

SAFETY RULES

CLIMBING WALL WITH THE BELAY IN THE BOX SYSTEM

CLIMBER RECOMMENDATIONS

- Must weigh 45 lbs minimum, 250 lbs maximum to wear climbing harness.

BEFORE YOUR CLIMB STARTS

- After you are hooked into your harness, stay in the harness area. Wait until we tell you to go to the climbing area.
- Don't step on the Auto-Belay™ cable while you wait to start.

DURING YOUR CLIMB

- Stay on the climbing route for your station.
- Don't cross over to put yourself directly beneath or above other climbers.
- Don't climb without shoes or a top.
- Don't climb beyond the wall top. Don't go beyond chest-height to the wall top.

DURING YOUR DESCENT

- Don't kick off more than 6 feet from the wall.
- Rappel straight down
- Don't swing too close to other climbers.
- Be alert for other climbers beneath you, who may have strayed from their routes.

AT THE END OF YOUR CLIMB

- When you are lowered to the ground at the end of the climb, land on your feet.
- After your climb is complete, wait for us to unhook you.
- Once you have been unhooked, go to the harness area where we will remove your harness. Please do not try to remove the harness yourself.

Club Member's Signature

Date

YOUTH SERVICES PERMISSION FORM

Rock Climbing Wall

As of 20 June 2002

Data Required by the Privacy Act of 1974

Authority: Title 10, United States Code, Section 3013, PRINCIPLE PURPOSE(S); To obtain youth and family program eligibility and background information for proper assignment of individuals into activities, programs, and classes; to contact participant's home and parents in the event of an accident or illness, to obtain sponsor consent for access to emergency medical care. ROUTINE USES: To provide information to medical personnel in the absence of a parent, to notify the parents in case of emergency to mail information of interest to the participants; to use slides and pictures of parents relative to the youth's participation in programs. DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided, individuals may not be allowed to participate in YS programs.

Child's Name _____ Date of Birth _____ Age _____
Last First Middle Month Day Year

Permission to take a photograph: **Yes** or **No**

Permission to use activity photos in the official Youth Services website: **Yes** or **No**

REQUIRED PARENT'S INFORMATION

Parent's/Legal Guardian Name: _____ Grade/Rank _____
Last First

Home # _____ Cell # _____ Work #: _____ Sponsors' last 4 (SSN) _____

Parents e-mail: _____

Housing: **SHA ZAMA DEPOT OTHER** Mailing Address: Unit# _____ Box# _____ APO AP _____
Circle One

Emergency Contact _____ Phone Number _____

Special Instructions: _____

Release of Medical Liability and Agreements

I, the parent/guardian of _____, do hereby give my permission for his/her attendance and participation in the Youth Services (YS) program. I give consent for an authorized YS representative to take my child/children for care, medical or dental, in an emergency situation where the child's condition represents a serious or immediate threat to his/her life, health, or well being. I understand that a conscientious effort will be made to notify me prior to such action and the expense. If any, will be borne by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3, paragraph 2-19. RELEASE AND HOLD HARMLESS: I hereby release the YS and the United States Government from any liabilities or claims arising from participation in this sports program. I agree that I will never prosecute or in any way aid in prosecuting any demand, claim, or suit against the United States Government from any loss, damage, or injury to my person or property that may occur from any cause whatsoever as a result of taking part in this YS activity.

Signature of Parent or Legal Guardian: _____ Date: _____