Last	Name:		



Mountain Skills Rock Guides

Climbing and Adventure School

Participant Registration Form

Participants Name:			
Address:			
City:	State:	Zip:	
Occupation:			
Home Phone:	Work Phone:		
E-mail Address:			
Can we contact you with speci Date of Birth:	-	e Yes No	
How did you find out about M	Iountain Skills?		
Do you have any previous clin If yes, explain:	nbing experience?		
Can we use any pictures taker Who to contact in an emergen Phone Number:	·		
Do you have any medical cond	litions?		
If yes, explain:			
Do you have medical insurance	ee?		
If so, who is your carrier?			
Are you allergic to anything?	bee stings?		
History of orthopedic problem	18?		_
If you ovnlain.			
History of cardiac problems:			
If yes, explain:			
Fear of heights?			
Signature:		Date:	
For guide use only	Routes climbed:		
Guides names:			
Location:			

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Mountain Skills Rock Guides LLC, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MSRGL"), I hereby agree to release, indemnify, and discharge MSRGL, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in guided bouldering, rock climbing including hiking, guided snow shoeing, and guided ski trips entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; being struck by rock fall, icefall or other objects dislodged or thrown from above; the use and potential or actual failure of climbing ropes and equipment; hazards of walking on uneven terrain; falling objects; exposure to altitude and cold including hypothermia, hyperthermia, frostbite, acute mountain sickness, exhaustion, cerebral and pulmonary edema; natural forces including steepness of slopes, snow depth, instability of snow pack or varying and difficult weather; snow conditions may cause avalanches; frostnip, frostbite, acute mountain sickness; exposure to temperature and weather extremes; heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; limited visibility; open and vertical pits, confined spaces, entrapment, potential flooding, water hazards; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, or concussions; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; equipment failure; traveling to and from activity locations raises the possibility of any manner of transportation accidents; transmissible pathogen or disease; my own physical condition, and the physical exertion associated with this activity.

Furthermore, MSRGL personnel have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

- I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I agree to wear a properly fitted and secured DOT or SNELL certified helmet while participating in this activity.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MSRGL from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of MSRGL's equipment or facilities, including any such claims which allege negligent acts or omissions of MSRGL.
- Should MSRGL or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6. In the event that I file a lawsuit against MSRGL, I agree to do so solely in the state of New Mexico and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MSRGL on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at MSRGL. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name			_Phone Number			
Address			_City			
State	Zip	Email				
Signature of Participant			Date			
PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)						
In consideration of the follow	ing minor(s): (print nam	ne(s))				

harmless MSRGL from any and all claims which are brought by, or on behalf of minor(s), and which are in any way connected with such use or participation by minor(s).

being permitted by MSRGL to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold

Parent or Guardian:	Print N	ame:	Date:
•	-		