

HIGH SCHOOL Registration Form

EXTREME X VBS

For 6-12th grade students

June 18-21

(Monday-Thursday)

12:15 to 4:15pm each day

Cornerstone—St. John Church

15800 Manchester Rd, Ellisville, MO

Your extreme activities will include:

City Museum

Upper Limits

The Edge

Flying Spider

Participants will not necessarily attend events in this order.

Limited number of spots
for each grade!

Register NOW!

Register by Sunday, June 3

Early Bird Cost—\$99

Register June 4 or later

Cost—\$120

Registering by the June 4 early bird deadline
does not guarantee a spot. Register early!

**Eat lunch with us at 12:15 and then
travel to a different extreme
activity each day.**

Students must be picked up from
Cornerstone at 4:15 pm each day.

**Early pick up from off site
locations is not allowed.**

Questions?

Email Pua at pcoffman@stjstl.net
or call 636.779.2361

To complete your registration and **reserve your spot**, return the following to the VBS box located at the information station in the St. John church lobby, drop off at the church office in the Ministry Center lobby, or mail to St. John Church, 15800 Manchester Rd, Ellisville, MO 63011, Attn. Extreme VBS.

IMPORTANT: Your spot will be reserved when we have received **all 3** of the following.

1) Registration Form

2) Participant Waiver(s)

** Waivers can be picked up in the lobby of the Ministry Center or the Cornerstone building; or
downloaded from www.stjstl.net.*

3) Payment

** Make checks payable to St. John Church.*

** Do not combine registration fees for Shipwrecked VBS and Extreme VBS in the same check.*

You will receive a confirmation letter with your daily schedule no later than June 13.

Additional forms can be downloaded at www.stjstl.net/students.

Online registration is not available for this event.

If you would like to participate in the morning session of
Shipwrecked VBS as a

CREW LEADER

you must submit a Crew Leader registration form.

Download the form at www.stjstl.net.



HIGH SCHOOL Registration Form

EXTREME X VBS

For 6-12th grade students

Registrant Information:

Please Print

Name: _____

Street Address: _____

City & Zip: _____

Main Phone: _____

Student Cell: _____ Cell Carrier (ie. AT&T): _____

(will be used for texting purposes)

Birth Date: _____ Student Email: _____

Grade (Fall '18): _____ School: _____

Allergies/Special Needs: _____

Would you like to be placed in a group with a friend?

Print friend's names here: _____

Parent Information:

Parent Name(s): _____

Parent Cell Phone: _____ Parent Email: _____

Parent Consent:

I, the undersigned, parent/legal guardian, do hereby give permission for

_____ (child's name), a minor, to participate in Extreme VBS 2018 June 18-21, 2018. I authorize St. John Church, Student Ministry, as agent for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the physician, in the exercise of his/her best judgment, may deem advisable to protect the life and health of said minor child. I understand that when participating in Extreme VBS activities the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials for St. John church. I acknowledge that the images will be the sole property of St. John Church.

Parent/Legal Guardian Name (please print): _____

Signature: _____ Date: _____

Emergency Contact Information for the week of Extreme VBS, June 18-21, should we not be able to reach a parent:

Name: _____

Phone: _____ Relationship: _____

IMPORTANT!! Do not forget to submit required participant waiver(s) and payment with this form. Registration will only be confirmed when all documents are received.



Office Use Only
Date _____
Check# _____
Amt _____ Waiver _____

Office Use Only
Group _____

CIRCUSTRIX MISSOURI, LLC (DBA FLYING SPIDER), PARTICIPANT AGREEMENT, INDEMNIFICATION, GENERAL RELEASE AND ASSUMPTION

(PLEASE READ THIS DOCUMENT CAREFULLY, BY SIGNING IT, YOU ARE GIVING UP YOUR AND/OR YOUR SPOUSE AND MINOR'S LEGAL RIGHTS)

BY SIGNING THIS AGREEMENT I AM GIVING UP MY RIGHTS AND THE RIGHTS OF MY SPOUSE AND/OR CHILD(REN) TO SUE CIRCUSTRIX FOR ANY INJURY, INCLUDING PARALYSIS OR DEATH, CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OR FAULT OF CIRCUSTRIX, INCLUDING ANY OF ITS AGENTS, EMPLOYEES AND EQUIPMENT. Initials: _____

