

Troop 61 Climbing Merit Badge March 4 & 11, 2016

Meet at the scout house both days and drive to Turner Hall, 1034 N 4th Street. Classes run from 6:30 to 9:00. We anticipate 30 minute drive time each way.

- **Week 1:** Friday, March 4 – 6:00 to 9:30pm
- **Week 2:** Friday, April 20 – 6:00 to 9:30pm
- **Uniform:** Wear your Troop t-shirt
- **Fee:** \$15
- **Permission Slip and Waiver:** Due Friday, February 26
- **Waiver** on the next page....

You must attend both meetings to earn Climbing merit badge. Scouts will learn the double figure eight knot, the 10 equals x safety check, the proper use of a carbineer and ATC, techniques for belaying their buddies up and down the 50' practice walls, and how to rappel themselves down a 50' wall.

Parents: Help is needed driving scouts to and from Turner Hall. The address is 1034 N 4th Street, Milwaukee.

Contact Info: The Troop may be contacted via Patrick Bieser's cell phone at 414-915-6423 during the event.

Paypal: You can use Paypal to pay for Troop 61 Events. Login to Paypal and send the \$15 Fee to treasurer@troop61.com with a note "Name of Scout – Rock Climbing Merit Badge." If you use a Bank Account for the funds, there is no fee. If you use a Credit Card there is a \$0.33 fee (kept by Paypal).

----- **Cut here and return to Scout house** -----

Permission is hereby granted to Scout(s) _____ to attend Troop 61's Climbing Merit Badge at Turner Hall on March 4 & 11, 2016 with the Scouts and Scouters of Troop 61, Mother of Good Counsel church, Milwaukee, WI, under the leadership of the Troop Committee. In consideration of their engaging in this activity, I agree to save harmless the Troop Committee and their associates, the Troop sponsoring institution, the Mother of Good Counsel Congregation, and the Boy Scouts of America, because of any claims arising on behalf of my son from possible injury or illness while engaged in this activity. I authorize emergency medical care for my son.

Fee @ \$15 / scout: _____

Check

Cash

Can / Wreath Credit

Paypal (Sent Online)

Check # _____

Amt Rcvd _____

Record By _____

Parent Signature _____

Transportation

Travel with Troop

Driving separately

Help drive?

Yes, I can help drive

If you can help drive

Seats in vehicle including driver

Special Instructions or Notes: _____

ACTIVITY OR FIELD TRIP WAIVER

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, _____ (print name), age _____, desire to participate voluntarily in: **Indoor Rock Climbing & Rappelling Instruction. To Include (Instruction & All Necessary Equipment)** and offered by **Riverwest Outdoor Educational-Adventures** on **Friday March 4 & 11, 2016**. From **6:30-9:00pm** at **Milwaukee Turners Climbing Gym 1034 N. 4th Street**.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT **Kim Kosmitis** AT TELEPHONE NUMBER **414-263-4877**

Assumption of Risks:

I understand that **Indoor Rock Climbing**, / by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries and/or illness. I am aware of the risks of participation, which include, but are not limited to, minor injury, such as bruises, contusions, broken bones, concussion, and catastrophic injuries, such as paralysis and even death. I understand that **Riverwest Outdoors** has advised me to seek the advice of my physician before participating in the above-listed activity. I acknowledge that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by **Riverwest Outdoors** (the "Releasee"). **I know, understand, and appreciate the risks that are inherent in the above-listed activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18): _____ Date: _____

Hold Harmless, Indemnity and Release:

In consideration of my participation in these activities, I, for myself, spouse, heirs, personal representatives, estate or assigns, agree to defend, hold harmless, indemnify and release the Releasee and their officers, employees, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the above-listed activity. This release includes claims based on the negligence of the Releasee, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or recklessness. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18): _____ Date: _____

Consent for Emergency Treatment:

I authorize **Riverwest Outdoors** and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____ Date: _____

Signature of Parent or Guardian
(If Participant is under 18): _____ Date: _____

Emergency Contact Information:

Name: _____ Relationship _____

Contact Number: _____