



SCSU Outdoor Endeavors COMMUNITY CLIMBING WALL PASS

NAME: _____

PHONE: _____

ID#: _____

EMAIL: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

*Community members under the age of 18 must be accompanied by a parent or guardian when purchasing a community climbing wall pass.

_____ Summer Session \$45

_____ Fall Semester \$45

_____ Spring Semester \$45

*exact dates vary based on academic calendar

FOR OFFICE USE ONLY
Cashier's Name: _____
Total Fee Paid: _____
Date of Transaction: _____

I am entering this facility at my own risk and am responsible for injuries I may incur as a result of participation in this facility. This pass is valid only for access to the SCSU Climbing Wall and related programs. All participants must have release form on file with SCSU Outdoor Endeavors that is valid for one (1) year from date of signature. This pass pertains only to access for open climbing hours designated and is not valid for instructional programs, trips or clinics. SCSU Outdoor Endeavors reserves the right to revoke this pass due to negligence or misconduct at any time.

SIGNATURE: _____

DATE: _____

*Parent or guardian must sign for those under the age of 18



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