



Seneca Rocks Mountain Guides & Trad Wall Climbing Center

Registration Form

Name _____ Date _____
Last First

Address _____
Street City State/Zip

Phone (Daytime) _____ (Evenings) _____

E-Mail _____

What type of SRMG course are you enrolled in?

Previous SRMG activities? If so please list:

How did you discover SRMG? Outside Magazine Outdoor Store Friend Other

Please detail the above question: _____

Do not write below this line. Go to Page 2.

Staff Notes

Instructor Name _____

Briefly describe the client's capabilities in relation to strong and weak skills.

Routes _____

Recommended Routes: _____

Our activities can be strenuous and often offer exercise of a different nature than most participants are used to. We do not want you to engage in activities that could be detrimental to your health or which would be opposed by your doctor because of recent illness, injury, or surgery. We ask you for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activities here.

Medical and Emergency Information

Have you ever had:

YES NO

___ ___ Allergies? If yes please list: _____ Male/Female _____

___ ___ Diabetes _____ Age _____

___ ___ Epilepsy _____

___ ___ Asthma

___ ___ High Blood Pressure

___ ___ Are you pregnant?

___ ___ Are you currently under a doctor's care?

For what Reason? _____

___ ___ Are you taking any medication?

What type? _____

___ ___ Are you allergic to insect bites and stings? If so do you carry medication?

___ ___ Do you have any condition which might affect your health or the health of others?

If so please explain:

___ ___ Are there any limitations on your activities?

If so please explain:

In case of emergency, please notify _____ Relationship _____

Phone(Daytime) _____ (Evenings) _____

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Any additional information you think we should have?

Thank you for taking the time to fill out this registration. If you have any questions regarding this form or its contents please don't hesitate to ask.

Seneca Rocks Mountain Guides Agreement and Release of Liability

I, _____, Hereby acknowledge that I have applied to participate in a climbing course with **Seneca Rocks Mountain Guides**.

I am aware that during climbing instruction and mountain trips, certain dangers may occur, including but not limited to the hazards of traveling in mountainous terrain, accidents or illness in remote places without medical facilities, the forces of nature, and I am voluntarily participating in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death involved.

Please initial: _____.

As lawful consideration for being permitted by the **Seneca Rocks Mountain Guides** to participate in these activities and use their facilities, I hereby agree that I, my heirs, executor, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute the **Seneca Rocks Mountain Guides** or one of its employees or affiliates for injury or damage resulting from the negligence of other acts, however caused, by an employee, agent or contractor of the **Seneca Rocks Mountain Guides** as a result of my participation in any climbing and hiking activities. In addition, I hereby release and discharge the **Seneca Rocks Mountain Guides** from all actions, claims or demands I, my heirs, executor, guardians, legal representatives and assigns now have or may have for injury or damage resulting from my participation in climbing or hiking activities.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the **Seneca Rocks Mountain Guides** and sign it of my own free will.

Participant's Signature	Printed Name	Date
Parent or Guardian's Signature (if under 18 years of age)	Printed Name	Date
Witness's Signature	Printed Name	Date

Helmets are mandatory. No exceptions.