I have full knowledge of the nature and risks associated with this activity.

In addition to the release and indemnification set forth above, I hereby release and indemnify the owner of the private property I will be engaging in climbing activities to the same extent as the release and indemnification given to the City of Aspen, its officers, agents, sponsors and employees as set forth above.

Signature of participant: _____ Date: _____

Signature of parent or guardian if participant is a minor: _____