



High School 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:

Aquaport

Flying Spider

Ice Skating

Paintball/Zipline

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 ALL of 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



High School 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

Adventure Valley
ZIPLINE TOUR and PAINTBALL PARK
5320 State Road (Highway) MM
St. Louis (House Springs), MO 63051
(314) 366-1145
Fun@AdventureValley.com

**WAIVER & RELEASE OF LIABILITY FORM
PARTICIPANT USER AGREEMENT and EQUIPMENT RENTAL**

This waiver is a legal document, and all of its terms are important. PLEASE READ IT CAREFULLY.

I understand that I will participate in one or more of zipline, challenge course, paintball, and other outdoor activities (collectively, the “**Outdoor Activities**”) on the property of Adventure Mountain, LLC and Adventure Valley, LLC. I also understand that the ziplines, challenge course, and related activities are operated by Adventure Valley Zipline, LLC, and that the paintball fields and related activities are operated by Adventure Valley Paintball, LLC. I am giving this waiver and release of liability to Adventure Valley, LLC, Adventure Valley Zipline, LLC, Adventure Valley Paintball, LLC, and Adventure Mountain, LLC, and their agents, owners, associates, and all other persons or entities acting in any capacity on their behalf (collectively referred to herein as “**AV**”), whether or not I participate in all of the Outdoor Activities. In consideration of AV furnishing services or rental equipment to me to participate in the Outdoor Activities or enter upon property of AV, I (personally and as a guardian of any participating person) hereby voluntarily release, indemnify, discharge, hold harmless, and covenant not to sue AV, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate for any and all claims or liabilities arising out of any negligence, recklessness, strict liability, breach of contract, intentional acts, or any other act or omission which causes the undersigned or any other person illness, injury, paralysis, permanent disability, death, emotional injury, or damages of any nature in any way connected with my participation in the Outdoor Activities or being on the lands of AV. I understand, agree, and acknowledge that:

3. The Outdoor Activities, including ziplines, canopy tours, challenge courses, paintball, and hiking, have inherent risks, dangers, and hazards and these may exist in my use of AV property and equipment and my participation in the Outdoor Activities. My participation in the Outdoor Activities and use of any equipment may result in bodily injury, strains, fracture, partial or total paralysis, permanent disability, loss of eyesight or hearing, exposure to insect and snake bites, extreme temperatures and weather, slips, falls, collisions with other participants or objects, plant and animal encounters, injury and illness in remote areas without means of rapid evacuation or adequate medical care, or other ailments and events that could cause serious disability or death. These risks and dangers may be caused by the negligence of owners, employees, officers, or agents of AV, the negligence of participants or others, accidents, breaches of contract, forces of nature, or any other causes. If I choose to participate in the Outdoor Activities, risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, decisions or misjudgments of a guide,

weather, trail or property conditions, my ability to participate in the activity, falling from high platforms, stands or towers, tripping, falling, running into objects or people, animal and insect bites, and other hazards that are integral to recreational activities in outdoor or recreational environments. I assume the risk that I may be hit by paintballs, whether or not someone shooting a paintball is within the paintball fields or outside of the fields.

4. By participating in these activities and/or use of equipment, at any time, whether past, present, or future, I hereby irrevocably assume all risks, dangers, and responsibility for any losses or damages, whether caused in whole or in part by the negligence or conduct of the owners, agents, officers, or employees of AV or by any other person that may arise from foreseeable or unforeseeable causes. I, on behalf of myself or as legal guardian of any participant, understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct of the owners, agents, officers or employees of AV. I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Outdoor Activities or AV property, or else I agree to bear the costs of such injury or damage myself. If AV employees perform any work on my equipment, I hereby release them and AV from any damage or injury that may occur, regardless of whether such employees were negligent or careless in any way.
5. **I represent and acknowledge that: (A) If participate in the ziplines: (1) My body weight is 250 pounds or less, and I have no physical conditions preventing me from following instructions or that might be aggravated by participating; and (2) I must operate a hand brake on the ziplines, I am solely responsible for operating it, and I release AV and its employees from any and all liability in connection with my use of, or the condition of, the hand brake; (3) I must wear a harness, helmet, and gloves, and I will keep them on and use them properly at all times; and (4) I will follow all directions of the guides, and I release them and AV from all liabilities regardless of any directions they may or may not give me. (5) I understand English, and can follow all instructions of the guides. (B) If I participate in open play paintball, I am 12 years old or older, and if I participate in a private group, I am 10 years old or older. (C) If I play paintball, I will always wear approved goggles while in any paintball field or when referees tell me, and will always keep a barrel sleeve on my gun when I am not in a paintball field or when referees tell me. (D) I have adequate insurance to cover any injury or damages I may suffer or cause, or else I agree to bear the costs of such injury or damage myself.**

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY AND BY SIGNING IT, AGREE THAT IT IS MY INTENTION TO RELIEVE AV FROM ANY LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I FULLY RECOGNIZE AND UNDERSTAND THAT IF I (OR ANY MINOR ON WHOSE BEHALF I AM SIGNING THIS), AM HURT, DIE, OR MY PROPERTY IS DAMAGED, I AM GIVING UP MY RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST AV FOR ANY INJURY, DAMAGE OR DEATH. I EXPRESSLY ASSUME ALL RISKS. I VOLUNTARILY SIGN MY NAME AS EVIDENCE OF MY ACCEPTANCE OF THE ABOVE PROVISIONS ON BEHALF OF MYSELF AND AS GUARDIAN OF ANY PARTICIPANT. The venue of any dispute that may arise out of this agreement or otherwise between the parties shall be the Circuit Court of St. Louis County, Missouri, but this does not in any way affect the enforceability of the above waiver and release.

As parent or legal guardian of a participant under 18 years of age, I have read and voluntarily agreed that said minor may participate in the Outdoor Activities, and I sign this release on their behalf and

represent that I am a lawful parent or guardian of the participant. In addition, I give AV permission to treat said minor in case of illness, injury, emergency, or accident, and release all persons associated with AV for any liability related to any such treatment. Should emergency medical services become necessary for me or such minor, the expenses are the sole responsibility of the participant. AV reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations, and instructions of AV while on their lands or participating in their activities. I also certify that I and any minor on whose behalf I am signing, are physically and mentally capable of participating in these activities. I also give permission, individually and on behalf of any minor, to use any photographs, videos, or images of me and any minor in any advertising or promotions, unless and until I request that AV remove such images, at which time I understand that AV shall have no obligation to do so until any such promotional campaign has ended.

I have read this Release, and am bound by it whether or not I have read it. I also agree to all of the Rules that AV may set concerning the Outdoor Activities, which are incorporated in this Release.

Participant's Printed

Name: _____

Signature: _____ **Date:** _____

Address: _____

Phone No.: _____

Guardian's Printed Name (if under 18): _____

Signature: _____

EQUIPMENT RENTAL (Paintball only): I am renting or borrowing the following items, and I am responsible for their return. I agree to pay any cost of replacement if I damage or fail to return any of these items, and I authorize Adventure Valley to charge any credit or debit card I may use at Adventure Valley for this purpose.

() Marker, Bottle, Hopper, Goggles Number of items _____

() Pistol Number of items _____

() Pods Number of items _____

() Harness (2 Pods) (4 Pods) Number of items _____

() Neck Protector Number of items _____

() Chest Protector. Number of items _____

() _____ Number of items _____ Rev. 7-25-2017

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.