In consideration of being allowed to participate in the services and activities, including, but not limited to, trampoline park access, trampoline dodge ball, trampoline basketball, aerial training, fitness classes, trampoline courts, foam pit activities and snack bar access and any other amusement activities (collectively "ACTIVITIES"), provided by CIRCUSTRIX MISSOURI, LLC (DBA FLYING SPIDER), and its agents, owners, officers, directors, principals, volunteers, participants, clients, customers, invitees, employees, independent contractors, insurers, facility operators, land and/or premises owners, and any and all other persons and entities acting in any capacity on its behalf (collectively "CIRCUSTRIX"), I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby agree to forever release, indemnify and discharge CIRCUSTRIX on behalf of myself, my spouse, legal partner, my children, my parents, my guardians, heirs, assigns, personal representatives and estate, and all other persons and entities as set forth below. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), hereby acknowledges, agrees and represents that immediately upon entering or participating I will, inspect and carefully consider CIRCUSTRIX'S premises and facilities. It is further warranted that such entry into CIRCUSTRIX'S facilities for observation or use of any facilities or equipment or participation in ACTIVITIES constitutes an acknowledgement that such premises and all facilities and equipment thereon have been inspected and carefully considered and that the undersigned finds and accepts same for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) as being safe and reasonably suited for the purpose of such observation, use or participation by myself, and/or by my spouse, minor child(ren)/ward(s). The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby represent that (i) I/we are in good health and in proper physical condition to participate in the activities in which CIRCUSTRIX provides; and (ii) I/we are not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my/our ability to safely participate in activities; (iii) I/we have not been advised against activities by a health professional. I agree that it is my sole responsibility to determine whether I/we are sufficiently fit and healthy enough to participate in activities. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), agree to be familiar with and to abide by the rules established for the ACTIVITIES, which include without limitation the rules posted in the facility and/or the website. The undersigned, for myself, and/or on behalf of my spouse, minor child(ren)/ward(s), accepts sole responsibility for my own conduct and actions, as well as the conduct and actions of my spouse, minor child(ren)/ward(s) while participating in the activities, and the condition and adequacy of the equipment.

(1) **RELEASE OF LIABILITY:** Despite all known and unknown risks including but not limited to serious bodily injury, permanent disability, paralysis and loss of life, I, on behalf of myself, and/or on behalf of my spouse, minor child(ren)/ward(s) hereby expressly and voluntarily remise, release, acquit, satisfy and forever discharge and agree not to sue CIRCUSTRIX, including its suppliers, designers, installers, manufacturers of any trampoline equipment, foam pit material, or such other material and equipment in CIRCUSTRIX'S facility (all hereinafter referred to as "EQUIPMENT SUPPLIERS") and agree to hold said parties harmless of and from any and all manner of actions or omission(s), causes of action, suits, sums of money, controversies, damages, judgments, executions, claims and demands whatsoever, in law or in equity, including, but not limited to, any and all claims which allege negligent acts and/or omissions committed by CIRCUSTRIX or any EQUIPMENT SUPPLIERS, whether the action arises out of any damage, loss, personal injury, or death to me or my spouse, minor child(ren)/ward(s), while participating in or as a result of participating in any of the ACTIVITIES in or about the premises. This Release of Liability, is effective and valid regardless of whether the damage, loss or death is a result of any act or omission on the part of CIRCUSTRIX and/or any EQUIPMENT SUPPLIERS.

(2) **INDEMNIFICATION:** I understand that the known and unknown risks may be caused in whole or in part by my or my spouse or child(ren)/wards own actions or inactions, the actions or inactions of others participating in activities, or the acts, inaction or negligence of CIRCUSTRIX or any EQUIPMENT SUPPLIERS, and in consideration of being allowed, along with my spouse and/or my minor child(ren)/ward(s) to participate in the ACTIVITIES, I hereby assume all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) as a result of the participation in ACTIVITIES in or about the facility, including any such loss due to any negligence of CIRCUSTRIX and all EQUIPMENT SUPPLIERS and agree to indemnify and hold harmless CIRCUSTRIX and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by CIRCUSTRIX and all EQUIPMENT SUPPLIERS as a result of any claims asserted by myself, my spouse and/or child(ren)/ward(s) against CIRCUSTRIX and all EQUIPMENT SUPPLIERS, including, but not limited to, any and all attorneys' fees, costs, damages and/or judgments CIRCUSTRIX and all EQUIPMENT SUPPLIERS incurs in the event of such loss whether caused by the negligence of CIRCUSTRIX or any EQUIPMENT SUPPLIERS and that on behalf of myself, my spouse or my minor child(ren)/ward(s) I further agree to indemnify and hold harmless CIRCUSTRIX for any injury, damage and/or harm myself, my spouse and/or my minor child(ren)/ward(s) cause to CIRCUSTRIX or its facility and/or to any and all other persons and entities acting in any capacity on behalf of CIRCUSTRIX.

(3) **ATTORNEYS' FEES:** I promise to indemnify CIRCUSTRIX for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collection efforts. Further, should any debt and/or judgment accrue in favor of CIRCUSTRIX, pre-judgment and post-judgment interest shall accrue thereon at a rate of 18% per annum.

