

Sportrock, Inc. Participant Agreement

This Assumption of Risk, Release, and Waiver of Liability agreement is a binding legal document.

Please read carefully. We do not sell or release customer information.

Name (please print) _____ **Date of Birth** ____/____/____

Emergency Contact Number (____) _____ - _____ **How did you hear about Sportrock?** _____

PARTICIPANT/RELEASOR'S NAME (please print) _____ (**"Releasor"**)
RELEASEES: Sportrock, Inc., its shareholders, directors, affiliates, agents and employees, and their successors and assigns, ("Sportrock").

I, Releasor, am aware that the sport of climbing, the use of a climbing wall and climbing equipment, and the participation in related programs (including but not limited to the portable climbing wall, yoga, fitness equipment, and massages) pose potential serious risks of injury or death to participants. I am aware of the intrinsic dangers of the sport of indoor and outdoor climbing and related activities. I understand that I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that climbing equipment (including but not limited to the Climbing Wall, portable climbing wall, ropes, belays and auto-belays), may break without warning.

I hereby acknowledge and accept notice of the intrinsic dangers of the sport of indoor and outdoor climbing and related activities, and those dangers or conditions that are an integral part of climbing activities, including but not limited to the possibility of another participant acting in a negligent manner that may contribute to injury to the participant, me or others, such as failing to maintain control over climbing equipment, or other climbers, or not acting within a participant's ability.

I acknowledge that this waiver shall remain in effect and valid during my membership and/or participation with Sportrock Inc., and for 3 years from the date of signing, unless expressly revoked by the participant, or parent or guardian of a minor, in writing, with receipt acknowledged by Sportrock, Inc.

With the knowledge of the foregoing and as an inducement for and in consideration of being permitted to use the Sportrock, Inc. climbing wall ("Climbing Wall") and related facilities, operated by Sportrock, Inc., I do for myself, my spouse, my heirs, executors, administrators and assigns hereby agree to and acknowledge each of the following.

The RISK OF INJURY from the activities involved in my use of Sportrock Inc. facilities, the Climbing Wall and my participation in related activities is significant, including the potential for permanent paralysis or death. I understand that climbing and the use of a Climbing Wall and related equipment by its very nature is an inherently dangerous activity and includes risk. This risk includes, but is not limited to, a fear of heights, close personal contact, my falling off or from the Climbing Wall and hitting the ground, damaged wall faces, injuries caused by people, or any of the equipment used in climbing, whether permanently or temporarily in place; rope stress, abrasion and entanglement, injuries resulting from falling climbers, dropped items or broken holds; failure of ropes, knots, belays, auto-belays, slings, harnesses, climbing holds, anchor points or any other part of the Climbing Wall, weather related injuries, insect related injuries.

I KNOWINGLY AND FREELY ACKNOWLEDGE AND ASSUME ALL RISKS, including but not limited to the risk of bodily injury, death or property damage, both known and unknown, except those arising from the gross negligence of those persons released from liability below, and I assume full responsibility for my participation and use of Sportrock Inc. facilities.

I AGREE TO COMPLY with all rules and regulations promulgated by Sportrock, Inc. If I have any questions, or observe any unusual or unnecessary hazard during my participation, I will immediately bring such to the attention of the nearest Sportrock Inc. employee. I agree not to participate while under the influence of drugs or alcohol.

I, RELEASE, for myself, my spouse, my heirs, assigns, personal representatives and next of kin, DO HEREBY FOREVER DISCHARGE, RELEASE, INDEMNIFY AND HOLD HARMLESS Sportrock, Inc. of and from any and all claims, demands, damages, losses, actions, suits, proceedings, product liability actions, warranty actions, breach of contract actions, penalties, costs, attorney fees and other related expenses, whatever kind or nature, whatsoever at law or in equity, whether present, future, known or unknown, foreseen or unforeseen (including, but not limited to, claims for personal injury, death, disability, and property damage), relating to, arising out of or regarding or as a result of the use of the Sportrock, Inc. Climbing Wall, equipment, location or facilities, or any activity sponsored by Sportrock, Inc. regardless of whether the act or omission complained of was caused in whole or in part by the negligence, in any form, of Sportrock, Inc. to the fullest extent permitted by law.

I FURTHER RELEASE Sportrock, Inc. from any claim whatsoever on account of first aid, treatment or service rendered me during my participation in the use of the Climbing Wall, equipment and related facilities.

I FURTHER ACKNOWLEDGE that the equipment used in the sport of climbing is subject to unforeseen stress and damage which may cause it to break or become dysfunctional without warning and in that regard I understand that Sportrock, Inc. makes no general, expressed or implied warranty of any kind regarding its climbing equipment, including but not limited to the Climbing Wall, portable climbing wall, auto-belays, and holds, and I accept the use of its equipment in its "as is" condition and without warranty.

