

Guest Name _____ (please print)

Date of Birth _____

Height _____ Weight _____

Information: If you have ANY question about your (or your child's) physical condition or ability to take part in activities offered by Little Goat Services LLC dba Sylvan Rocks Climbing School & Guide Service (hereinafter collectively referred to as Sylvan Rocks Climbing), please seek a medical doctor's opinion and approval prior to participating.

The employees of Sylvan Rocks Climbing are not qualified medical professionals able to evaluate medical conditions. This information is for use in the event of an injury or emergency medical situation.

Consent to Treat: I, _____ hereby consent to any hospital care or medical or surgical diagnosis or first aid activities by Sylvan Rocks Climbing and its agents if I am not able to give my written consent due to unconsciousness, disorientation or other mental incapacity.

I also understand and agree that I am solely responsible for all charges for such medical services and that Sylvan Rocks Climbing and its agents are under no duty to provide any first aid or medical treatment in any event.

Medical information: Do you have Asthma - Allergies - Anaphylaxis Conditions - Diabetes - Heart Conditions - Seizures or other medical conditions that it would be good for the staff to know about in case of a medical emergency? Y / N

Are these conditions under control and or being treated? _____

How can onset of these conditions be avoided? _____

Are you currently under a doctors care? Y / N please describe _____

Please tell us about any medications or medical devices that might affect your time on a course or that staff or medical professionals would need to know about in case of an emergency.

Do you have any other conditions that might affect your ability to fully participate in the rock climbing or course you have registered for? Examples: vision, hearing, learning, shoulder, knee or back Y / N

Describe _____

Participant Signature _____ Date ____ / ____ / 2018

Parent or Legal Guardian responsible for and allowing minors to participate in activity with Little Goat Services LLC dba Sylvan Rocks Climbing School and Guide Services and agreeing to above Consent to Treat statements.

Parent name printed _____

Parent Signature _____ Date ____ / ____ / 2018

TURN OVER

Model Release: - Agreeing to this is optional - We sometimes take photos/video or receive and post such things online for you to enjoy and share, and/or in other forms of advertising.

I, _____ give Sylvan Rocks Climbing permission to record my image and/or voice and grant Sylvan Rocks Climbing all rights to use these sound, still, or moving images for educational, promotional, advertising, or other purposes. I agree that all rights to the sound, still, or moving images recorded by or given to belong to Little Goat Services LLC dba Sylvan Rocks Climbing School and Guide Service.

Signature _____ Date ____ / ____ / 2018

Parent or Legal Guardian signature agreeing to model release for minors.

Parent name printed _____

Parent Signature _____ Date ____ / ____ / 2018

How did you find out about us?

- | | |
|------------------------------|---------------------|
| _____ Website | _____ Google search |
| _____ Rack Card / Flyer | _____ Friend |
| _____ Other _____ | _____ Poster |
| _____ Ad in SD Visitor Guide | |

Tips are appropriate and appreciated if you feel your guide did a good job.

RELEASE AND WAIVER OF LIABILITY

Organization Name: Little Goat Services LLC
DBA Sylvan Rocks Climbing School and Guide Service
24912 Pond View Drive, Custer SD 57730

Participant Name: _____
PLEASE PRINT LEGIBLY – this is a legal document

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS** Little Goat Services LLC DBA Sylvan Rocks Climbing School and Guide Service, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event/activity (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature _____ Age _____ Date _____
Address _____
City _____
State _____ Zip _____.

Phone (_____) _____ - _____ E-mail _____

Emergency Contact Name _____ Phone(_____) _____ - _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/ Guardian Signature _____ Date _____ Print Name of Parent/Guardian _____