

WHITEFISH OUTDOOR ADVENTURES



ROCK CLIMBING I — This program is intended for youth ages 6-15. Our bus will meet us at the Parks and Recreation Office and take us to Striker.

Cancellations made less than 7 days prior to the program are nonrefundable.

MINIMUM OF 4 PARTICIPANTS IN ORDER TO RUN.

| | | | | |
|-------------------|--|-------|--------------|---------------------------|
| Session 1: | Friday, June 26th | _____ | Ages: | 6-15 |
| Session 2: | Friday, July 24th | _____ | Day: | Thursday |
| Time: | 8:00 AM—5:30 PM | | Fee: | \$100 per session |
| Location: | Meet at the Parks and Recreation Office | | | 510 Railway Street |

PARTICIPANT NAME _____ **Age** _____ **Gender:** _____

Guardian Name _____ **Email** _____

Address _____ **City** _____

Phone _____ **Work** _____ **Cell** _____

Phone _____ **Work** _____ **Cell** _____

Emergency _____

WAIVER: (SIGNATURE REQUIRED) I, as an adult 18 and older, or the parent or legal guardian of the above-named participant, hereby give my approval to participation in the activity described above. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. Further, I hereby release, absolve, indemnify and hold harmless the City of Whitefish, the organizers, sponsors, supervisors, representatives, employees, and any or all of them for any injuries I may or my child may sustain as a participant in these activities. Participants are involved at their own risk. Registration fees paid do not provide for insurance. Further, I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

SIGNATURE (PARENT): _____ **DATE:** _____

QUESTIONS? CALL 406-863-2470