

# HIGH SCHOOL ROCK CLIMBING TRIP



SATURDAY 11th (6:00AM) - Sunday 12th  
(8:30PM) Optional - Stay at the church  
Friday night 9:00PM (avoids the early  
morning drop off)

\$75 includes all transportation costs,  
camping, gear and 2 days of Rock  
Climbing Instruction.

Forms and money due September 5th. All  
forms must be filled out in their entirety.

Questions: Call or e-mail Matt  
303-704-8075;  
[matt.whitt@southsuburban.com](mailto:matt.whitt@southsuburban.com)

# ROCK CLIMBING

Turn in to Matt or Phil with \$75 payment (to South Suburban Christian Church) ASAP to reserve your spot - all forms must be in by Sunday September 5th.

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F  
Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
School \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

## **Medical Release**

Parent or Guardian \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Please indicate all known allergies, recent injuries or illnesses, current medications, restrictions, dietary requirements, or other necessary

medical information \_\_\_\_\_  
\_\_\_\_\_

SSCC Youth Ministry may administer over the counter medications such as Tylenol with the following exceptions: \_\_\_\_\_  
\_\_\_\_\_

## **Alternate Emergency Contact**

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

We hereby give my child permission to go to South Suburban Christian Church Youth Ministry's Rock Climbing Sept. 10-12. If my/our child chooses not to honor the retreat rules, I/We realize that they will be sent home at my/our expense.

I/We, who by law may do so, authorize the administration of medical treatment to she/he who is subject of this form. I understand all reasonable safety precautions will be taken by South Suburban Christian Church. I do not hold South Suburban Christian Church or its agents liable for any accident, injury or disease by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact the person(s) immediately.

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_



## SOLID ROCK OUTDOOR MINISTRIES

---

- 617 Plaza Ct, Laramie, WY 82070
- Telephone: 307.755.0642
- Toll Free: 888.721.9110
- Web: [www.srom.org](http://www.srom.org)
- 

Dear SROM student,

Congratulations! SROM is excited you are coming on a course with us! Your course is going to be a life changing experience. It is not "coincidence" that you will be participating in one of our courses. We believe God chooses and calls people to SROM courses. You are special to God, and to us.

Your course does not start the day that you leave for the backcountry. It starts now! **The preparation you do now will determine your success and achievement while on your course.** Please do not wait until the last few weeks to prepare for your course. We have provided information that will help you with your preparations. Please read all the information carefully. We hope that a holy expectation grows within you as you prepare.

If you have any questions after you have read through your course information, please do not hesitate to contact us. Know that we are praying for you. May God bless you and keep you. We look forward to seeing you soon.

Living for the Kingdom,

SROM Programming Staff

**Solid Rock Outdoor Ministries  
Confidential Medical History and Information Form**

*All information will remain confidential. Many participants with a variety of medical difficulties have successfully completed our courses, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you and your fellow participants. Our students are precious to us; help us provide the best care possible.*

**General Information**

Name of SROM course you are attending: \_\_\_\_\_  
SROM Course Dates: \_\_\_\_\_  
Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Birthday (M/D/Y): \_\_\_\_\_ Current Age: \_\_\_\_\_ M / F (circle) Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Physician's Telephone and Address: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_

**Health Insurance**

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_  
Address: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_

**Medical History**

Name any illnesses or conditions for which you are now under treatment: \_\_\_\_\_  
\_\_\_\_\_

List any prescription or over the counter medications you are currently taking and their dosage:  
\_\_\_\_\_  
\_\_\_\_\_

List any medical equipment you are currently using: \_\_\_\_\_

*In order to prevent loss or forgetfulness, all prescription medications belonging to minors will be held by a SROM instructor and self administered by the student. PLEASE DO NOT TAKE YOUR CHILD OFF NEEDED MEDICATION FOR THIS TRIP. Exceptions will be made for asthma medications. Please make sure all asthma medications are clean and full.*

