



Erie County Department of Parks, Recreation & Forestry  
95 Franklin Street, Room 1260  
Buffalo, NY 14202

## **EIGHTEEN MILE CREEK COUNTY PARK ICE CLIMBING APPLICATION**

### **ALL ice climbing in Eighteen Mile Creek Park is limited to ROPED climbing only.**

- If applying in person at Parks Department Downtown office, applicant must provide a valid Photo ID at time of application. If mailing application to Parks Department office, this form must be notarized to verify identity.
- Permit holder **MUST** abide by all park rules and regulations.
- This permit is not transferrable, and is only valid for the year it is issued.
- Dogs/ other pets are not permitted in climbing area, except for service animals.
- By signing this permit, you acknowledge that you possess the proper recreational climbing and safety equipment needed to climb at Eighteen Mile Creek County Park. Helmets are **REQUIRED** for all climbers.
- Climbing without a rope (ie. Free solo climbing) is strictly prohibited.
- Climbers agree to not climb in an area that is occupied by another party.
- Climbers agree to always climb with at least one other climber.
- This permit is valid **ONLY** for designated, established climbing areas in the park.
- Manufacturing new ice climbs is strictly prohibited. This includes but is not limited to damming or diverting surface water and moving soil or vegetation.
- All climbers must abide by rules of seasonal closures due to safety or wildlife protection.
- Permit holder agrees to have issued placard in dashboard of vehicle at all times climbing is taking place in the Park.

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### **Acknowledgment of Risk Climbing Permit**

#### **VALID FOR 2024 CLIMBING SEASON ONLY**

The holder of this permit climbs with knowledge of the dangers involved and assumes the risk of injury and death caused by the inherent dangers of the sport of recreational ice climbing. It is understood that the County of Erie; does not maintain the natural rocks, cliffs, waterfalls, or other natural features of the terrain, does not provide instruction in any manner, is not responsible for climbing protection on the cliffs/ waterfalls, or integrity of the bolted routes and the natural rock around those areas, and **IS NOT RESPONSIBLE FOR THE ACTIONS OF OTHER PATRONS USING THE PARK THAT MAY RESULT IN INJURY OR DEATH IN THE CLIMBING AREAS.**

- The holder of this permit recognizes natural hazards of the sedimentary rock face, forested, cliff terrain and assumes all risks of personal injury caused by such hazards.
- The holder acknowledges that skill and training are essential in ice climbing.
- Be aware of the existence of other climbers and hikers on the trails below the climbing routes.
- Use marked access trails only, carry out all personal litter and supplies, do not disturb plants and wildlife, abide by emergency route closures.
- Creation of new routes is strictly prohibited without prior approval from the County of Erie.
- No climbing at night or after park closure, or fires, camping, motor vehicles, glass containers, alcohol or poets below the cliff edge.

**Please fill in information on the back**



OFFICE USE ONLY:  
ANNUAL PERMIT # \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

Please fill out the following information as clearly as possible:

NAME: \_\_\_\_\_ DATE: / /

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: ( ) -

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: ( ) -

**EMERGENCY CONTACT CAN NOT BE SOMEONE THAT YOU ARE/ WILL BE CLIMBING WITH**

By signing this document, you state that you understand and agree with all the requirements and acknowledgments of risk in this permit:

CLIMBER NAME: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

CLIMBER SIGNATURE: \_\_\_\_\_ DATE: / /

NOTARY SECTION:

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

On the \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, before me personally appeared \_\_\_\_\_, known to be the person who signed the above and executed the foregoing Permit Application and he/she acknowledged to me that he/she voluntarily executed the same.

\_\_\_\_\_

My term expires

{SEAL}

GUARDIAN NAME (IF UNDER 18): \_\_\_\_\_

GUARDIAN SIGNATURE (IF UNDER 18): \_\_\_\_\_ DATE: / /

GUARDIAN PHONE NUMBER: ( ) -

NOTARY SECTION:

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

On the \_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, before me personally appeared \_\_\_\_\_, known to be the person who signed the above and executed the foregoing Permit Application and he/she acknowledged to me that he/she voluntarily executed the same.

\_\_\_\_\_

My term expires

{SEAL}