(4) **PHOTO RELEASE:** By entering CIRCUSTRIX and participating in the ACTIVITIES, I hereby grant CIRCUSTRIX on behalf of myself, my spouse and on behalf of my child(ren)/ward(s), the irrevocable right and permission to photograph and/or record me, my spouse or my child(ren)/ward(s) in connection with CIRCUSTRIX and to use the photograph and/or recording for all purposes, including advertising and promotional purposes, in any manner and all media now or hereafter known, in perpetuity throughout the world, without restriction as to alteration. I waive any right to inspect or approve the use of the photograph and/or recording, and acknowledge and agree that the rights granted to this release are without compensation of any kind.

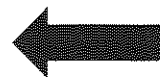
(5) **TERMS OF AGREEMENT:** I understand that this agreement extends forever into the future and will have full force and legal effect each and every time I or my spouse and/ or child(ren)/ward(s) visit CIRCUSTRIX, whether at the current location or any other location or facility. The undersigned further expressly agrees that this agreement is intended to be as broad and inclusive as is permitted by the laws of this state and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

(6) **VENUE:** In the event a lawsuit is filed against CIRCUSTRIX, I agree to the sole and exclusive venue of West County, Missouri. I further agree that the substantive law of Missouri shall apply without regard to any conflict of law rules.

By signing this document, I understand that I may be found by a court of law to have forever waived my and my spouse and/or child(ren)/ward(s) right to maintain any action against CIRCUSTRIX on the basis of any claim from which I have released CIRCUSTRIX and any released party herein and that I have assumed all risk of damage, loss, personal injury, or death to myself, my spouse and/or my minor child(ren)/ward(s) and agreed to indemnify and hold harmless CIRCUSTRIX and all EQUIPMENT SUPPLIERS from and against any and all losses, liabilities, claims, obligations, costs, damages and/or expenses whatsoever paid, incurred and/or suffered by CIRCUSTRIX and all EQUIPMENT SUPPLIERS as a result of the participation in ACTIVITIES in or about the facility by myself, my spouse and/or child(ren)/ward(s) and/or claims asserted by myself, my spouse and/or child(ren)/ward(s) against CIRCUSTRIX and all EQUIPMENT SUPPLIERS related to such participation in ACTIVITIES. I have had a reasonable and sufficient opportunity to read and understand this entire document and consult with legal counsel, or have voluntarily waived my right to do so. I knowingly and voluntarily agree to be bound by all terms and conditions set forth herein.



You MUST be 18 years old or older to sign your own waiver
You MUST be the Parent or Legal Guardian to sign for a minor (under age 18)



Enter Adult Full Name and Date of Birth

(If under age 18, it must be completed by Parent/Legal Guardian -- Enter Adult Full Name/Date of Birth of Parent/Guardian)

Adult First Name: _____ Adult Last Name: _____

Adult Date of Birth: _____ Phone: _____

Email: _____

Signature: _____

Date: _____

Enter Child Full Name and Date of Birth of all Family Members under age 18

Child Full Name #1: _____ Date of Birth: _____

Child Full Name #2: _____ Date of Birth: _____

Child Full Name #3: _____ Date of Birth: _____

Child Full Name #4: _____ Date of Birth: _____

Child Full Name #5: _____ Date of Birth: _____

Child Full Name #6: _____ Date of Birth: _____

**We reserve the right to review your license and/or other forms of ID to verify identity and age.
This waiver is good for one day only.**

MUST CHECK ONE:

- Adult 18 or Over**
 Minor 17 or Under
(parent must sign)

Visitor's First Name

MI

Last Name

UPPER LIMITS ROCK CLIMBING GYM VISITOR AGREEMENT
(Including assumption of risks and agreements of release and indemnity)

In consideration of the use of the premises, facilities and services of Upper Limits, Inc defined below, the undersigned adult (eighteen years of age or older) visitor or, if the visitor is a minor, the undersigned parent or legal guardian (each and collectively a "Parent") (no other person is allowed to sign on behalf of the minor), understand, acknowledge and agree as follows:

The Upper Limits Gyms: Upper Limits, Inc., ULI, Inc., Upper Limits 3, Inc., and Upper Limits 4, LLC. (each doing business as "Upper Limits") operates a gym – either in Missouri or Illinois. Each gym is a separate corporate entity. No gym is responsible for the acts of another gym. A claim arising out of an incident at a gym is the responsibility of that gym only.