**If you have had any of the following illnesses, state year of occurrence:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chickenpox _____      | <input type="checkbox"/> Colitis/IBS _____        | <input type="checkbox"/> Jaundice _____         |
| <input type="checkbox"/> Measles _____         | <input type="checkbox"/> Ulcers _____             | <input type="checkbox"/> Meningitis _____       |
| <input type="checkbox"/> Mumps _____           | <input type="checkbox"/> Bladder Infections _____ | <input type="checkbox"/> ADD/ADHA _____         |
| <input type="checkbox"/> Poliomyelitis _____   | <input type="checkbox"/> Diabetes** _____         | <input type="checkbox"/> Bipolar Disease _____  |
| <input type="checkbox"/> Mononucleosis _____   | <input type="checkbox"/> Cancer _____             | <input type="checkbox"/> Schizophrenia** _____  |
| <input type="checkbox"/> Rheumatic Fever _____ | <input type="checkbox"/> Asthma _____             | <input type="checkbox"/> Depression _____       |
| <input type="checkbox"/> Tuberculosis _____    | <input type="checkbox"/> Arthritis _____          | <input type="checkbox"/> Eating Disorders _____ |
| <input type="checkbox"/> Hepatitis _____       | <input type="checkbox"/> Heart Disease _____      | <input type="checkbox"/> Kidney Stones _____    |
| <input type="checkbox"/> Seizures _____        | <input type="checkbox"/> Anemia _____             | <input type="checkbox"/> Other _____            |

If you have had any of the following in the past five years, describe the problem and treatment.

Dislocations: \_\_\_\_\_ Fractures: \_\_\_\_\_  
Concussions: \_\_\_\_\_ Sprains or Strains: \_\_\_\_\_

If you have, or have had, any of the following symptoms or conditions, please circle "yes" and describe the problem below. If not, circle "no".

- Dizziness, loss of consciousness, or recurrent headaches yes / no  
*If yes to all \*\**
- Eye, ear, nose, throat, or sinus problems yes / no
- Impairment of sight, hearing, or speech yes / no
- Chest pain, shortness of breath, palpitation, swelling of ankles, heart murmur, high blood pressure yes / no  
*Except for Asthma, is yes to any, \*\**
- Chronic cough yes / no
- Leg cramps yes / no
- Troublesome skin conditions yes / no
- Symptoms related to the gastrointestinal tract (i.e. recurring abdominal pain, diarrhea, passing of blood, etc.) yes / no
- Muscle, joint or back pain, bursitis, yes / no
- Severe menstrual cramps yes / no
- Psychiatric condition, suicide attempts or intentions\*\* yes / no
- Do you smoke or chew? yes / no      How much \_\_\_\_\_

Give details in regards to any of the above questions where you circled "yes": \_\_\_\_\_

Rate your fear of heights on a scale 1-10; 1 being no fear and 10 being extreme terror: \_\_\_\_\_

List any medications to which you are allergic: \_\_\_\_\_

List any allergies (food, wool, bee stings, poison ivy, etc.): \_\_\_\_\_

Name any injuries, illnesses or disabilities not already mentioned and list the year of occurrence and describe treatment : \_\_\_\_\_

List hospitalizations within the past 2 years:

Date/s: \_\_\_\_\_ Hospital Name: \_\_\_\_\_ Location: \_\_\_\_\_

Illness: \_\_\_\_\_

Date of last chest x-ray, if any: \_\_\_\_\_ Results: \_\_\_\_\_

Check which immunizations have been given and the date administered:

\_\_\_ Diph/tetanus: \_\_\_ Measles: \_\_\_ Polio: \_\_\_ Hep A: \_\_\_ Hep B: \_\_\_

Are you now under treatment of a psychiatrist? \*\* yes / no

Psychiatrist's name, address, phone: \_\_\_\_\_

Have you attended a psychiatric clinic in the past 2 years? yes / no

If yes, give general details: \_\_\_\_\_

Any problems from the misuse of drugs? \_\_\_\_\_

**\*\*If you have answered yes to one of these questions, a physician's of psychiatric release is REQUIRED for your participation on a SROM course. Release forms are available from the SROM office. Please submit a signed release form or signed doctor's note along with this medical disclosure form.**

