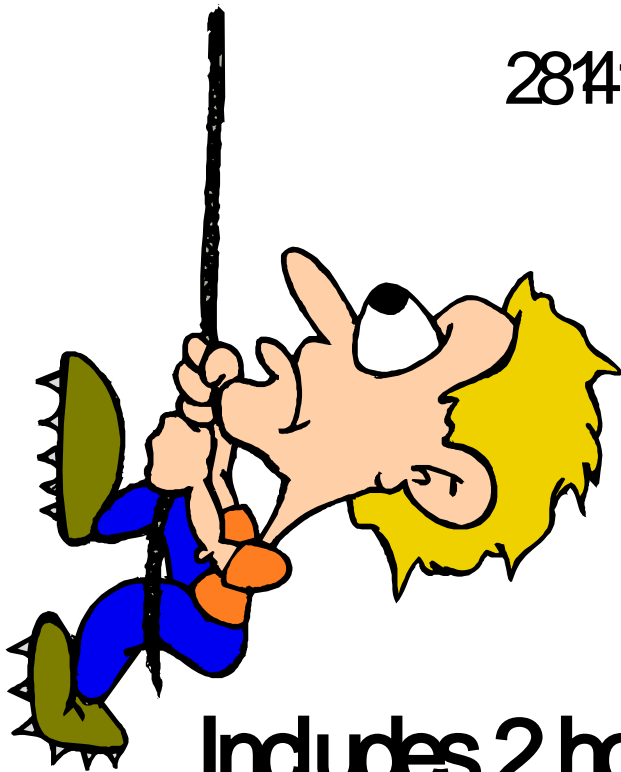


The Youth Community's Headed to:

Vertical Endeavors

2841 Diehl Road, Warrenville



Sunday,
February 12th
4 – 6:30 pm

Cost: \$18

Includes 2 hours of climbing and a
party room

Please bring a snack and drink to share

Feel free to bring a friend or two!

WE NEED TO KNOW IF YOU'RE COMING BY
FEBRUARY 5th SO THEY KNOW HOW MANY
EMPLOYEES TO ASSIGN TO US

**Includes 2 hours of climbing and a
party room**

**Please bring a snack and drink to
share**

**Feel free to bring a friend or
two!**

**WE NEED TO KNOW IF YOU'RE
COMING BY **FEBRUARY 5th** SO
THEY KNOW HOW MANY
EMPLOYEES TO ASSIGN TO US!**

**First Church of Lombard
United Church of Christ
Youth Community Vertical Endeavors Outing
February 12, 2012 from 4 – 6:30 PM**

Registration & Release Form

Participant
name: _____

Cost: \$18/person

**Participants are responsible for their own transportation to and from Vertical Endeavors. Try to carpool with friends!

The undersigned parent/guardian of the participant named above gives permission for that participant to participate in a Vertical Endeavors, **28141 Diehl Road, Warrenville, IL Telephone 630.836.0122** outing on **2/12/12 from 4 PM until 6:30 PM**, and assumes all responsibility for any injuries to that participant and any loss or damage of property that may occur. The undersigned also indemnifies and holds harmless First Church of Lombard, United Church of Christ, the Illinois Conference of the United Church of Christ, the United Church of Christ, and any and all leaders supervising such activity, against any and all direct or indirect claims and damages whatsoever in connection with this outing. Further, the undersigned grants permission to **Becky Kirsh** to obtain any needed medical treatment for this participant.

Parent/Guardian Signature

Date

Phone # where parent/guardian can be reached in an emergency _____

All Participants must have a current Emergency Medical Information Form on file at First Church. Copies are available in the church office or can be downloaded from our website.

