

PRINT NAME: \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY: OUTDOOR, GUIDED TRIPS

**Warning:** There are significant risks present in all aspects of rock climbing and wilderness travel.

**Express Assumption of Risks:** I, the undersigned, am aware that there are significant risks involved in all aspects of climbing. These risks include but are not limited to: **falls** which can result in serious injury or death, injury or death due to **negligence** on the part of myself, my belayer, or other climbers (**CHOOSE YOUR PARTNER[S] AT YOUR OWN RISK!**), injury or death due to improper use of, or **failure of equipment**, and injury or death due to **rock fall** and other environmental, animal, and insect hazards.

I expressly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while attending guided events operated by Pacific Edge. **I, the undersigned represent that I have no physical impairments or illnesses that will endanger myself or others.**

**Initials:** \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available offered by Pacific Edge, I the undersigned, hereby release: Pacific Edge, Stoveleg Enterprises and its officers, Richard Novak, and the Seabright Station Partnership, their principals, agents, officers, employees, and volunteers, the United States Government, National Park Service, U.S. Forest Service, City of Santa Cruz, County of Santa Clara, their employees and agents from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

**Indemnification:** Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees or costs.

I HAVE READ AND UNDERSTOOD THE FOREGOING ASSUMPTION OF RISK, AND  
RELEASE OF LIABILITY.

I UNDERSTAND THAT BY SIGNING THIS FORM I AM WAIVING VALUABLE LEGAL RIGHTS. I ALSO UNDERSTAND THAT BY SIGNING I AGREE TO ABIDE BY ALL APPLICABLE RULES AND REGULATIONS AS THEY APPLY TO SANTA CLARA COUNTY PARKS.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If the Participant is under the age of 18,

**Signature of Parent or Guardian:** \_\_\_\_\_

(Parent) Print Name: \_\_\_\_\_

**PACIFIC EDGE Climbing Gym** -104 BRONSON STREET, SUITE 12, SANTA CRUZ, CA 95062  
Phone (831) 454-9254 Fax 454-9269

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## Medical Information and Consent

I \_\_\_\_\_, authorize Pacific Edge to act as agents for the undersigned in the event of any medical emergency. Pacific Edge is authorized by me, to authorize any treatment that is deemed necessary in the event of such an occasion.

I understand that the authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to Pacific Edge to give specific consent to any treatment which is deemed necessary.

This authorization shall remain effective until the conclusion of the climbing course (arrival at the point of departure) for which the above is enrolled.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Signature of Parent or Guardian if Under 18

\_\_\_\_\_  
Date

### Medical Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In Case of Emergency, Notify: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medic Alert Tag: Y/N \_\_\_ Condition? \_\_\_\_\_ Sex: \_\_\_ Ht: \_\_\_ Wt: \_\_\_\_\_

List Any Medical Treatment You Are Currently Receiving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List All Allergies (Drugs, Foods, Bee Stings, etc.) \_\_\_\_\_  
\_\_\_\_\_

Are You Taking Any Medications Currently ? Y/N \_\_\_\_\_ If So, For Which Purpose \_\_\_\_\_  
\_\_\_\_\_

List All Medications, Dosages, and Duration of Use \_\_\_\_\_  
\_\_\_\_\_

Describe Your Physical Condition (what are your limits if there are any) \_\_\_\_\_  
\_\_\_\_\_

Please Circle Any Of The Following Conditions (explain briefly in the space below) You Have Experienced In The Past Or Currently:

Asthma                      Back Problems                      Communicable Disease                      Diabetes

Fainting                      Heat Conditions                      High Blood Pressure                      Seizures

Joint Problems (arthritis, dislocations, etc.)                      Head, Neck, Spinal Injury                      HIV/Aids

Explanations of Above Conditions:

Other Injuries, Conditions or Comments: \_\_\_\_\_

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