**Consent is hereby given for the applicant to attend a SROM course and permission is given for any emergency anesthesia, operation, hospitalization, or other treatment that might become necessary. SROM reserves the right to require a physical or psychiatric release for participation. If you are unable to participate physically in a program because of a pre-existing condition that was not indicated on your medical form or failure to submit a needed doctor's release, you will not receive a refund.**

Course Participant Printed Name: \_\_\_\_\_

Course Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Printed Name (if applicant under 18 yrs): \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SROM Counter signature \_\_\_\_\_ Date \_\_\_\_\_

Course Participant Printed Name \_\_\_\_\_

## **Acknowledgment of Risk and SROM Safety Policies** **This is a legally binding document**

SROM has been operating since 1983. Since then we have taken thousands of students into the back country to learn technical outdoor activities, develop leadership skills, and be transformed spiritually. Since the start of operation, SROM has not had a serious accident or injury. However, this is not a guarantee that there will not be a serious accident or injury in the future.

It is important that you partner with us in keeping the program accident free. Activities ranging from simple day hikes to climbing mountains can, due to errors in judgment or the unpredictable forces of nature, become dangerous and potentially life threatening. The risk of injury, even serious injury or death, is unavoidable in the outdoor environment in which we teach. But together we can work to minimize risks, respond appropriately to them, and in some cases, prevent them.

Some risks are unavoidable, some are not. At SROM we specifically and methodically choose appropriate amounts of risk. In camp, cooking through the rain is an acceptable risk, but being high on a mountain during a lightning storm is not. Your instructors are well trained to assess risk and determine if it is acceptable based on the goals of your course. SROM also has an external Risk Management Committee that reviews the program and provides objective oversight. Additionally, SROM is accredited by the Association of Experiential Education (AEE). All policies and procedures are reviewed by the AEE. This means that as an accredited organization, SROM meets the highest standards in the industry for risk management, staff training, and programming. It is important that you know that even with all these efforts in preventing and minimizing risk, accidents and injuries can still happen.

Described below are some but not all of the hazards, followed by our policy for managing the risk. These procedures will be explained before your course leaves for the field and while in the field. However, we want you to be aware of them before you arrive so that if you have questions or concerns, you may speak with us beforehand. *Remember, these are not all of the risks inherent in the activities in which you will participate.*

Please read this document thoroughly. INITIAL THE BOTTOM OF EACH PAGE that you understand each procedure above and will abide by it. *If you are under 18, your parent must sign their initials beside yours.* After you have read and initialed this document, sign at the close. This is a legally binding document. If you have any questions or wish to discuss something, please call us at 307.755.0642.

Student initials \_\_\_\_\_

Parent initials \_\_\_\_\_

## Transportation

**Hazard:** Traveling in a motor vehicle can be dangerous.

**Preventive Procedure:** All individuals will be required to wear a seat belt and comply with any and all posted policies while riding in a motor vehicle.

## Camping

**Hazard:** Outside of a container and exposed to an open flame, white gas is explosive and volatile.

**Preventive Procedure:** For this reason, you will fill your fuel bottle and change pumps away from the cooking area and the fire. Stoves will not be used inside the tents.

**Hazard:** In order to prepare your meals and to wash dishes you will be around scalding water.

**Preventive Procedure:** For this reason you must take extra precaution around pots of boiling water, using pliers or grips and caution when pouring. Also, no horseplay in the kitchen area

**Hazard:** Horseplay and carelessness can lead to injury from sharp objects such as knives, tree roots and tree branches.

**Preventive Procedure:** Therefore boisterous horseplay around camp will not be tolerated.

**Hazard:** Diarrhea is an unpleasant experience caused by untreated water and improperly washed dishes.

**Preventive Procedure:** You will treat or boil all sources of water. You will be a part of a cook team and one of your responsibilities will be to thoroughly clean community cooking items. You will also clean your own dishes and utensils.

**Hazard:** Weather conditions in the mountains can change rapidly. Overexposure to sun and cold can lead to heat or cold related injuries; and, in extreme cases, death.