****SEE BACK FOR VERTICAL ENDEAVORS' WAIVER****

RELEASE OF ALL CLAIMS, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

ADULT

CHILD

INTERNET WAIVER

Print First Name Middle Initial Last Name

Print First Name Middle Initial Last Name

WARNING, THIS AGREEMENT IS LEGALLY BINDING. BY SIGNING IT, YOU GIVE UP YOUR RIGHT TO RECOVER COMPENSATION THROUGH THE COURTS OR OTHERWISE, FOR ANY PERSONAL INJURIES OR DAMAGE TO YOUR PROPERTY, OR FOR YOUR DEATH, ARISING OUT OF YOUR USE OF THE ROCK CLIMBING WALLS OR EQUIPMENT, OR ARISING OUT OF YOUR PARTICIPATION IN CLASSES OR ACTIVITIES, INCLUDING TRANSPORTATION PROVIDED BY VERTICAL ENDEAVORS OR LIFE TIME FITNESS, INC., SPONSORED BY VERTICAL ENDEAVORS, INC., VERTICAL ENDEAVORS-CHICAGO, INC., VERTICAL ENDEAVORS-CRYSTAL LAKE, INC., VERTICAL ENDEAVORS-DULUTH, INC., LIFETIME FITNESS, INC. OR ANY OWNER, DIRECTOR, EMPLOYEE, AGENT, VOLUNTEER AFFILIATE OR WHOLLY OWNED SUBSIDIARY OF THE SAME (HEREINAFTER COLLECTIVELY REFERRED TO AS "VERTICAL ENDEAVORS/LIFE TIME FITNESS"). YOU WILL BE RELEASING LIFE TIME FITNESS AND VERTICAL ENDEAVORS, AS WELL AS ANY PERSONS WHO HAVE DESIGNED, MANUFACTURED OR INSTALLED THE FACILITIES, CLIMBING WALLS OR EQUIPMENT OF VERTICAL ENDEAVORS/LIFE TIME FITNESS AND ANY PERSONS USING THE CLIMBING WALLS OR EQUIPMENT OF VERTICAL ENDEAVORS/LIFE TIME FITNESS. THIS AGREEMENT IS BINDING ON YOU, YOUR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES. THIS AGREEMENT ALSO REQUIRES YOU TO INDEMNIFY AND HOLD HARMLESS THE PERSONS RELEASED FROM ANY LOSSES, LIABILITIES, DAMAGES AND COSTS, INCLUDING REASONABLE ATTORNEYS' FEES.

ASSUMPTION AND ACKNOWLEDGMENT OF RISK

WARNING: CLIMBING IS DANGEROUS!!! I, the undersigned, acknowledge and agree that the use of the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness, and the taking of classes or participating in activities sponsored by Vertical Endeavors/Life Time Fitness has INHERENT RISKS. Those risks include, but are not limited to the following:

- 1. Injuries or death resulting from the failure or negligent misuse of the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness.
2. Injuries resulting from slips, trips, falls sustained, or the physical demands associated with the use of the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness.
3. Injuries resulting from the swinging or fall of other persons who may come into contact with me or from any swinging or falls in which I come into contact with other persons.
4. Injuries that occur from the NEGLIGENCE or lack of adequate training of those employees, agents or volunteers of Vertical Endeavors/Life Time Fitness, who seek to assist with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of equipment used at Vertical Endeavors/Life Time Fitness, including but not limited to, failure of ropes, slings, harnesses, belay devices, handholds, anchor points, landing surface and its curbs, items left in landing surface and any other part of the climbing structure.
6. Injuries resulting from the NEGLIGENCE of Vertical Endeavors/Life Time Fitness, or the NEGLIGENCE of other climbers, visitors, or persons who may be present at Vertical Endeavors/Life Time Fitness or the NEGLIGENCE of the designers, manufacturers or installers of the climbing facilities, climbing walls or equipment.

I am aware of these and NUMEROUS OTHER INHERENT RISKS in using climbing facilities, climbing walls or equipment. I FREELY AND VOLUNTARILY ASSUME COMPLETE RESPONSIBILITY for these risks and for the injuries that may occur as a result of these risks. I realize that by voluntarily assuming the risks involved, I will be SOLELY RESPONSIBLE for any loss or damage I sustain, including PERSONAL INJURIES to me, damage to my PROPERTY, or damage arising out of my DEATH.

Initial (If participant is under 18, Parent/Legal Guardian must initial.)

RELEASE AND PROMISE NOT TO SUE

In consideration of my observing or using the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness, and/or in consideration of my participating in the classes or activities sponsored by Vertical Endeavors/Life Time Fitness, I hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE, Vertical Endeavors/Life Time Fitness or any other climber, visitor, or person present in or using the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness, for any injury arising from my use of the climbing facilities, climbing wall or equipment, including those resulting from the NEGLIGENCE of Vertical Endeavors/Life Time Fitness and any other climber, visitor, or person present in or using the facilities. It is my express purpose to bind myself, my heirs, my administrators and my executors hereby.

