

Seneca Rocks Climbing School Registration

Welcome to the Seneca Rocks Climbing School

Please fill out the in the information requested below, read the following waiver carefully and sign where indicated.

Name: _____

Date: _____

Address: _____

E-mail: _____

Person to contact in case of emergency: _____

Phone: _____

Do you have any medical conditions we should be aware of?(allergies, epilepsy, injuries, etc)

Medical Consent

I, _____, hereby consent to any hospital care, medical or surgical diagnosis or first aid treatment to be rendered to me as advisable for the aid and treatment of any injury that may arise from my participation in the Seneca Rocks Climbing School, Inc. activities, if I am not able at the time to give my permission due to unconsciousness, disorientation, or other incapacity. I also understand and agree that I am solely responsible for all appropriate charges for such services, and that the Seneca Rocks Climbing School Inc is under no duty to provide any first aid or medical treatment in any event.

Photo Consent

I, _____, hereby consent to the use of any photographs of myself by the Seneca Rocks Climbing School Inc for promotional purposes free of charge.

Guide Use

Course: _____

Initials: _____

Rope: _____

Gear Issued:

Routes/notes: