

COURAGEOUS KIDS CLIMBING



FREE rock-climbing event for children with disabilities

Saturday, April 27, 2024 | UI Student Recreation Center

- First session: 10-11 am PT
- Second Session: 11 am - 12 pm PT

All ages and abilities are welcome. No experience or equipment required. Assistive technology will be provided.

Registration is required. Please contact:

Carolina Gutierrez

carolinag@uidaho.edu or 208 885 6000



COURAGEOUS KIDS CLIMBING (CKC) Participant Application Form

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| Climber's Name: | # Office use |
|------------------------|--------------|

Please select your preferred session:
First Session: 10 am - 11 am PT Second Session: 11 am -12 pm PT

Parent or Caregiver Name:

Address:

E-mail Address:

What would you like us to know about your climber?

| | | |
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| May we take photos of the participant? <i>(Photos may be shared with media)</i> | YES | NO |
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There are risks associated with rock climbing, but we will make every effort to eliminate those risks. You understand that your climber will be required to wear a climbing harness that fits snugly around the waist and the upper thighs and may be required to wear a chest harness. A limited supply of climbing shoes may be available. Not all climbers will be able to borrow a pair. If the climber should be allowed to wear a pair, you understand that these are designed to be worn tight on the feet. You understand that one care-giver shall remain on site during the entire event to assist with the climber's needs as they arise. You understand that if at any time the staff of this event feel that it is in your climber's best interest that the climber not climb, they will not be allowed to climb. The safety of your climber is our number one priority. You will be required to sign a waiver for your climber for the hosting climbing gym **and** **CKC**. If either waiver is not signed, your climber will not be allowed to participate in the event. Friends and family attending will also be required to complete a waiver(s). After the event is over, should your climber want to continue to climb, you will need to pay regular admission and equipment rental fees to the climbing gym. You are encouraged to watch and encourage your climber and feel free to ask questions. No food or drink is allowed in the climbing area. Due to limited space, the first priority is to accept climbers with a disability. Open slots may be made available to siblings the day of the event. Event info can be found on Facebook.
<https://www.facebook.com/CourageousKidsClimbing/>

Caregiver's Name:

Caregiver's Signature:

DATE:

HOLD HARMLESS AND ACKNOWLEDGEMENT OF RISK AGREEMENT

1. Courageous Kids Climbing (CKC) participants understand that recreational activities, to include but not limited to indoor / outdoor rock climbing and slacklining, do have inherent risks which are beyond the control of CKC and its staff including Jeff Riechmann, volunteers, members and the hosting facility. We, the undersigned, do understand that upon participating in any CKC-sanctioned event, that we hereby assume all risks for the behavior, actions, and safety of myself, my minor child or children while involved in the activities.
2. In consideration for being permitted to participate in a CKC-sanctioned event, I acknowledge that I assume full responsibility for my safety. I further understand that I participate at my own risk, and I agree to hold CKC, its officers, employees, etc., harmless from every and all claim which may arise from injury, which might occur from my participation in a CKC-sanctioned event in favor of myself, my heirs, representatives or dependents. I understand that CKC does not represent or warrant the quality or character of any equipment or services provided.
3. I have read and understand this agreement and release of liability and do voluntarily agree to sign. While on the premises of any CKC-sanctioned event, my family and I agree to act with Caring, Honesty, Respect and Responsibility.
4. CKC reserves the right to use photographs and flash video taken during CKC-sanctioned events and activities for marketing and promotional purposes, unless noted otherwise above.
5. I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND SIGN IT OF MY OWN FREE WILL. THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THIS AGREEMENT IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.

Print Name:

Sign Name:

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| Event Location: U of I Student Recreation Center 1000 Paradise Creek St. Moscow, ID 83844 | Event Date: Apr 27, 2024 |
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The Climbing Wall Center needs a waiver signed for their records before the climbing event. The waiver is available on-line, separate from this registration packet. To access this waiver please click here [Climbing Wall Center Waiver](#)



MEDIA RELEASE FORM

The Idaho Center on Disabilities and Human Development (CDHD) requests your permission to use videos/photos/audio recordings of you or your child as part of our advertising, trade, promotion and/or exhibition. The purpose of these efforts is to provide training, services and assistance for people with disabilities, families, professionals and local communities across the state.

Examples of products and services in which videos/photos/audio recordings may be used include websites, events, conference presentations, training modules and publications (electronic/print). Because the CDHD develops products for widespread use, you or child's image or likeness will be publicly available.

Media release for (print name): _____

By signing below, I give my permission to the CDHD to use videos, photos and/or audio recordings as described above. Further, I understand and acknowledge that:

- My permission is given freely.
- This permission remains in effect until I notify the CDHD in writing that I wish to revoke it for future projects.
- I am the person named above or I am the parent/guardian of the person named above.
- The CDHD may use personal information that I provide about myself or my child (eg name, interests, skills, etc)
- As noted above, because the CDHD develops products for widespread use, my or my child's image or likeness may be edited and will be publicly available.
- Videos/photos/audio recordings may have identifiable information.
- No photographs or recordings will be used by the CDHD for commercial purposes.
- I waive any right to inspect or approve the finished product, advertising or other copy that may be used in connection with my or my child's video/photo/audio recording, or to which it may be applied.

SIGNATURE (self or parent/guardian) DATE

ADDRESS CITY STATE ZIP

EMAIL ADDRESS TELEPHONE NUMBER