I grant Sportrock Inc. permission to use my photographs, video images and/or quotes in any Sportrock Inc. publicity pieces. Publicity pieces include (but are not limited to) news releases, videos, publications, displays, newsletters, brochures, and web use. All proprietary rights to the aforementioned media belong exclusively to Sportrock, Inc.

I HAVE CAREFULLY READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT THE TERMS ARE CONTRACTUAL AND NOT A MERE RECITAL, THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY AS MY OWN FREE ACT WITHOUT INDUCEMENT. IF ONE OR MORE PORTIONS OF THE WAIVER ARE FOUND UNENFORCEABLE, THE REMAINDER OF THE WAIVER SHALL REMAIN ENFORCEABLE.

PARTICIPANT/RELEASOR'S NAME (Please Print): _____

PARTICIPANT/PARENT/GUARDIAN'S SIGNATURE: _____

DATE SIGNED: ____/____/____

PARTICIPANT'S ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

HELMET WAIVER (OPTIONAL)

I, the undersigned, recognize the dangers inherent with climbing activities and assume the hazard of this risk upon myself since I wish to climb. I realize I am subject to injury from this activity and that no form of preplanning can remove all the danger to which I am exposing myself. I have been offered a protective helmet, which could prevent brain damage in the case of an accident. Against the advice of Sportrock, Inc. and the insurance company, I am refusing this safety precaution or choose to use my own helmet of choice that may not be rated, or intended, for rock climbing and related activities.

X _____
PARTICIPANT'S SIGNATURE

X _____
PARENT OR LEGAL GUARDIAN'S SIGNATURE

FOR PARTICIPANTS OF MINORITY AGE

(Must be completed for participants under the age of 18 as of this date)

This is to certify that I, as parent/guardian with legal responsibility for this participant, a minor, and on the minor's behalf and on my behalf and on behalf of all other parents or guardians of the minor, I hereby accept the above assumption of risk, release, waiver of warranty, and waiver of liability as an inducement for allowing my child, or this minor, to participate and use Sportrock, Inc. facilities and activities, and do hereby consent and agree to the release and waiver, for myself, my minor child/ward, my heirs, assigns, and next of kin, I hereby release and agree to indemnify and hold harmless Sportrock, Inc. from any and all liabilities incident to my minor child/ward's involvement or participation in any use of the Sportrock, Inc. Climbing Wall, equipment or facility as provided above to the fullest extent permitted by law. I have discussed the inherent dangers of rock climbing with my child and fully understand the risks involved.

X _____
PARENT/GUARDIAN'S SIGNATURE

X _____
PRINT NAME

Sportrock Gym Rules

1. All climbers must check in at the front desk. Members must sign in.
2. No one is permitted to belay, tie themselves in, or lead climb until they pass the Sportrock safety check.
3. Only Sportrock employees are allowed to teach belaying and knot craft.
4. Children under 12 years old must be accompanied and supervised by an adult.
5. Climbers under 15 years old may not supervise climbers who have not passed the Sportrock safety check.
6. Do not belay directly off floor anchors; they are only for backup.
7. Never take brake hand off the rope no matter what belay device you are using.
8. Leading is allowed on ropes marked with red tape; yellow tape signifies top-ropes only.
9. Belayers must stand while belaying.
10. No barefoot climbing.
11. Climbers climbing without a rope must keep their feet within shoulder height of the ground.
12. No one is permitted on top of the boulders.
13. Report loose holds, worn ropes, and anything else you believe to be a safety hazard to a Sportrock employee.
14. Minimum age for belaying is 8 years old.
15. Only commercially manufactured climbing equipment in good condition is permitted.
16. Climbers must wear a helmet when climbing or bouldering unless they have filled out and signed a helmet waiver.
17. Videotaping of any classes or instruction is prohibited.

I have read and understand the above rules. _____ **(Initial)**

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



SPRING PROGRAM GUIDELINES & REQUIREMENTS



CODE OF CONDUCT FOR ALL PARTICIPANTS IN RCC SUMMER PROGRAMS

Signatures of the participant and the parent are required affirming both have read and agree to abide by all elements of the Code of Conduct below and the RCC's General Code of Conduct posted in our buildings.