In consideration of my observing or using the climbing facilities, climbing walls or equipment and/or in consideration of my participating in the classes or activities sponsored by Vertical Endeavors/Life Time Fitness, I also hereby agree to RELEASE FROM ALL LIABILITY, DISCHARGE, and PROMISE NOT TO SUE the designers, manufacturers or installers of the climbing facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness, for any injury arising from my use of the climbing walls, climbing facilities or equipment, including those resulting from the NEGLIGENCE of the designers, manufacturers, or installers of the climbing facilities, climbing walls or equipment. This agreement releases the aforementioned persons from any liability to me, my heirs, or next of kin, assigns, or personal representatives, for any losses or damages or claims or demands arising out of my PERSONAL INJURIES, damage to my PROPERTY, or from my DEATH.

Initial (If participant is under 18, Parent/Legal Guardian must initial.)

INDEMNIFICATION AGREEMENT

In consideration of my observing or using the climbing facilities, climbing walls, or equipment of Vertical Endeavors/Life Time Fitness, and/or in consideration of my participating in the classes or activities sponsored by Vertical Endeavors/Life Time Fitness, I agree to indemnify and hold harmless the persons RELEASED and DISCHARGED by me from any loss, liability, damages or cost, including reasonable attorneys' fees, that they may incur due to the presence of any claims or actions by me, or by my heirs, next of kin, assigns, or personal representatives, arising out of my observing or using the facilities, climbing walls or equipment of Vertical Endeavors/Life Time Fitness.

Initial (If participant is under 18, Parent/Legal Guardian must initial.)

CLIMBING FACILITY RULES

The participant acknowledges that they have access to, and understand, the posted rules of the facility and agree to follow ALL rules of the climbing facility and to comply with the judgement of the climbing facility staff. Any infractions of the posted rules will result in loss of climbing privileges for that event.

Initial (If participant is under 18, Parent/Legal Guardian must initial.)

If any provision of this Agreement is held invalid, the invalidity shall not affect other provisions of the Agreement which can be given effect without the invalid provisions, and to this end the provisions of the Agreement are to be severable. This Agreement shall be governed by the laws of the State of Minnesota.

I REPRESENT AND WARRANT THAT I WILL NOT USE THE LIFE TIME FITNESS CENTER, FACILITIES OR EQUIPMENT BEYOND THE CLIMBING WALL FACILITIES AND/OR ACTIVITIES AS DESCRIBED ABOVE; PROVIDED, HOWEVER, I AM ALLOWED TO USE THE RESTROOM FACILITIES AND ALSO AM ALLOWED TO BE PRESENT IN THE LIFE TIME CAFÉ. IF I VIOLATE THIS REPRESENTATION, I UNDERSTAND AND AGREE THAT ALL THE TERMS AND CONDITIONS AS STATED ABOVE SHALL APPLY TO MY UNAUTHORIZED USE OF THE LIFE TIME FITNESS CENTER, FACILITIES OR EQUIPMENT.

I HAVE READ THIS AGREEMENT THOROUGHLY AND UNDERSTAND THE TERMS. NO ORAL REPRESENTATIONS OR STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME THAT CHANGE, ALTER OR MODIFY ANYTHING WITHIN THE WRITTEN AGREEMENT. I AGREE TO SAID TERMS. (ALTERATIONS OR MODIFICATIONS TO THIS DOCUMENT ARE NOT ALLOWED)

Signature (If participant is under 18, Parent/Legal Guardian must sign.) I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR AND I AM SIGNING THIS RELEASE ON BEHALF OF THE MINOR.

Street (Print)

Date City (Print) State Zip

Participants Birth Date Age Phone Number

Emergency Contact Name Phone Number Email Address

Do you know of, or have your been advised of, any medical conditions that the participant have that would prevent you from safely, participating in the activities of rock climbing and or belaying.

YES / NO - If YES, please describe:

Waiver Type: Daily - Punchcard - Free Pass - Belay Only - Lesson - Spectator - Group Chap - Kids Camp - School - Church - Misc. - B-day - Scouts - Other

EMPLOYEE INITIAL DATE ENTERED IN CLIMBERS EDGE BY Office use only*