

Troop 505
WALL CLIMB & PIZZA PARTY
Vertical Endeavors—Great Location!
Monday, April 25th, 2011
(Wall Climb will replace the regular Monday night meeting)

Scout _____ Phone _____

Parent Signature _____

Phone # where Parent may be reached day of activity _____

Enclose: Check, Waiver and Permission Form.

Thank You.

Check Waiver—Initial All Parts of the Form/ *All must complete.*

This Permission Form, with Signature

The Troop wall climb will take place at Vertical Endeavors on **Monday, April 25th**. The Facility offers **18,000 sq ft of climbing surface**, the **largest display of climbing walls molded from real rock in the world**. Walls are 30-40 feet in height with cracks, boulders, arches, and areas for beginners and pros alike.

Where: Vertical Endeavors
28141 Diehl Rd
Warrenville, Il 60555

Directions: Inside Lifetime Fitness
Diehl Rd at Winfield, West of Mill St
(630) 836-0122

When: Monday, April 25th, 7-9PM

Arrive 6:45PM

***** Entrance to building: Go to west side for Vertical Endeavors entrance – Do not enter doors to Life Time Fitness.*****

Pick-up Time: 9:00PM – Please pick up your son promptly at 9:00PM at the Vertical Endeavors desk inside.

Activity Fee: \$21.00 – Make checks payable to Troop 505. This includes pizza & pop.

What to wear: Comfortable clothes to climb in and old gym shoes (shoes can get scuffed when climbing). **If you have a Troop 505 or other Scouting-related T-shirt, please wear it.**

***** Please fill out this permission form and Vertical Endeavors waiver and return with check to the next scout meeting, no later than April 18th. A scout will not be allowed to climb without the signed waiver form.**

Questions? Please call Brian McGuire (630) 961-0405

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...

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.

- 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.

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.

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.

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 CAFE. 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*