PARENT REQUIREMENTS

- Provide all required documentation and forms on deadline or the space for your child/ren will be forfeited.
- Sign-in and sign-out child/ren per age guidelines and program requirements on time and with any required identification. Penalty fees will be applied for late pickups and participants may miss key program elements such as field trips if participants are not brought to program sites on time.
- Alert the program director if participant(s) will not be attending prior to the start time of the day's program activities.
- Support the behavior requirements of the Code of Conduct.
- Pick up or arrange for authorized person(s) to pick up a sick participant as soon as possible if the participant has become ill.
- Pick up or arrange for authorized person(s) to pick up a participant whose conduct is disrupting activities or who has been dismissed from the program.

PARTICIPANT REQUIREMENTS

- At all times, participants in RCC programs must abide by the RCC's General Code of Conduct, and must treat all people, staff, participants and other people in program areas, with respect. Participants will treat others as they would want to be treated.
- Participants will follow instructions given by program leaders.
- Participants will maintain personal hygiene, wear safe and suitable clothing for activities, and remain with their program group.
- RCC requests that participants wear close-toed shoes, no shoes with "Heelys," and that no jewelry be worn while in RCC programs for safety reasons.
- Participants will not bring valuables such as iPods, game systems or other expensive items to RCC programs to guard against loss. RCC is not responsible for personal property of participants.
- Eating and drinking will be permitted only in areas designated for that, and under no circumstances are participants allowed to share food with other participants to support individual participant allergy sensitivities.
- Participants will not borrow money from other participants; should the need arise program staff will make appropriate arrangements.

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



SPRING PROGRAM GUIDELINES & REQUIREMENTS



GROUND S FOR DISMISSAL FROM RCC PROGRAMS

- Possession of any item used as a weapon, and/or physical attack upon another person.
- Harassment, verbally abusive language or similarly aggressive behavior toward any participant, staff member, or member of the general public.
- Vandalism, destruction of property or proven theft by any participant.
- Possession of any alcohol, tobacco, pharmaceutical or other unauthorized drug or substance by a participant.
- Repeated violations of participant or parent requirements above.

Signatures of both the parent and participant below signify agreement to abide by these requirements and the consequences of failing to do so.

Signature of Parent: _____ Date: _____

Signature of Participant: _____ Date: _____

PLEASE NOTE: BY SIGNING THE RCC REGISTRATION FORM, PARENTS HAVE AGREED TO THE FOLLOWING:

I recognize that there are some inherent risks to participating in certain programs/activities and, accordingly, agree to hold the Center, the governing Board of the Center, the Fairfax County Board of Supervisors, the employees of the Center and its volunteers, harmless from any and all liability for property damage, harm or bodily injury, which may result from my participation. I acknowledge that I have been advised to carry my own insurance while participating in this program. If I am registering a child, I represent that I am the parent/legal guardian of the child being enrolled. I also recognize that the Reston Community Center may take photographs and/or videotapes of its programs for either archival or public relations purposes. My signature releases the Reston Community Center from any and all liability and/or obligation to me and/or my child(ren) for the use of such documentation.

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



EMERGENCY CONTACT FORM



NOTICE : THIS FORM MUST BE COMPLETED EACH YEAR IN FULL AND SIGNED

PLEASE PRINT CAMPER'S NAME _____

Home Address: _____
Street/Apt. # _____

Town/City _____ State _____ Zip _____
Home Phone: () _____ Birthdate: _____ Sex: _____ Age: _____

Father's Name: _____ **Cell Phone:** _____ **Email:** _____

Employer: _____ **Work Phone:** () _____

Mother's Name: _____ **Cell Phone:** _____ **Email:** _____

Employer: _____ **Work Phone:** () _____

EMERGENCY INFORMATION: *Please give two contact names in the event that parents cannot be reached.*

Name: _____ **Name:** _____

Address: _____ **Address:** _____

Home Phone: () _____ **Home Phone:** () _____

Work Phone: () _____ **Work Phone:** () _____

Cell Phone: () _____ **Cell Phone:** () _____

INSURANCE INFORMATION

Pediatrician/Physician _____ Phone #: () _____

Is the participant covered by family medical/hospital insurance? Yes No

If yes, indicate carrier or plan name: _____ Group #: _____

Name of Policy Holder: _____ Relationship to Participant: _____

Insurance ID Number: _____

ADDITIONAL QUESTIONS

Yes No Is your child under a physician's care?

Yes No Does your child have any allergies? If yes, please specify: _____

What should be done if your child comes into contact with an allergen? Please attach instructions in a letter.

Yes No Does your child require any special accommodations? If so, please attach in a letter.

Yes No Does your child take medications? If yes, you must submit the Medical Authorization Form.

Child's swimming Level: Non-Swimmer Beginner Experienced

Yes No Does your child know how to ride a bike?

What grade will your child enter in September? _____

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



EMERGENCY CONTACT FORM (CONT.)



