Please print and sign 2 copies for each participant (1 copy for the Conservation; 1 copy for Zen Climb). Thanks!

ROCK CLIMBING INFORMED CONSENT

(For Scouts & OSBIE Schools Only)

Note to Parents/Guardians and Students

Your OF	GANIZATION
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(Name of Scout group or School)

is arranging a trip to visit Rattlesnake Point Conservation Area, owned and operated by The Halton Region Conservation Authority to undertake a Rock Climbing Activity under the instruction and guidance of Zen Climb.

This signed form is required for everyone who wish to participate in this outdoor recreation education program. It should be understood that the purpose of this excursion is educational. Lessons are mandatory. Permission from both your ORGANIZATION and your Climbing Instructor is required before you will be to participate in the activity.

Inherent Risk

Climbing and Rappelling are sports with physical demands and inherent risks which are beyond the control

of The Halton Region Conservation Authority, Zen Climb and

(Scouts Canada or Name of Your School Board)

Falls and other incidents (including falling rocks caused by climbers and hikers) may occur which can result in serious injury or death. Participants MUST ASSUME the inherent risks of the sport.

Following all rules and procedures can reduce the risk of injury. Failure to follow the rules will result in the participant being asked to stop the activity immediately and may result in the group being asked to leave the property.

Equipment

Zen Climb will provide all safety equipment necessary for the activity.

Acknowledgement

We have read and understand these warnings.

Name of Participant: ______. Signature of Participant: ______.

Name of Parent/Guardian: ______. Signature of Parent/Guardian: ______

Permission

I give my son/daughter/person-under-my -guardianship permission to participate in Rock Climbing / Rappelling (please circle the ones that apply) to be conducted by Zen Climb and held at Rattlesnake Point Conservation Area.

Dated: _____

Name of Parent/Guardian: . Signature of Parent/Guardian: .