

ROCK CLIMBING INFORMATION

KIRA ANDRILLA, CITY CLERK

City Of Little Falls, NEW YORK 13365

PHONE (315) 823-2400

FAX (315) 823-4406

You will need to fax your insurance information to us. (Our fax # 315-283-4406) You pay a \$15.00 registration fee when you come to climb (good for season). Each child will need the parental consent form filled out & brought with you. Also good for season & will be kept on file here. It is \$3.00 per person for the day. You will also have to show ID. If you climb during the week, come to our office with your information. If you come on the weekend, go to the Police Station with the same information. Both are located in City Hall. If you have any questions, please call the Clerk's Office at 315-823-2400

PARENTAL INDEMNIFICATION AND CONSENT

I, _____, residing at _____
(Parent or Legal Guardian)

_____ am the parent and/or legally appointed guardian

of _____. I hereby give consent for said child to rock
(Name of Minor)

climb at Moss Island, and in consideration of said child's being allowed to rock climb at Moss Island, I hereby agree to defend the City of Little Falls, New York, with competent counsel, indemnify, and hold it harmless against all actions, claims, or cause of action of any type against the City of Little Falls arising out of said child's participation in rock climbing at Moss Island, regardless of cause, including the negligent act or acts of the City of Little Falls, its employees or agents and including said child's promise to pay for attorneys' fees and disbursements, and court costs as stated above.

DATED: _____

Signature of Parent or Legal Guardian
Phone: () _____

STATE OF NEW YORK)
COUNTY OF SS:) ss:

On the _____ day of _____, 20____, before me personally appeared _____ to me known to be the person described in and who executed the foregoing instrument and acknowledged to execution of same.

NOTARY PUBLIC
Commission expires
