



# **BSA Troop 59**



## **Granite Arch Overnighter**

**What's Happening:** Overnighter to Granite Arch Climbing Center  
(Indoor Rock Climbing Facility)

**When:** Friday, March 14 to Saturday, March 15

**The Plan:** Meet at the Youth Center on Friday at 7:45 p.m.  
We will leave promptly at 8:15 p.m. sharp. We  
will return to the Youth Center on Saturday  
between 9:00 a.m. and 10:00 a.m.

**What to Bring:**

- \*Sleeping Bag and layers of clothes (**it will be cold**)
- \*Bicycle Helmet (**REQUIRED!!**)
- \*Shoes fit for climbing (tennis shoes, climbing shoes, etc)
- \*Troop 59 Spirit!

**The Cost:** **\$35.00 for all climbers** (scouts or adults) which  
includes a late night snack. Adults who help  
(non-climbers) are free.

**Uniform:** Class B

**Signed Permission Slip, Granite Arch Waiver,  
BSA Part A & B and Payment due March 5**

**WE WILL NEED A LOT OF DRIVERS  
and BELAYERS FOR THIS TRIP**



# BSA Troop 59



## Authorization for Trip/Activity, Hold Harmless Agreement & Medical Treatment

**TRIP/ACTIVITY AUTHORIZATION:** I, the undersigned parent/guardian of \_\_\_\_\_ authorize his participation in the Granite Arch Overnighter event dated March 14-15, 2014 including travel by motor vehicle.

**HOLD HARMLESS AGREEMENT:** I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Boy Scouts of America, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

**AGREEMENT FOR MEDICAL TREATMENT:** In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment. I consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care to be rendered to said Scout, under general or special supervision and upon the advise of a Physician and/or Surgeon licensed under the provisions of the Medical Practices Act of the California Business and Professions Code. I consent to an x-ray examination, anesthetic, dental or oral surgery diagnosis or treatment or hospital care to be rendered to said Scout by a Dentist licensed under the Dental Practices Act of the California Business and Professions Code. This authorization is given pursuant to Section 25.8 of the Civil Code of California and it is understood this authorization is given in advance of any specific need for the benefit of said Scout.

I hereby authorize the trip/activity; agree to the Hold Harmless Agreement and Agreement for Medical Care:

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_ / \_\_\_ / \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pager #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medical conditions, Allergies, etc.: \_\_\_\_\_

I \_\_\_\_\_ will attend with my son.  I will not attend

I cannot provide transportation

I can provide transportation To  From

I can transport \_\_\_\_\_ people (my vehicle has \_\_\_\_\_ safety belts).

Vehicle Insurance Company Name \_\_\_\_\_ Driver's Cell # \_\_\_\_\_

Insurance Limits \$ \_\_\_\_\_ / \$ \_\_\_\_\_ / \$ \_\_\_\_\_  
Liability/Each Person (Min \$50,000) Liability Each Accident (Min \$100,000) Property Damage (Min \$50,000)

Year, Make & Model of Vehicle \_\_\_\_\_

Vehicle License Number \_\_\_\_\_ Drivers License Number \_\_\_\_\_

This document contains CONFIDENTIAL INFORMATION - Please destroy properly when finished.

**GRANITE ARCH, LLC**  
**(d.b.a. GRANITE ARCH CLIMBING CENTER)**  
11335 Folsom Blvd., Bldg. G, Rancho Cordova, CA 95742

**RELEASE OF LIABILITY, WAIVER AND ASSUMPTION OF RISK**

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

As a participant or observer at Granite Arch Climbing Center ("GACC") you will be involved in, or exposed to, activities, both climbing and non-climbing, which involve significant elements of risk, which cannot be eliminated without destroying the unique and exciting character of such activities. Such activities include, but are not limited to: a) top rope climbing and belaying, b) bouldering and spotting, both indoors and outdoors, c) lead climbing and belaying, d) team building, obstacle courses or games, all of which may involve running, jumping, kicking, throwing or swinging, and going over or through obstacles, e) weight training, and f) yoga or other specialty classes.

