



6th and 7th Grade Registration Form

June 17-20

(Monday-Thursday)

12:10 to 4:15pm each day

Cornerstone—Pathfinder Church
15800 Manchester Rd, Ellisville, MO

Your activities will include:

6th grade

Sky Zone

Sports Fusion

North Pointe Aquatic
Center or
The Edge

Brunswick

7th grade

Sky Zone

Sports Fusion

North Pointe
Aquatic Center

Brunswick

Participants will not necessarily attend events in this order.

Register by Sunday, May 26

Early Bird Cost—\$99

Register May 27 or later

Cost—\$120

Registering by the May 26 early bird deadline does not guarantee a spot. Register early!

Cost Includes:

Lunch (served each day at 12:10)

Transportation

Activities

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 pparker@pathfinderstl.org
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 Pathfinder church lobby, drop off at the church office in the Ministry Center lobby, or mail to Pathfinder Church, 15800 Manchester Rd, Ellisville, MO 63011, Attn. After Party.

IMPORTANT: Your spot will be reserved when we have received the following:

1) Registration Form

2) Payment

** Make checks payable to Pathfinder Church.*

** Do not combine registration fees for Roar VBS and After Party in the same check.*

3) Participant Waiver(s)

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

You will receive a confirmation letter with your daily schedule no later than June 12.

Online registration is not available for this event.

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

CREW LEADER

you must submit a Crew Leader registration form.

Download the form at www.pathfinderstl.org



6th and 7th Grade Registration Form

Registrant Information:

Please Print

Name: _____

Street Address: _____

City & Zip: _____

Main Phone: _____

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

Birth Date: _____ Student Email: _____

Grade (Fall '19): _____ 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 After Party the week of June 17-20, 2019. I authorize Pathfinder 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 After Party activities the registrant may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials for Pathfinder Church. I acknowledge that the images will be the sole property of Pathfinder Church.

Parent/Legal Guardian Name (please print): _____

Signature: _____ Date: _____

Emergency Contact Information for the week of After Party, June 17-20, 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.

Reserve your spot now!
After Party 2019
Registration Form
Student Ministry—Pathfinder Church
Register by May 26—\$99
Register May 27 or later—\$120

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

Office Use Only
Group



Participant Agreement, Release and Assumption of Risk (The Agreement) – Sky Zone Fenton

Please print and fill out highlighted areas completely or complete electronically at www.skyzone.com/fenton

Table with 3 columns: Minor Participant (1-4), First Name, Last Name, Birth Date. Includes instruction: Must be completed for participants under the age of 18 (Print up to four names/birth dates below of children of the SAME parent, legal guardian, or power of attorney):

I have voluntarily elected to use and, if applicable, to allow the minor child(ren) identified above and all minor children under my supervision and referred to individually and collectively herein as "Child", to use the Sky Zone facilities and equipment located at 631 Gravois Road Fenton, MO 63026, (the "Sky Zone Facility").

GENERAL RELEASE

I acknowledge and agree that this Agreement covers and is intended to release and provide other benefits, legal protections, and consideration to Innovative Heights Fenton LLC, RPSZ Construction LLC, Sky Zone Franchise Group LLC, Sky Zone LLC, and their respective and collective agents, owners, officers, managers, shareholders, affiliates, volunteers, participants, employees, and all other persons or entities acting in any capacity on their respective or collective behalf (collectively, "SZ").

RELEASE OF POTENTIAL INJURIES

I acknowledge and agree that the use of trampolines and the other equipment at the Sky Zone Facility and that participating in trampoline and other activities is inherently and obviously dangerous. These risks include serious physical or emotional injury, paralysis, death, damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons.

SPECIFIC RELEASE FOR "GLOW" ACTIVITIES

(Initial Here) I acknowledge that the Sky Zone Facility may at any time engage in a promotion referred to as "Glow", and other similar programs and activities, that involve the use of reduced and altered or theatrical lighting and special effects, which can increase the inherent and obvious dangers of the activity and can lead to physical or emotional injury, paralysis, death, or damage to myself, the Child, and/or third parties, and damage to personal property of any or all such persons.

VOLUNTARY ASSUMPTION OF RISK

I acknowledge and agree that I and the Child are participating voluntarily at our own risk. I acknowledge and agree that the actions or activities of other customers or the actions or inactions of Sky Zone Facility employees could cause me or the Child significant bodily injury (as described in this Agreement), and that SZ is not responsible for the actions or activities of customers using the Sky Zone Facility or the negligence of its employees in supervising the Sky Zone Facility or its usage, including actions, activities, or omissions that result in such harm.