**Preventive Procedure:** You must learn the symptoms and prevention of hypothermia. You must agree to follow all procedures given to you such as wearing proper cold weather fabrics, layering of clothing, wearing a wool hat, putting on extra clothing, avoiding overexposure to sun, wearing sunglasses and a cap, taking off clothing, and getting in the shade or using cold water or snow before overheating.

**Hazard:** When bathing or swimming in a mountain lake, there is a possibility for injury, hypothermia, or drowning.

**Preventive Procedure:** You will follow all instructor rules and guidelines, including no swimming without permission and direct instructor supervision.

**Hazard:** Wild animals live in the areas in which we conduct programming.

**Preventive Procedure:** You will follow all instructor rules and guidelines on how to address and respond to animal issues pertinent to your programming area.

Student initials \_\_\_\_\_

Parent initials \_\_\_\_\_

## Hiking

Other hazards mentioned above may apply here.

**Hazard:** When hiking it is possible to become separated from your party. You may become lost, disoriented, fearful and benighted alone.

**Preventive Procedure:** For this reason you will hike together as a group using procedures your instructors show you. If you are strong and fast you must realize that, the group cannot hike any faster than its slowest member. You must be understanding and patient. If you are a slow hiker, you must push yourself a little harder in order not to unduly slow the group.

**Hazard:** Dehydration can affect judgment, lead to an accident and be life threatening.

**Preventive Procedure:** You must drink 3-5 qts of water each day. This is far more than you are used to. You may also consume liquid in hot drinks and soup. You must drink water at every opportunity while on the trail.

**Hazard:** Exhaustion and fatigue can affect judgment and lead to an accident.

**Preventive Procedure:** Tell your instructor if you are exhausted. Tired or aching muscles are not exhaustion. Learn to tell the difference.

Keep your caloric intake high by eating *generous* portions at all your meals. DO NOT diet or attempt to loose weight! Ration your snack food in bites for energy on the trail. Do not eat all your snack food at once! Snacks are quick energy only.

**Hazard:** Poor fitting boots and improperly treated blisters can lead to painful and in some cases incapacitated feet.

**Preventive Procedure:** You must break in your hiking boots by wearing them daily for two weeks prior to your arrival. Change into dry socks and lighter shoes in camp. Take good care of your feet using moleskin for blisters on the trail when necessary. You must tell your instructor on the trail when you first feel a hot spot before the blister arrives.

## Climbing And Rappelling

Other hazards mentioned above may apply here.

**Hazard:** Falls on rock can lead to injury or death.

**Preventive Procedure:** You agree to do no solo bouldering or climbing. You must thoroughly follow all instructions given by your instructors. You will double-check all climbing systems for yourself and your buddy before you climb. You will belay your buddy as he/she climbs being attentive, zealous, and diligent for their welfare and safety.

**Hazard:** Head injury from fall or falling object.

Student initials \_\_\_\_\_

Parent initials \_\_\_\_\_

**Preventive Procedure:** You will wear an approved UIAA hard-hat at all times before, during and after your climb or rappel.

**Hazard:** Fall during approach or descent.

**Preventive Procedure:** You will watch carefully during the approach or descent of your climb and if at any time, you are uncomfortable or nervous you will not hesitate to ask for help or assistance. Before offering help or assistance to another, you yourself will be certain that you are safe and secure.

**Hazard:** Failure to follow directions can lead to an accident.

**Preventive Procedure:** If you are uncertain or unclear about a procedure you will not hesitate to ask questions or seek assistance.

## **General Attitude**

Going on a SROM course can be a life changing experience; however, at times it can be difficult and trying. Weather can be bad and mosquitoes annoying. Your fellow students can be a source of strength or irritation. At times, you will be tired, hungry, and sore. If you are interested *only* in having fun, then SROM is probably not for you. However, if you are willing to be tested and challenged in order to learn new skills and partake of an environment that is beautiful and awe inspiring, then SROM will be very much to your liking.