In consideration of being allowed to participate in or observe any and all activities at GACC, I agree as follows:

**PLEASE VERIFY YOU HAVE READ, COMPLETELY UNDERSTAND AND ACCEPT EACH OF THESE STATEMENTS BY INITIALING NEXT TO EACH.**

1. \_\_\_\_\_ I voluntarily am participating in, or observing, activities at GACC and accept any risk, known or unknown, while on the premises, whether participating in an activity or not.

2. \_\_\_\_\_ I understand that activities at GACC have significant risks, both known and unknown, which could result in physical injury, emotional injury, paralysis, death or damage to myself or others, and damage to personal property, either to mine or others. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity and I accept the possibility of such outcomes occurring while participating or observing.

3. \_\_\_\_\_ I understand that risks as a participant or observer at GACC may include: a) being struck by falling objects such as climbing holds, climbing equipment or another climber, b) the failure of climbing ropes, holds, equipment and climbing surfaces, c) the failure or negligence of a belayer to adequately perform their job, and d) obstacles breaking. I acknowledge that this is not an all-inclusive list of risks and I agree to assume all known and unknown risks while participating in activities or being an observer at GACC.

4. \_\_\_\_\_ I am ultimately responsible for my own risk management and taking appropriate precautions to protect myself and those in proximity to me while participating in or observing activities at GACC.

5. \_\_\_\_\_ I represent that I have no medical condition or physical limitation which could negatively interfere with my ability, or the ability of others, to participate in or observe activities at GACC.

6. \_\_\_\_\_ I acknowledge and understand that there is not a substantial ground impact medium in the top rope, lead climbing and bouldering areas of GACC. This also includes the outdoor bouldering park at GACC.

**7. \_\_\_\_\_ HELMET CLAUSE: It is recommended that all climbers wear a protective helmet while climbing at GACC, however, GACC DOES NOT PROVIDE HELMETS for participants in any activity at GACC. If I choose not to wear a helmet, I am doing so against the recommendation of GACC to utilize a protective helmet. If I intend to wear a helmet while climbing at GACC, then I understand I must furnish my own helmet.**

8. \_\_\_\_\_ I HAVE READ THE "GRANTE ARCH GYM RULES & RECOMMENDATIONS" FOR PARTICIPATING IN ALL ACTIVITIES AND AGREE TO ABIDE BY THE RULES AT ALL TIMES WHILE AT GACC.

9. \_\_\_\_\_ **RELEASE OF LIABILITY:** I agree that GACC, its LLC members, officers, employees and agents shall not be liable for any claim, demand, cause of action of any kind whatsoever for any injury or damage to person or property arising out of or connected with my being present on the premises of GACC, my use of the facilities in any capacity or my being an observer, whether participating in an activity or not. I agree to indemnify and to hold GACC harmless from all claims by or liability to me, except for the claims arising out of GACC knowingly failing to correct a dangerous situation brought to its attention.

**I have had sufficient opportunity to read this entire document, I understand it in its entirety, and I agree to be bound by its terms.**

**By signing this document, I acknowledge I may be found by a court of law to have waived my rights to maintain a lawsuit against GACC for any claim that I released by signing this document.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN ADDITIONAL INDEMNIFICATION** (Required for participants under 18 years old.)  
In consideration of \_\_\_\_\_ (**print minors name;** hereinafter referred to as "Minor") being permitted to participate in or observe any activity while at GACC, I make this release and these representations stated above on his or her behalf as well as my own, and I agree to assume responsibility for his or her safety. I further agree to indemnify and hold harmless GACC from any and all claims which are brought by, or on behalf of Minor or me, and which are in any way connected to the participation or observation of any activity at GACC by Minor. This Agreement applies to and binds myself, my children, my parents, my guardian, my heirs, my assigns, my personal representative and my estate.

**I have read the "Granite Arch Gym Rules & Recommendations" with the Minor I am signing on behalf of, and it is my responsibility to ensure they understand and abide by said rules.**

By signing below I am representing that I am a parent of the aforementioned Minor or I am their court appointed, legal guardian.

Parent/Legal Guardian **Signature** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian **Print Name** \_\_\_\_\_

Relationship to Minor \_\_\_\_\_ Phone Number \_\_\_\_\_