

**Trailhead Climbing & Outdoor Center, L.L.C.**  
New Customer Card

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

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

City / State / Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Belay Experience: [  ] Not Certified [  ] Certified from another source

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**Trailhead Climbing & Outdoor Center Climbing Rules**

- All belay person and lead climbers must be certified by Trailhead Climbing & Outdoor Center.
- Everyone must sign a waiver before climbing or bouldering.
- Be aware of your neighbors. The gym can be very busy at times and it is YOUR responsibility to be aware of fellow climbers and belayers. No climbing directly above or below other climbers.
- No smoking or alcoholic beverages. No food or drinks in climbing area.
- All belayers must be properly anchored.
- No loose chalk. Chalk balls and bags must be used.
- When bouldering, a spotter is recommended. No bouldering above 10 ft.
- Children under the age of 14 must have adult supervision.
- Check and recheck your carabiner. It must be locked and not side loaded.
- Lead climbers must use their own rope and adequate protection to eliminate ground fall potential. Helmets must be worn while lead climbing.
- Only climbing shoes or soft-soled shoes may be used.
- No one under the influence of alcohol or drugs is allowed on premises.

Trailhead Climbing & Outdoor Center reserves the right to deny facility access to any individual or groups permanently or for a specified period of time for breach of contract in following the safety rules, or for any conduct that is viewed by TC&OC as unsafe or inappropriate.

I have read and understand the above rules \_\_\_\_\_ (initial)

**Helmet Waiver**

(Must be signed if you will **NOT** wear a helmet)

I, the undersigned, recognize the dangers inherent in climbing. I am voluntarily assuming all the risks since I wish to climb. I realize I am subject to injury from this activity, and that no form of preparing can remove all of the danger to which I am exposing myself. I am aware of the safety policy. I am refusing the use of critical safety protection.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Print Name \_\_\_\_\_

**OVER----->**