MEDICAL TREATMENT AUTHORIZATION

Parent's/Guardian's Authorization: The health form as submitted is correct as far as I know and the participant has permission to engage in all camp activities. In the event my child becomes ill during camp, I will pick up my child immediately. In the event I cannot be reached immediately during an emergency, I give permission to the physician selected by the Reston Community Center to obtain necessary medical treatment (e.g. hospitalize, order injections and/or anesthesia, order surgery for the participant) if needed, except as noted in the exceptions line below.* I understand that I will be responsible for any and all medical expenses incurred on behalf of the participant. In the case of an emergency, the Reston Community Center will use the closest available emergency medical facility.
*If parent or guardian has an objection to seeking emergency medical care, a statement to this effect must be noted in the exceptions line below and the reason for the objection clearly stated.

Medical Exceptions: _____

PLEASE NOTE: I recognize that there are some inherent risks to participating in certain programs/activities and, accordingly, agree to hold the Center, the governing Board of the Center, the Fairfax County Board of Supervisors, the employees of the Center and its volunteers, harmless from any and all liability for property damage, harm or bodily injury, which may result from my or my child/ren's participation.

Signature _____ Date: _____

ADA ACCOMODATIONS



Fairfax County's programs, services and facilities are available to all citizens regardless of race, color, national origin, gender, age or disability. For additional information regarding reasonable accommodations and support provided to facilitate participation for individuals with disabilities, call 703-476-4500 or TTY 800-828-1120. Requests for accommodations must be received 10 working days prior to the class or activity start date.

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



DROP OFF/PICK-UP INFORMATION FORM



PLEASE NOTE: THIS FORM IS REQUIRED FOR ALL RCC CAMPS

The Reston Community Center follows Fairfax County Department of Family Services guidelines for unsupervised children:

- 7 years and under:** Should not be left alone for any period of time.
8 to 10 years: Should not be left alone for more than 1 1/2 hours and only during daylight and early evening hours.
11 to 12 years: May be left alone for up to 3 hours during daylight and early evening hours.
13 to 15 years: May be left unsupervised during daylight or evening hours, not late at night or after RCC is closed.

All participants must have the following information completed, initialed and/or signed by a guardian:

Child's Name: _____ Age: _____

Will Arrive to camp site at _____ a.m./p.m. and will depart from camp site at _____ a.m./p.m.

No child may be dropped off prior to 8:00 a.m. unless the program itinerary requires it.

AUTHORIZATION TO PICK UP CHILD

PERSONS AUTHORIZED TO PICK UP:

PERSONS NOT AUTHORIZED TO PICK UP:

Please initial how your child will arrive and depart from Camp (you may select multiple options):

_____ I understand that children 8 years and older enrolled in camps held at Hunters Woods or Lake Anne, will be under general staff supervision beyond the scheduled hours of the camp program in which they are enrolled in.

_____ My child may not arrive or depart with anyone other than myself or authorized escorts.

My child has permission to use:

_____ Public Transportation _____ Bicycle _____ Walking

Please Initial:

_____ My child has permission to arrive/depart from RCC Programs without an escort (not applicable to those under 8 years of age). I understand that RCC accepts no responsibility for the safe arrival or departure of my child if I elect not to provide an escort.

PLEASE NOTE

RCC does not provide child care and the statement "general staff supervision" does not imply any legal child care certifications and/or child care qualifications on the part of staff member. All RCC staff members have fulfilled a Criminal Background Check as a condition of their employment.

For all participants, it is imperative that parents drop-off and pick up their child/ren on time. RCC reserves the right to enforce late drop-off or pick-up penalty fees.

CHILD'S NAME: Last: _____ **First:** _____

Check all camps that apply: Camp Goodtimes LARK YAT
 Road Rulz Specialty Camp (Name of camp: _____)



RCC CAMP CAR POOL LIST



Are you interested in being placed on a car pool list?

_____ YES

_____ NO

Parent/Guardian Name: _____

Camper Name(s): _____

Phone Number: _____

Email Address: _____

CAR POOL DISCLAIMER

This service is provided solely as a referral service for potential carpool partners. Information shared is limited to name, phone, and/or email addresses of possible car pool partners. This service does not assess the suitability of individuals participating in a car pool program nor does it match participants. Participants are solely responsible for determining whether and when it is appropriate to meet with or share personal information with potential car pool partner(s). Participation in a car pool program is an individual decision. It is solely your responsibility to notify your insurance provider of your intent to carry passengers and insure that you are adequately covered to protect yourself and your passengers. Completion and submission of this form does not obligate you to join a car pool. It is an expression of your interest in exploring car pool options available to you and allows RCC to publish and share your information with other interested parties.

Signature

Date