

Enrollment

Participant Name: _____

Event Date: _____

Questionnaire

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): _____

Check All That Apply: (Current Certifications and Abilities)

___ Climbing: ___ Bouldering ___ Top Roping ___ Caving Explain ___ Mountaineering ___ Lead ___ Sport ___ Trad ___ Ice Difficulty _____

___ Boating: ___ Kayak ___ Canoe ___ Sail Boat Explain ___ White Water ___ Motor Boat _____

___ Snow Sports: ___ Snowboarder ___ Skier ___ Snowshoe Explain _____

___ Water Sports: ___ Surfer ___ Skier ___ Scuba Explain _____

___ Air Sports: ___ Pilot ___ Skydiver ___ Other Explain _____

___ Medical: ___ Basic First Aid ___ CPR ___ WFA Explain _____

Have you attended any classes or acquired certification in any of the above skills? When? _____

What is the interest for your enrollment? What relevant goals do you strive towards? _____

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, snowboarding, caving, sailing, scuba, kayaking, skydiving, and other related activities. These risks include but are not limited to severe injury and or death. 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 profess that you have read and understand the explained rules concerning climbing at the Bouldering Garden, or participating outside. You're stating that you are participating at your own risk and will not hold the Bouldering Garden, or its owner's, staff, volunteers and contracted services liable for any situations that arise due to your negligence, misbehavior, 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 reserves the right to deny or relinquish participant privileges, and or entrance to the facility, for any reason.

3. 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: _____

Payment Information (Note % Discounts / Coupons Applied) Staff Initials: _____

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

Phone Payment: _____ MC Visa Card # _____ Exp Date: _____

Charge _____ Pre Paid = \$ _____ Paid day of Event \$ _____ Signature X _____

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 1/8th mile to traffic light and gas station. Just through light turn left and park. Staple Receipt Here

www.theboulderinggarden.com (573) 474-4997