
First Initial
Of Last Name



All forms due by
June 30, 2014

**2014
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, 2014 to December 31, 2014

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: _____

Registration must be filed at the Garden of the Gods Visitor & Nature Center
1805 North 30th Street, Colorado Springs, CO 80904

OS 1462-09

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