Activities and Risks: I understand that the activities offered by the Upper Limits gyms ("the gym" or "gyms") include the following: climbing on and rappelling from artificial indoor and outdoor (heights up to 120 feet) walls; bouldering; slacklining; team building activities on high and low challenge course elements; activities on aerial equipment; the use of fitness machines and equipment; and other activities on and off the premises of the gyms. Activities of the gyms require moderate to heavy physical exertion. Bouldering, slacklining, and aerial activities will not use harnesses or rope for fall protection. **No visitor may belay another until and unless he or she has been certified by staff to do so.**

I, an adult visitor or Parent represent that neither I, nor the minor visitor (if applicable), has any mental or physical condition that might create risks to myself (or to the child), or to others. I understand that climbing and other activities of the gym are dangerous and that visitors will be exposed to risks including, among others: trips and falls and other accidents that may occur in moving about the facility and its perimeter, including its parking area; overexertion; falls from the walls, boulders and other activities; abrupt contact with other persons, the climbing walls, boulders and other structures and equipment; falling climbers, and dropped tools and hardware; the failure of ropes, harnesses, climbing holds and other equipment including mats and pads; and the carelessness of staff and other visitors. The risks described above, and others, are inherent to the gyms, their activities and premises -- that is, they cannot be eliminated without destroying the basic nature of the visit to the gym and reducing its appeal and value.

Assumption of Risks: I understand that the risks described above, and others, inherent or not, may result in all manner of trauma including breaks, sprains, abrasions, serious injury and even death. I acknowledge and assume all such risks, inherent and otherwise and whether or not described above. I will carefully read and comply with the Rules of the gym . If the visitor is a minor, I, Parent, have discussed the Rules, activities and risks with the child, who understands them and wishes to participate nevertheless.

Release and Indemnity: I, for myself and on behalf of the minor visitor, if applicable, to the maximum extent allowed by law, agree to and do hereby release and forever discharge, and agree not to sue, and further agree to defend, indemnify (that is, to pay or reimburse damages and costs, including attorneys' fees), Upper Limits, Inc., ULI, Inc., Upper Limits 3, Inc., Upper Limits 4 LLC. and their respective owners, directors, officers, staff members and contractors (collectively referred to as the "Released Parties") with respect to any claim related in any way to my, or the minor visitor's, visit to Upper Limits gym or participation in an activity of Upper Limits on or off its premises, or the use of its facilities or services. These agreements of release and indemnity include loss or damage caused or claimed to be caused, in whole or in part, by the negligence, but not the intentional wrongs or the gross negligence, of a Released Party.

Other: I hereby give my permission and consent to the taking of photographs, videotapes, and other images of me or the minor visitor for any purpose and without compensation

The terms of this agreement and any dispute between a Released Party and a visitor or Parent, related to this agreement or otherwise, will be governed by the substantive laws (not including laws which might apply the laws of another jurisdiction) of the state - Missouri or Illinois - in which the gym at which or from whose alleged conduct the claim arose is located. Any suit or mediation of the dispute will take place solely in the County in which that gym is located. I consent to the jurisdiction of such courts, for myself and on behalf of the minor visitor.

This document is intended to be binding, to the fullest extent of the law, on all persons signing below, the minor child, if any, and their respective successors, heirs, executors, administrators and family members. It may not be altered. If any part of this document is deemed by a court of competent jurisdiction to be unenforceable the remainder shall nevertheless be in full force and effect.

This agreement will govern visits to the premises of the gym on the date on which it is signed and thereafter until it is withdrawn by written notice to the gym.

WARNING: A person who falsifies his or her signature below or misrepresents the capacity (as parent or legal guardian, for example) in which they sign will be considered a FORGER and in addition to other civil and criminal penalties will be deemed to have agreed to indemnify the Released Parties from and against any claim of loss asserted by or on behalf of a person whose visit to the gym was facilitated by that forgery.

For minor participants, 17 years and younger:

Parent Signature: _____

Date: _____

I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR VISITOR AND I AM SIGNING THIS RELEASE ON MY OWN BEHALF AND ON THE BEHALF OF THE MINOR VISITOR.

Legibly Printed Name: _____

Parent/Legal Guardian Address: Same as participant Alternate address (list below- required)

Street

City

State

Zip

Adult participants, 18 years and older:

Adult Participant Signature: _____

Date: _____

PARTICIPANT INFORMATION

_____	_____	_____	_____
First name	MI	Last name	Phone Number
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
E-mail address	Date of Birth (M/D/Y)	Age	Male _____ Female _____
_____	_____	_____	_____
Emergency Contact Name	Emergency Contact Phone	Relation	
_____	_____	_____	
Do you have any medical problems we should know about? Yes _____ No _____ Explain _____			

Waiver Accepted By: _____

Customer Type: DAILY BD GA RG101 FC MB YC Other: _____

Cashier Memo _____

Logged into RGP (Init.)

Belay Status: Climb Only

TR - Checked by _____

Lead - Checked by _____