



New York City Outward Bound

Network Climbs – Spring 2012

Learn to Climb and Belay on Our 60' Outdoor Climbing Wall!

Challenge Yourself Physically & Mentally!

Meet students from other Expeditionary Learning Schools!

Share an Adventure with your Teachers & Peers!

HAVE FUN!!!!

Where: NYC Outward Bound, 2946 Northern Blvd, Long Island City, NY 11101

When: EVERY TUESDAY, WEDNESDAY & THURSDAY AFTERNOON, from

MARCH, 27TH – JUNE, 14TH from 2:30 pm to 6:00pm

To Sign Up: You need to sign up for **each session** you plan to attend by contacting Jeff Grinnell at jgrinnell@nycoutwardbound.org or call 718-706-9900 Ext 132. All participants **must submit a Medical form and Liability Release at least one week prior to participation**. All completed forms should be directly faxed to our confidential medical fax #: **1-888-481-1686**. No one will be allowed to climb without the proper paperwork. Once the paperwork is on file, it will remain valid for the entire 2012-2013 school year. Should new medical conditions arise, it is your responsibility to notify the Admissions Manager upon signing up for a session.

Important Safety Information:

- Climbing is a physically strenuous activity. It raises heart rates, and uses every major muscle and skeletal group. People with medical issues that might be affected by strenuous activity should consult their doctor before participating.
- Climbing is a potentially dangerous activity and requires focus, attention, and seriousness to be managed safely. All participants must obey all policies and procedures while at the climbing wall. A Site Manager supervises all staff and students, and has authority to remove any participant.
- The area around LIC Headquarters is a high traffic area with difficult and dangerous street crossings. Participants should obey all traffic regulations. Travel to and from open sessions is entirely the responsibility of each participant, student, and their families.
- NYC Outward Bound accepts no supervision responsibility beyond the climbing wall area. We recommend students come in groups and with teacher or parent supervision (parents who have filled out the proper paperwork may also participate).

Wear / Bring:

- Wear loose fitting comfortable clothing
- Wear layers appropriate for the temperature
- A sense of adventure!

We provide:

- Harnesses, helmets, and shoes for everyone
- Water
- Light snacks (i.e. granola bars, Fig Newtons)
- Instruction

General Information:

• Network Climbs at NYC Outward Bound's 60' outdoor rock climbing wall are organized for NYC Outward Bound Network teachers and students to use our artificial rock climbing facility to promote the values of challenge, adventure, and fitness. Along with paid staff, we use teachers, students and other volunteers who are trained to manage climbs.

Even in light rain, climbing can be safe and fun. However, a steady rain may necessitate a cancellation.



Instructor Notes

Youth Confidential Medical Record

Office Use Only

Follow-up

INSTRUCTIONS: All the questions on this form are important. The answers are needed in order to assess your level of participation in the program.

PART I General Information Program/Course _____ Date _____

Applicant Name, Address, City/State/Zip, Home Telephone, Cell, Gender, Age at Program Start, DOB, Height, Weight, Do you speak/understand English?

Parent/Custodial Guardian (if applicant is under the age of 18) Name, Email, Preferred Telephone #1, Preferred Telephone #2

Emergency Contact (not parent/guardian) Name, Relationship, Preferred Telephone #1, Preferred Telephone #2

Ethnic Background (Optional) Asian, Multi-Ethnic, Hispanic or Latino, Caucasian (Non-Hispanic), Native Hawaiian or Pacific Island, African American, American Indian/Alaskan Native, Do Not Know Ethnicity, Other

Insurance Information Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance IF YOU HAVE INSURANCE, PLEASE ATTACH A PHOTOCOPY OF BOTH THE FRONT AND BACK OF YOUR INSURANCE CARD.