- a) Participants may die or become paralyzed, partially or fully, through their use of the Sky Zone facility and participation in Sky Zone activities.
b) Participants may suffer cuts, scrapes, bumps, bruises, the transmission of disease strains and allergic reactions through use of the Sky Zone Facility equipment or contact with other participants or surfaces they have contacted.
c) Participants may fall on each other, resulting in broken bones and other serious injuries.
d) Traveling to and from trampolines can result in similar physical injury (even if the participant is not himself or herself bouncing at the time).
e) Observing, standing, sitting or taking photographs at or near any trampoline or activity can result in similar physical injury (even if the observer is not himself or herself participating at the time).
f) Participation during reduced or altered lighting "Glow" events can affect depth perception and visibility and may cause me and/or my Child to fall, slip, misstep, collide with other jumpers, or collide with equipment which can result in a greater risk of serious physical or emotional injury, paralysis, or death.

AGREEMENT TO PAY MY OWN MEDICAL EXPENSES

I acknowledge, accept, and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that I or the Child possess, whether known or unknown, which might contribute to or exacerbate any injury I or the Child might sustain as a result of using the Sky Zone Facility or any of its equipment.

RELEASE OF LIABILITY

The Releasing Parties hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue SZ, and their successors, predecessors-in-interest, and insurers (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorneys' fees, damages, judgments and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from my or the Child's access to and/or use of the Sky Zone Facility, premises and/or its equipment (whether trampolines or otherwise), the Child's and/or my entry into the Sky Zone Facility, the condition, maintenance, inspection, supervision, control or security of the Sky Zone Facility, the failure to warn of dangerous conditions in connection with the Sky Zone Facility, and/or the acts or omissions of SZ or any of the Releasees, including, without limitation, any claim for negligence, failure to warn or other omission, property damage, personal injury, emotional injury, illness, bodily harm, paralysis or death.

(Initial Here) On the Child's and my behalf, I understand and fully acknowledge and agree that all of the risks identified herein and any other risks associated with use of the Sky Zone facility and its equipment are beyond the control of the Releasees. I agree and acknowledge that should SZ or any other Releasee or anyone acting on their behalf, be required to incur attorneys' fees and/or costs to enforce this agreement, I agree to immediately defend, indemnify and hold SZ and any other Releasee or them harmless for and against all such attorneys' fees and/or costs.

ARBITRATION OF DISPUTES; WAIVER OF JURY TRIAL; TIME LIMIT TO BRING CLAIM

(Initial Here) I, ON BEHALF OF MYSELF AND/OR MY CHILD(REN), HEREBY WAIVE ANY RIGHT I AND/OR MY CHILD(REN) MAY HAVE TO A JURY TRIAL AND AGREE THAT ANY DISPUTES REGARDING ACCESS TO AND/OR USE OF THE SKY ZONE PREMISES AND/OR ITS EQUIPMENT, THIS AGREEMENT, AND/OR THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE SHALL BE DETERMINED BY BINDING ARBITRATION. I understand that by agreeing to arbitrate any dispute as set forth in this section, I am waiving my right, and the right(s) of the minor child(ren) above, to maintain a lawsuit against SZ and the other Releasees for any and all claims covered by this Agreement. By agreeing to arbitrate, I understand that I will NOT have the right to have my claim determined by a jury, and the minor child(ren) above will NOT have the right to have claim(s) determined by a jury. Reciprocally, SZ and the other Releasees waive their right to maintain a lawsuit against me and the minor child(ren) above for any and all claims covered by this Agreement, and they will not have the right to have their claim(s) determined by a jury. ANY DISPUTE, CLAIM OR CONTROVERSY ARISING OUT OF OR RELATING TO MY OR THE CHILD'S ACCESS TO AND/OR USE OF THE SKY ZONE PREMISES AND/OR ITS EQUIPMENT, INCLUDING THE DETERMINATION OF THE SCOPE OR APPLICABILITY OF THIS AGREEMENT TO ARBITRATE, SHALL BE BROUGHT WITHIN ONE YEAR OF ITS ACCRUAL (i.e., the date of the alleged injury) AND BE DETERMINED BY ARBITRATION IN THE COUNTY OF THE SKY ZONE FACILITY, MISSOURI, BEFORE ONE ARBITRATOR. THE ARBITRATION SHALL BE ADMINISTERED BY JAMS PURSUANT TO ITS RULE 16.1 EXPEDITED ARBITRATION RULES AND PROCEDURES. JUDGMENT ON THE AWARD MAY BE ENTERED IN ANY COURT HAVING JURISDICTION. THIS CLAUSE SHALL NOT PRECLUDE PARTIES FROM SEEKING PROVISIONAL REMEDIES IN AID OF ARBITRATION FROM A COURT OF APPROPRIATE JURISDICTION. This Agreement shall be governed by, construed and interpreted in accordance with the laws of the State of Missouri, without regard to choice of law principles. Notwithstanding the provision with respect to the applicable substantive law, any arbitration conducted pursuant to the terms of this Agreement shall be governed by the Federal Arbitration Act (9 U.S.C., Sec. 1-16). I understand and acknowledge that the JAMS Arbitration Rules to which I agree are available online for my review at jamsadr.com, and include JAMS Comprehensive Arbitration Rules & Procedures; Rule 16.1 Expedited Procedures; and, Policy On Consumer Minimum Standards Of Procedural Fairness.

