



OHIO TREE CLIMBING CHAMPIONSHIP ~ Collegiate Event Participation Form



WHEN: Saturday, April 27, 2024
TIME: 11:00 am Gear Check; 12:00 Competition followed by Awards
WHERE: Spring Grove Cemetery, 4521 Spring Grove Ave., Cincinnati, OH 45232

Contestants must be a full-time student at a 2- or 4- post-secondary school, high school junior or senior, or attending an Ohio technical school. **Pre-registration is required.** To register, complete all sections of the registration form. Upon receipt of forms, competitors will be provided with a digital link to the collegiate competition rules and the gear inspection forms and receive 12 months Ohio Chapter ISA member benefits. Contestants will compete in a modified Work Climb event in conjunction with the Ohio Tree Climbing Championship

Participant Name: _____ **Cell #:** _____
Address: _____ **Email:** _____
City, State: _____ **Zip Code:** _____
School Name: _____ **City:** _____
Emergency Contact Name: _____ **Cell #:** _____

*Relationship of Emergency Contact (Check One): ☐ Parent/Guardian ☐ Sibling ☐ Spouse ☐ Advisor

*Competition Division: ☐ Male ☐ Female *Participants may receive an event shirt. Unisex shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ 2XL

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 must have comprehensive, personal health (medical) insurance throughout their participation. 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.

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Agreement Term:** This Participant Agreement and Release will remain valid for this Event only.
- 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.
- 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:** _____

For Parent/Guardian of Participants Under 18 Years of Age

I hereby certify that, as the parent or guardian of the minor Participant, I consent and agree to the terms of this Participant Agreement for the minor Participant and myself, my heirs, assigns, and next of kin. I hereby release and agree to indemnify and hold harmless the Releasees from any liability incident to my minor child's participation in or involvement with this Event, even if arising from the negligence of the Releasees.

Minor Participant Name: _____ **Parent/Guardian Name:** _____

Parent/Guardian Signature: _____ **Date:** _____

To Secure Your Spot
Mail completed form to: Ohio Chapter ISA, PO Box 267, Baltimore, OH 43105-9998 OR
Use our Secure Online Registration at www.OhioChapterISA.Org
Questions? info@OhioChapterISA.org