PART II Medical Information

A. Serious Medical Conditions Please check any of the following that apply and provide details and/or restrictions below:

None (or list below), Blood Disorder, Insulin-Dependent Diabetes, Seizure Disorder/Seizure w/in the past year, Heart Disease or heart issue, Asthma, Head injury in the past year in which you lost consciousness, Other

Please explain: _____

B. Additional Medical Information Please check any of the following that apply and provide details and/or restrictions below:

Use of medical device, Currently Pregnant, Dietary Restrictions, Other

Please explain: _____

C. Please list any allergies you have, including allergies to medicines, foods, insect bites/stings:

None (or list below), Allergy to: _____ Reaction _____ Medication used _____

D. Medications Please include psychiatric medication, over the counter medication, inhalers, and herbal supplements

None (or list below), Medication: _____ Start Date _____ Medication: _____ Start Date _____

E. Personal History Please check any of the following that apply:

Are you in counseling now or have you been within the past 1 year? Yes No, Have you experienced or been diagnosed with any of the following: Suicidal thoughts, Eating Disorder, Violent Behavior, Schizophrenia, Bipolar Disorder, Anxiety, Major Depression

PART III Signature

All information will remain confidential except that information may be disclosed to a medical provider as needed for my (or my child's) care. Over the years, many students with a variety of medical/psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you (or your child) and fellow participants.

Applicant's Signature, Date, Parent's/Guardian's Signature, Date

(Required if applicant is under 18 years of age OR if applicant is from Alabama or Nebraska and under 19 years of age OR if applicant is a resident of Mississippi and is under the age of 21)



NEW YORK CITY OUTWARD BOUND CENTER, INC.
ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of New York City Outward Bound Center, Inc., and its chartering organization, Outward Bound Inc., (collectively referred to as "NYCOBC"), participant (and parent or legal guardian of a minor participant) acknowledge(s) and agree(s) as follows:

I understand that participant (and parent) share(s) the responsibility for participant's safety. I have (or my child has) no mental or physical problems or limitations that might affect my (or my child's) ability to participate that have not been disclosed to NYCOBC in writing. I have had the opportunity to ask questions about the activities and the risks of the program in which I (or my child) will participate. I agree to obey all NYCOBC rules, regulations, and policies (and have my child obey them).

The activities in which I (or my child) may participate will depend on the program in which I am (or my child is) enrolled and may be physically strenuous. These activities may include but are not limited to: hiking; camping; rock, wall or tower climbing; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); physical problem-solving activities; water activities including swimming; vehicle travel; and community and other service projects that may involve using power tools. I understand that I (or my child) may engage in other activities not described above. It is impossible to know or list every risk associated with every activity; however, I understand the risks I (or my child) may encounter include but are not limited to: slipping, falling, being struck by or striking objects, persons or the ground; improper or malfunctioning equipment or structures; disease carrying or poisonous plants, insects, or animals; and physical contact with other participants. These and other risks are inherent to the activities; which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an NYCOBC program involves inherent risks and other risks, including some not described above, that can cause or lead to death, injury, illness, or property damage. I understand that NYCOBC cannot assure my (or my child's) safety and does not seek to eliminate all of these risks, in part, because they facilitate educational and other objectives. I agree to assume all of the risks of the activities in the program, whether inherent or not, and even if not described above.

I hereby forever release, waive and discharge NYCOBC and each of NYCOBC's respective agents, affiliates, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively "the Released Parties") from, and agree not to pursue a claim or sue the Released Parties or any of them, for any liability, claim, or expense in any way associated with my (or my child's) enrollment or participation in the NYCOBC program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child's) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse them for money they are required to pay, including attorneys' fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, heir, next of kin, assigns, a co-participant, or any other person for any claims related to my (or my child's) enrollment or participation in the program or my (or my child's) use of equipment or facilities, including claims that the Released Parties were negligent.

I agree that the substantive law of New York (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in New York. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. NYCOBC has permission to use my photo or image for sale or reproduction in any manner it desires, including advertising or display.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF MY CHILD. I AGREE, ON MY OWN AND ON MY CHILD'S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama or Nebraska and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, at least one parent or legal guardian must sign the release in addition to the participant signing.

Participant signature Date Print name here Date of Birth and Age
Parent or Guardian signature Date Print name here