

**Certification Course Enrollment Form**

Participant Name: \_\_\_\_\_ Event Date: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Event Time: \_\_\_\_\_

Youth Class \_\_\_\_\_ Class Description: \_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Class Price \$ \_\_\_\_\_

Group Event \_\_\_\_\_ Adult Event \_\_\_\_\_ Youth Party \_\_\_\_\_ Scout Group \_\_\_\_\_ Age \_\_\_\_\_ Male / Female \_\_\_\_\_ # Expected Participants \_\_\_\_\_

How Did You Hear About Us? \_\_\_\_\_ Email Waivers \_\_\_\_\_ Website Download \_\_\_\_\_ Staff Initials \_\_\_\_\_

Email Address (printed): \_\_\_\_\_

**Participant Contract & Acknowledgment of Risk Release Waiver**

Initial each line:

1. By signing below and or completing required contact information, you ("the participant") demonstrate your willingness to participate in the sport of indoor and outdoor rock climbing at, and or with, Metamorphic Forms, dba **the Bouldering Garden**, and acknowledge the inherent risks that come along with the sport of rock climbing, rappelling, sailing, scuba, kayaking, skydiving, and other related activities. These risks include but are not limited to Death and or dismemberment. By initialing and or signing below, you are activating this release waiver and demonstrate your willingness to participate despite the possibilities.

2. By signing below, you are demonstrating that you understand and are aware that indoor rock climbing at, and or with, Metamorphic Forms, dba the Bouldering Garden, like many sports, is a potentially hazardous activity that can produce injuries, during normal activities, that include, but are not limited to, abrasions, cuts and bruises, broken bones, tendinitis, emotionally traumatic repercussions from a possible fall, acrophobia attacks, heart attacks, and possibly death. You are further acknowledging that you understand that there are also other remote risks that may be associated with climbing or attending an activity at, and or with, Metamorphic Forms, dba the Bouldering Garden, or its owner's, staff, volunteers, students, certified belayers, members, property owners, and contracted services.

3. By signing below, you profess that you have read and understand the explained rules concerning climbing at the Bouldering Garden, or participating outside. Furthermore, you're stating that you are participating at your own risk and will not hold the Bouldering Garden, or its owner's, staff, volunteers, students, certified belayers, property owners, and contracted services liable for any situations that arise due to your negligence, misbehavior, any accidental faulty equipment, or misjudgment, on behalf of owners or members of the Bouldering Garden. Furthermore, you understand that, any and all, legal expenses shall be paid by you, the participant, or guardian of said participant. You are acknowledging your understanding and responsibility to pay, any and all, medical expenses which may occur during, or as a result, of participation. You are further acknowledging and agree that Metamorphic Forms, dba the Bouldering Garden and property owners reserves the right to deny or relinquish participant privileges, and or entrance to the facility, for any reason it, or its owner's, staff, volunteers, and contracted services see fit.

4. By placing your name below, you are acknowledging that you have read and fully understand the information contained herein, therefore agree to the terms, understand the potential risk of serious injury, or death, as a result of my participation, or the participation of those for which I am guardian, am at least 18 years of age, have medical insurance coverage, assume liability for actions, and waiver my right to sue Metamorphic Forms, the Bouldering Garden, or its owner's, staff, volunteers, students, certified belayers, or property owners. *Your signature below, acknowledges, that you are at least eighteen (18) years of age, are your own guardian and or guardian of listed participants, have fully had the opportunity to read, have read and fully understand the information contained herein, therefore agree to the terms, understand the potential risk of serious injury, or death, as a result of participation. (Guardians Signatures are required if participant is under the age 18)*

Name: \_\_\_\_\_ Age \_\_\_\_\_ Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Participant: (2) \_\_\_\_\_ Age \_\_\_\_\_ Participant: (3) \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Emergency Contact Information Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Check All That Apply: (Activity Ability) Bouldering \_\_\_\_\_ Top Rope \_\_\_\_\_ Lead \_\_\_\_\_ Experience \_\_\_\_\_  
Difficulty \_\_\_\_\_ Sport \_\_\_\_\_ Trad \_\_\_\_\_

Class Reservation: \$49 Class of Interest \_\_\_\_\_ Event Date \_\_\_\_\_

Belay Certification: \$49 \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Kayaking 101: \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Scout Merit Badge: \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Scuba Diving 101: \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Wilderness First Aid \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Wilderness First Responder \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Payment Information (Note % Discounts / Coupons Applied)

Class: \_\_\_\_\_ Price \$ \_\_\_\_\_ x \_\_\_\_\_ # of Participants = \$ \_\_\_\_\_ + Rental + Tax = Total \$ \_\_\_\_\_ + Tip \_\_\_\_\_ % (\$ \_\_\_\_\_)

Phone Payment: \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Payment Type: Cash \_\_\_\_\_ Check # \_\_\_\_\_ Charge \_\_\_\_\_ Pre Paid = \$ \_\_\_\_\_ Paid day of Event \$ \_\_\_\_\_

Signature X \_\_\_\_\_ Print Name: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Signature above acknowledges the gym the right to charge or debit payment for the terms and service described above.

Directions: Take I-70 to Exit 131, Turn South and go 1/8<sup>th</sup> mile to traffic light and gas station. Just through light turn left and park. *Staple Receipt Here*