PHOTO/VIDEO/SOCIAL MEDIA WAIVER

In connection with my and the Child's use of the Sky Zone Facility, I consent to the recording of the Child's and my physical likeness and/or voice through mechanical, photographic, technical, digital, electronic or other means ("Recordings"). I hereby consent to and authorize SZ and its agents, representatives, employees, successors and assigns to use, in perpetuity, such Recordings, as well as the Child's name and my name, for any purpose, including advertising, promoting, exploiting and/or publicizing any Sky Zone Facility. I further agree that the foregoing includes the consent to use the Child's and/or my physical likeness in any form. In addition, I waive any and all claims I may have in connection with the Recordings.

TERM 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 child(ren)/ward(s) visit Sky Zone, whether at the current location or any other location or facility.

I UNDERSTAND SAFETY IS MY RESPONSIBILITY: I AND EACH CHILD AGREE TO FOLLOW THE CODE OF PATRON RESPONSIBILITY:

- a) I acknowledge that there are inherent risks in the participation in or on any trampoline court, and that such risks include not only the use of trampolines, but other activities and equipment. Patrons of a trampoline court who use trampolines, and those who engage in any other activities or use any other equipment, by participation, accept the risks inherent in such participation of which the ordinary prudent person is or should be aware. Patrons have a duty to exercise good judgment and act in a responsible manner while using the trampoline court and other equipment, and while engaging in such activities. Patrons have a duty to obey all oral or written warnings, or both, prior to or during participation, or both.
- b) I have a duty to not participate in any activity on any trampoline court, or engage in any other activity or use any other equipment, when under the influence of drugs or alcohol.
- c) I have a duty to properly use all safety equipment provided, whether for the trampolines at the trampoline court, or otherwise.
- d) I have a duty to not participate in any activity on any trampoline court, or engage in other activities or use other equipment, if I have pre-existing medical conditions, circulatory conditions, heart or lung conditions, recent surgeries, back or neck conditions, knee or ankle conditions, high blood pressure, known pregnancy, any history of spine, musculoskeletal or head injuries, or if I may be pregnant.
- e) I have a duty to remove inappropriate attire including hard, sharp or dangerous objects such as buckles, pens, purses, badges and so forth.
- f) I have a duty to avoid bodily contact with other patrons.
- g) I have a duty to conform with or meet height, weight or age restrictions imposed by the manufacturer or owner to use or participate in any trampoline park activity, whether involving the use of trampolines, or otherwise.
- h) I have a duty to avoid crowding or overloading individual sections of the trampoline court, or other equipment.
- i) I have a duty to use the trampoline court, and other equipment, within my own limitations, training and acquired skills.
- j) I have a duty to avoid landing on the head or neck. Serious injuries, paralysis or death can occur when landing on the trampoline court bed, or elsewhere, whether involving the trampoline, other equipment, or otherwise.
- k) I also agree to follow and obey all posted and stated warnings and patron education signs.
- l) I agree to explain all safety rules to each Child I accompany, and to ensure that each Child obeys the safety rules.

I would like to receive email promotions, discounts, and other advertisements from SZ and its partners at the email address provided below. I may unsubscribe at any time.

I have had sufficient opportunity to read this document. I have read and understood and agree to be bound by its terms. I understand that employees working at the Sky Zone Facility, including the manager, do not have the authority to waive any provision of this Agreement. This Agreement constitutes and contains the entire agreement between SZ and me relating to the Child's and my use of the Sky Zone Facility. There are no other agreements, oral, written, or implied, with respect to such matters. I agree that if any portion of this Agreement is found to be unenforceable, the remaining portions shall remain in full force.

By signing below, I represent and warrant that I am the parent, legal guardian, or power-of-attorney of the above listed Child(ren) and have the authority to execute this Agreement on his/her or their behalf and to act on his/her or their behalf. I have read each and every paragraph in this document and I and they agree to be bound by the terms stated therein, including the release of liability contained therein. I further agree to indemnify and hold harmless the Releasees from any and all claims which are brought by or on behalf of this or these minor Child or Children, or any of them, which are in any way connected with, arise out of, or result from their use of the Sky Zone Facility. I am 18 years of age or older.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF I OR ANY OF MY CHILDREN ARE INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY SKY ZONE RELATED ENTITY, EVEN IF I CONTEND SUCH INJURIES ARE THE RESULT OF NEGLIGENCE OF SZ OR ITS EMPLOYEES.

Parent/Legal Guardian/Power of Attorney/Participant' Signature (if 18 or older) _____

Date: _____

Parent/Legal Guardian/Power of Attorney/Participant' Information (if 18 or older)
Please Print Clearly Using Blue or Black Ink.

Signer First Name		Signer Last Name		Signer Birth Date	
Street Address			City	State/Province	Zip/Postal Code
Phone Number			Email Address		

Check box if you would not like to receive free email promotions and discounts to the email address provided above, I may unsubscribe from emails at any time.