



First Initial  
Of Last Name



## 2010 Rock Climbing Permit

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

Address: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Sex: M F Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

**Valid from January 1, 2010 to December 31, 2010**

**I have read the Rules and guidelines for technical climbing and agree to comply with them. I understand that climbing is at my own risk and that the City of Colorado Springs does not install, inspect or maintain the fixed protective devices.**

Name (please print): _____ (Parent/Guardian if under 18) Signature: _____ Date: _____
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Registration must be filed at the Garden of the Gods Visitor & Nature Center  
1805 North 30th Street, Colorado Springs, CO 80904

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