

# 2010 CLIMBING MERIT BADGE

St. Vincent Scout Lodge Indoor Climbing Gym, 8965 Auburn Road Fort Wayne, In 46825

Your option to Camp in and climb all night—Pizza at 8pm

All Climbing & Safety Equipment provided. Bring own sleeping bag, pad, personal gear, and completed blue merit badge card signed by your leader. COST: \$35.00 per scout, leaders free—Pizza. 4 pops. & Light breakfast included

## RESERVATIONS REQUIRED!

Please email your reservations by the deadline to [climbingwall@svboyscouts.org](mailto:climbingwall@svboyscouts.org) or call (260) 489-1763, when emailing or calling, please leave contact info so that we can contact you to let you know of any changes. A maximum of 30 people will be allowed at the clinic.

We will contact you in case of cancellation due to lack of sign ups, or for any other important information.

Please copy this form and bring for each scout and leader on the night you have selected.

WHAT TO WEAR? Wear comfortable clothes that you can move easily in while climbing.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Troop#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please mark one:  Adult leader  Scout Please select date attending: \_\_\_\_\_

## SCHEDULED CLIMBING DATES (All Times are 2:30pm Sat – 10pm)

(Optional free climb after merit badge is completed)

Jan 23<sup>rd</sup>, Feb 20<sup>th</sup>, March 20<sup>th</sup>, April 24<sup>th</sup> 2010

**Sign up deadline is 2 weeks prior to your selected date.**

### Parent & Participant Authorization & Release - Applies to all Climbers

I hereby give my permission for (myself, or) my son listed above, to attend the St. Vincent Climbing Gym Merit Badge Class. In case of an injury or other emergency to myself or my child, I hereby give my permission to the physician selected by the Adult Leaders, to hospitalize me or my child, secure proper anesthesia, or to order injection or surgery for myself or my child. While we understand that safety is of primary concern, and that a significant injury has never occurred, we acknowledge that any injury incurred, will be our own financial responsibility. While council accident insurance is in effect for Anthony Wayne Area Council, I/We acknowledge that St. Vincent Scouts and the Council will not necessarily be obligated to provide any insurance for any such loss. We agree to pay all bills incurred, and to file for our own insurance coverage, and agree to reimburse St. Vincent Scouts for any costs incurred in providing for myself or my child's well-being, and safe return home from this trip, even if the return home is for disciplinary reasons. We release and waive the right to sue St. Vincent Scouts, St. Vincent Church, Diocese of Fort Wayne South Bend and the Boy Scouts of America for any and all injuries or damages, due to our participation in this activity, or the use of any scout owned equipment or vehicles.

I hereby assign and grant the St. Vincent Boy Scouts and St. Vincent DePaul Catholic Church the right and permission to use and publish the photographs/film/video and any other electronic representations to include sound recordings made of me during my stay on St. Vincent Boy Scout Property or during any St. Vincent Boy scout sponsored event. I hereby release the St. Vincent Boy Scouts and St. Vincent DePaul Catholic Church, from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations and/or sound recordings without limitation at the discretion of the St. Vincent Boy Scouts and St. Vincent DePaul Catholic Church, and I specifically waive any right to compensation I may have for any of the foregoing.

Signature of PARTICIPANT: \_\_\_\_\_ Signature of PARENT: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_