Prior to the season your SROM instructors undergo a rigorous training schedule designed to give them the skills necessary for wilderness education. Then they are field tested to gain the experience necessary to give you the best course possible. Your safety is their utmost concern. Whether you are a new or seasoned outdoorsman, student, or youth leader, your ability to follow their instruction or redirection is paramount to the safety of *everyone* on the course.

Therefore, in order to protect our students and instructors we ask that you agree to the following policies. **PLEASE INITIAL BESIDE EACH** to indicate your understanding and approval.

I will follow any and all directives from my instructor with the understanding that my welfare and the welfare of the group depend upon it. \_\_\_\_\_

I will display an attitude of cooperation even when it involves seemingly trivial or unpleasant things. \_\_\_\_\_

If I am a parent or youth worker I understand that SROM will work with me to accomplish the goals of my group. I do recognize that in order to reach this objective, SROM is in charge while under contracted time. \_\_\_\_\_

Student initials \_\_\_\_\_

Parent initials \_\_\_\_\_

Violation of these policies will result in a warning and if the behavior persists I will be removed from the course. If removed, I will assume all of my own costs, including food, transportation, and lodging.

Student initials \_\_\_\_\_

Parent initials \_\_\_\_\_

## Acknowledgment of Risk

*WARNING: There are significant elements of risk in any adventure sport, activity, or training associated with backpacking, mountaineering, rock climbing, and rafting. In consideration of services SOLID ROCK OUTDOOR MINISTRIES (SROM), their officers, employees, and all other persons associated with their business, I agree as follows:*

*I am aware that this activity entails risks of injury or death to myself. I agree to assume responsibility for the risks identified herein and those not identified herein. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I possess at least the following qualifications, which I understand are the prerequisites in this activity:*

1. I am aware that this activity entails risks of injury or death to myself. I agree to assume responsibility for the risks identified herein and those not identified herein. In addition, SROM will not be liable for any injury or death resulting from "acts of nature" and/or "acts of God."
2. Safety can only be accomplished by each student's compliance with all safety procedures and policies. It is mandatory that each student heed the instruction of all SROM instructors and administrators. Failure to follow instruction and procedure could lead to a student's removal from the course. In the event you are removed, you agree to assume all costs in returning home.
3. SROM will not be liable for any injury and/or death resulting from the intentional and/or negligent conduct of another student or person(s) not employed by SROM.
4. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of any and all risks.

*"I certify that I am (we are) mentally and physically fully capable of participating in a SROM course. Therefore, I assume full responsibility for myself, including minor children for which I am responsible, for bodily injury, accidents, illness, death, loss of personal property, and expenses as a result of participating in this activity. I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representatives, and estate, and for all members of my family including any minors accompanying me.*

Course Participant Signature \_\_\_\_\_

Course Participant Printed Name \_\_\_\_\_

Course Participant Address \_\_\_\_\_

Age \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

Guardian Printed Name (if applicant under 18 yrs) \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Guardian Address \_\_\_\_\_

Date \_\_\_\_\_

Office use only: REVIEWED BY : \_\_\_\_\_

DATE \_\_\_\_\_ COMMENTS \_\_\_\_\_

**Photo and Video Release Form**

**If the student is a minor then the guardian AND the student must sign this document.**

I, the undersigned, do hereby consent and agree that Solid Rock Outdoor Ministries (SROM), its employees, or agents have the right to take photographs, videotape, or digital recordings of me during the duration of my SROM course, and to use these in any and all media, now or at any point in the future. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I acknowledge SROM's right to crop or treat the photo/video at its discretion. I also acknowledge that all images--electronic, negatives and positives, together with the prints, are the property of SROM.

I agree to give SROM the right to use any photos/videos that I take during a SROM course, and thereafter turn over to SROM or its employees, in any and all media, now or at any point in the future.

I do hereby release to SROM, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever median is used. SROM reserves the right to discontinue use of photos without notice.

I understand that there will be no financial or other remuneration to me, either for the initial or subsequent use of photos/videos that SROM, or those associated with SROM take during my course. I also understand that there will be no financial or other remuneration to me for any photos/videos that I turn over to SROM or its employees.

Course Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_