

Grey Sauble Conservation Authority  
**Old Baldy Rock Climbing Permit Application ZONE #3004**

*Indemnity and Release of Liability*

In 2015, we changed the Rock Climbing Permits to Day Pass or a Seasons Pass with the Pay with your phone system. Climbing/Parking FEE – “Pay with your Phone” parking system. You can call toll free – 1-844-334-7078 and select the ZONE Number at Old Baldy #3004. OR Pay by App – MacKay Ap OR Pay be Web – mackaypay.com. You must agree with the Climbing Agreement in the “Pay with your Phone” system.

OR completing this form and sending to Grey Sauble Conservation Authority from 8:30 a.m. to 3:30 p.m., Monday to Friday.

I have read the Indemnity and Release of Liability and accept its terms below.

I am an experienced rock climber.

I have read the rock climbing guidelines (Schedule A) and agree to follow those guidelines.

In consideration of my being permitted to participate in the activity of recreational rock climbing at the Old Baldy Conservation Area, I hereby for myself, my heirs, executors, administrators and assigns, release and forever discharge the Grey Sauble Conservation Authority, their officers, managers, servants, agents and volunteer leaders (all of whom are now referred to as the G.S.C.A.) from any and all lawsuits or actions, claims or demands by reason of any damage, loss, death or injury to myself or to my property arising from my participation in rock climbing notwithstanding that the same may have been contributed to or occasioned by the negligence of the G.S.C.A.

I agree to save, hold harmless and indemnify the G.S.C.A. from and against all lawsuits, claims, actions, costs or expenses in respect to any death, injury, loss or damage to myself or my property howsoever caused arising out of or in connection with rock climbing whether the same may have been contributed to or occasioned by the negligence of the G.S.C.A.

I recognize and acknowledge that there are inherent risks and hazards involved with participation in rock climbing, including but not exclusively, such hazards as danger from avalanches, rock fall, sudden changes in weather, falls on steep terrain, failure of climbing equipment, and the possibility of becoming lost, as well as all other hazards associated with hiking, rock and ice climbing, mountaineering, wilderness travel, and the other permitted activities of the G.S.C.A., and I agree to assume all such risks and hazards, and I further agree to bear all costs of rescue or medical attention rendered to me personally.

**I understand that there is a \$40.00 administration fee for this permit, which will expire December 31st of this year.**

The personal information being collected on this form is for the sole purpose of permitting the Grey Sauble Conservation Authority to undertake a project as defined in accordance with the Conservation Authorities Act, R.S.O. 1990. During the review, approval, implementation and future monitoring of this project, it is possible that some or all of this personal information may become part of the public record. Questions about this collection should be directed to the Freedom of Information and Privacy Co-ordinator at the address below.

I recognize and accept this fact in releasing this information.

**PLEASE PRINT CLEARLY!**

Date: \_\_\_\_\_

Visa#: \_\_\_\_\_

Signature: \_\_\_\_\_

Master Card#: \_\_\_\_\_

Name: \_\_\_\_\_  
(PLEASE PRINT AS IT APPEARS ON CREDIT CARD)

Expiry Date: \_\_\_\_\_

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

I hereby authorize you to debit my Credit Card for this Climbing Permit.

City: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Postal Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Please return this completed form to:**

Grey Sauble Conservation Authority

R.R. #4, 237897 Inglis Falls Road

Owen Sound, Ontario N4K 5N6

Phone Number (519) 376-3076

Fax Number (519) 371-0437

Work Fax Number: \_\_\_\_\_

(If faxing your application)

Home Telephone: \_\_\_\_\_

\*\*You can fill out this on-line form and e-mail to:

[d.robinson@greysauble.on.ca](mailto:d.robinson@greysauble.on.ca)

Cell Phone: \_\_\_\_\_