



# 2024 OHIO TREE CLIMBING CHAMPIONSHIP

## REGISTRATION DETAILS & INSTRUCTIONS



**WHEN:** Friday, **April 26**, 3:00 pm – 7:00 pm  
**Mandatory Gear Check & Belayed Speed Climb Event**  
Saturday, **April 27**, 8:00 am – 5:00 pm, Competition & Awards

**WHERE:** Spring Grove Cemetery, 4521 Spring Grove Ave., Cincinnati, OH 45232

Effective now through March 15, in-state climbers can register for the Ohio Tree Climbing Competition. An “in-state climber” is defined as an individual who resides or works in Ohio. Up to two (2) in-state climbers per division (male/female) from any company/organization located in the state of Ohio are eligible to register by the deadline. After this deadline, all other in-state climbers, as well as any out-of-state climbers, are eligible to register on a first-come, first-served basis. The defending men’s and women’s champions are not included in the total climbers allowed per company/organization. The maximum number of climbers in the competition, including the defending champions, will be thirty (30); subject to change by the Ohio Tree Climbing Championship Committee. **In-state climbers must be current Ohio Chapter ISA members in order to compete.**

The entry fee is \$100.00 per person. Entry fee is non-refundable; however, it may be transferred to another individual from the same company. **Pre-registration is required.**

To register, complete all sections of the registration form and return it with the entry fee. Upon receipt of forms and payment, competitors will be provided with a digital link to the ITCC Rule Book and the gear inspection forms.

Contestants may compete in five preliminary events to qualify as one of the top contestants to earn the right to advance to the championship round – the Masters’ Challenge. The preliminary events include **Ascent, Belayed Speed Climb, Aerial Rescue, Work Climb, and Throwline**. The top in-state contestants who have accumulated the highest combined point totals for the preliminary events will advance to the Masters’ Challenge. Unless otherwise dictated by ITCC, the Masters’ Challenge will be on an “accumulative” format; points earned during the preliminary events by the top contestants are carried forward into the Masters’ Challenge. Out-of-state climbers may participate in all preliminary events and are eligible to place in these events. Only in-state climbers can advance to the Masters’ Challenge.

**The male and female division winners of the 2024 Masters’ Challenge will have an opportunity to represent Ohio at the 2024 ITCC in August.**

**Questions?** Please contact Ohio Chapter ISA at (614) 771-7494 or email [info@ohiochapterisa.org](mailto:info@ohiochapterisa.org).

**To Secure Your Spot**  
**Complete the Participant Registration Form and**  
**mail the form with full payment to:**  
**Ohio Chapter ISA, PO Box 267, Baltimore, OH 43105-9998**

**OR**

**Use our Secure Online Registration at [www.OhioChapterISA.Org](http://www.OhioChapterISA.Org)**



## Participant Registration Form



### OHIO TREE CLIMBING CHAMPIONSHIP

April 26-27, 2024 at Spring Grove Cemetery in Cincinnati

**Participant Name:** \_\_\_\_\_

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

**Cell #:** \_\_\_\_\_

**City, State:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

#### Emergency Contact

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

**Cell #:** \_\_\_\_\_

Relationship of Emergency Contact (Please Check One):

☐ Spouse ☐ Parent ☐ Sibling ☐ Boss ☐ Other (Please describe) \_\_\_\_\_

1. Registration Type: ☐ Competitor ☐ Volunteer

2. Competition Division: ☐ Male ☐ Female

3. Are you a member of Ohio Chapter ISA? ☐ Yes ☐ No

4. Participants receive an event shirt. Please provide your unisex shirt size:

☐ S ☐ M ☐ L ☐ XL ☐ 2XL

5. Please indicate known allergies: \_\_\_\_\_

6. Participants must be at least 18 years of age. Are you or will you be at least 18 on April 26, 2024?

☐ Yes ☐ No

#### PUBLICITY CONSENT

By participating in the Event, I authorize the Ohio Chapter ISA, event volunteers, and other contracted individuals' permission to take photographs or videos of me that may be used and published in either print or electronic media. I also authorize the Chapter to provide event photos that may include my image to commercial entities, such as event sponsors, for use in promoting their participation and support of the event. I authorize that with or without said photographs, the Chapter may publish my name for any lawful purposes such as publicity materials, media releases, social media, and advertising.

#### INSURANCE

Event participants are strongly encouraged to have comprehensive, personal health (medical) insurance throughout their participation. We also strongly recommend that participants have disability insurance coverage. Participants should confirm that their insurance plan(s) covers medical expenses in the event of an injury during this event.

Participants must have their health insurance information, including the insurance provider and policy number, readily available during the event in case of an emergency. Participants should also provide that insurance information to the emergency contact they provide on these forms.

The Ohio Chapter ISA maintains a supplemental medical insurance policy on behalf of participants for the Event. The Event policy is a supplemental and secondary insurance plan and is not intended to replace the personal health and disability insurance policies of the participant.

## OHIO TREE CLIMBING CHAMPIONSHIP REGISTRATION FORM CONTINUED

### PARTICIPANT AGREEMENT AND RELEASE

You must read, accept, and sign this Agreement before participating in the Ohio Tree Climbing Championship. In consideration of being permitted to participate in this Ohio Tree Climbing Championship (the Event), I understand and agree:

1. Release of Claims: I release and discharge the ISA/ITCC, the Ohio Chapter ISA, their officers, directors, members, employees, volunteers, representatives, and respective successors and assigns (Releasees) from and against any present and future loss, damage, action, liability, or claim (claims), known or unknown, relating to or arising from my participation in, or association with, the Event.
2. Assumption of Risk: I accept and assume the risks, known and unknown, related to my participation in the Event, including, but not limited to, injury or damage arising from, or related to, the negligence or actions of the Ohio Chapter ISA or other parties.
3. No Physical or Medical Limitation: I am unaware of any disease, injury, or any other physical or medical condition that would impair or limit my ability to participate in the Event. I understand that the Ohio Chapter ISA encourages all participants to maintain appropriate health insurance throughout their participation in the Event because of the risks of serious injury.
4. Risk of Injury: Risk of serious bodily harm, injury, paralysis, or death, as well as damage to my equipment and personal property, may occur with respect to my participation in the Event, including, but not limited to, activities related to climbing, aerial lifts, the use of equipment and facilities, officiating, and proctoring.
5. Indemnification of Releases: I will indemnify, defend, and hold the Releasees harmless from and against any loss, damage, claim, demand, action, judgment, fine, penalty, or liability, including costs and attorney fees, incurred by the Releasees resulting from, arising out of, or related to my participation, involvement, or association with, the Event.
6. Insurance: I understand that the Ohio Chapter ISA strongly advises all Event participants to maintain personal health insurance throughout their participation in the Event. The Event is covered under the insurance of a private insurance broker, secured, and bound by the Ohio Chapter ISA for supplemental medical insurance on behalf of participants in the Event. This supplemental medical insurance policy may provide a benefit of up to \$250,000 (USD) for medical costs associated with an injury sustained during participation in the Event. I further understand and agree that this medical insurance policy: (a) applies only to this Event; (b) conditioned on my compliance with, and satisfaction of, the terms and conditions of all Agreements between the Ohio Chapter ISA and the insurance broker/carrier, and the insurance policy; (c) supplemental and secondary to my health insurance; and, (d) limited only to eligible costs in excess of my insurance benefits and may not apply to co-pays, deductibles, and other insurance costs. I further understand and agree that the Ohio Chapter ISA does not covenant, agree, or promise to continue to provide the supplemental medical insurance policy, and it may cancel such policy at any time.
7. Compliance with Event Rules: I will comply with and abide by all rules and regulations issued, adopted, published, or otherwise issued by the Ohio Chapter ISA related to the Event, including, but not limited to, the ISA ITCC Rule Book; and all instructions, rulings, and directions of the Event officials and personnel.
8. No Employer Objection: If required by my employer, I have informed my employer of my participation in the Event, and my employer has not objected to such participation.
9. Agreement Term: This Participant Agreement and Release will remain valid for this Event only.
10. Governing Law: This Participant Agreement and Release will be governed by and construed following the laws of the State of Ohio. To the extent permitted by governing law, I hereby waive any applicable law, rule, or regulation that would invalidate or otherwise limit any term of this Participant Agreement. If any court of competent jurisdiction determines any term in this Participant Agreement to be invalid or unenforceable to any extent, such term(s) shall be severed, and the remaining terms of this Participant Agreement shall remain in full force and effect.
11. Parties: All of the terms of this Participant Agreement and Release, apply to, and bind, me, and my heirs, assigns, personal representatives, and executors.

**I have read and understood the terms and conditions of the event. By signing below, I hereby accept and agree to all such terms and affirm that I am 18 years of age or older. I understand that I am voluntarily giving up legal rights by accepting the terms of my registration.**

**Participant Name (Please Print):** \_\_\_\_\_

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_