



## 8<sup>th</sup> Grade PE Field Trip Permission Slip

Dear Parents,

The Mokena Jr. High PE Department has organized a field trip for Eighth Grade students to go to Vertical Endeavors on Thursday, October 11<sup>th</sup> and Friday, October 12<sup>th</sup>. Students who plan to go will be put into two groups, with each group attending one day at Vertical Endeavors. Vertical Endeavors is an indoor rock climbing facility that provides an awesome climbing experience that will challenge our students physically and mentally. Students will have the opportunity to problem solve and use teamwork to conquer the walls! **The field trip will cost \$14 per student, which will cover the equipment rental and two hours of climbing.** All students will be transported by bus. We will leave Mokena Jr. High around 9:00 AM and return by 2:00 PM. Students will need to provide their own sack lunch which we will eat at Vertical Endeavors.

Permission slips and Climbing Waiver must be turned in by  
Wednesday, October 3<sup>rd</sup> with the \$14.00 payment.

**\*\*Cash (Exact amount) or checks made to Mokena Jr. High accepted**

Students who do not go on the field trip will remain at MJHS

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I give my child, \_\_\_\_\_, permission to attend the Vertical Endeavors field trip. I understand the students will depart at 9:00 AM and return by 2:00 PM.

### *Field Trip Checklist*

- ✓ Field Trip Permission Slip
- ✓ Vertical Endeavors Waiver (Attached)
- ✓ \$14.00 Cash or Check



**VERTICAL  
ENDEAVORS**  
Indoor Rock Climbing



**Meteors**

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

**ADULT**

**CHILD**

Print First Name      Middle Initial      Last Name

Print First Name      Middle Initial      Last Name

**WARNING, THIS AGREEMENT IS LEGALLY BINDING. BY SIGNING YOU GIVE UP YOUR RIGHT TO RECOVER ANY COMPENSATION, FOR ANY PERSONAL INJURIES, DAMAGE TO YOUR PROPERTY, OR FOR YOUR DEATH, ARISING OUT OF YOUR USE OF VERTICAL ENDEAVORS, INC., WHICH INCLUDES ALL OF ITS SUBSIDIARIES ("VERTICAL ENDEAVORS"), FACILITIES, ROCK CLIMBING WALLS OR EQUIPMENT ("CLIMBING APPARATUS"), OR ARISING OUT OF YOUR PARTICIPATION IN CLASSES OR ACTIVITIES ("INSTRUCTION ACTIVITIES"), INCLUDING TRANSPORTATION PROVIDED BY VERTICAL ENDEAVORS. YOU ARE RELEASING VERTICAL ENDEAVORS' LANDLORD, AND THE DESIGNERS, MANUFACTURERS AND INSTALLERS OF THE CLIMBING APPARATUS. THIS AGREEMENT IS BINDING ON YOU, YOUR HEIRS, NEXT OF KIN, ASSIGNS, AND PERSONAL REPRESENTATIVES.**

**ASSUMPTION AND ACKNOWLEDGMENT OF RISK**

**WARNING: CLIMBING IS DANGEROUS!!! I, the undersigned, acknowledge and agree that the use of Climbing Apparatus and Instruction Activities sponsored by Vertical Endeavors have INHERENT RISKS. Those risks include, but are not limited to the following:**

1. Injuries or death resulting from the failure or negligent misuse of Vertical Endeavors' Climbing Apparatus.
2. Injuries resulting from slips, trips, falls, and/or the physical demands associated with the use of Vertical Endeavors' Climbing Apparatus.
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 occurring from the NEGLIGENCE or lack of adequate training of Vertical Endeavors' volunteers or employees assisting with medical or other help either before or after injuries have occurred.
5. Injuries resulting from the failure of Vertical Endeavors Climbing Apparatus, and also 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' owners, operators, employees, or volunteer assistants, the NEGLIGENCE of other climbers, visitors, or persons present at Vertical Endeavors, the NEGLIGENCE of the designers, manufacturers or installers of the Climbing Apparatus, and/ or the NEGLIGENCE Vertical Endeavors' landlord.
7. If you engage in bouldering you further agree you will abide by and adhere to Vertical Endeavors' rules and regulations with respect to bouldering and assume any and all risk associated with the failure to abide by those rules and regulations. If you desire to engage in Top Out Bouldering you will not do so until such time as you have to Vertical Endeavors' satisfaction demonstrated the ability to engage in such activities and will not engage in Top Out Bouldering until such time as you have been provided the designated tag by Vertical Endeavors allowing you to engage in this activity.
8. Injuries resulting from Instruction Activities not directly related to climbing but related to other services offered by Vertical Endeavors in its facilities.

I am aware of these and NUMEROUS OTHER INHERENT RISKS in using Climbing Apparatus and other activities offered by Vertical Endeavors including Instruction Activities. I FREELY AND VOLUNTARILY ASSUME COMPLETE RESPONSIBILITY for these risks and for the injuries that may occur as a result of these risks EVEN IF injuries occur in a manner not foreseeable at the time I sign this agreement. I realize that by voluntarily assuming the risks involved, I am 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. This provision does not apply to Top Out Bouldering as you must be 18 years of age to engage in such activity).

**RELEASE, PROMISE NOT TO SUE AND REPRESENTATIONS**

In consideration of my observing or using Vertical Endeavors' Climbing Apparatus, and/or in consideration of my participating in Instructional Activities I, on behalf of myself, my heirs, administrators and personal representatives, hereby RELEASE VERTICAL ENDEAVORS AND FOREVER DISCHARGE IT FROM ANY AND ALL LIABILITY, and PROMISE NOT TO SUE Vertical Endeavors, or any of its officers, directors, employees, volunteers, or agents or any other climber, visitor, or person present in or using Vertical Endeavors' Climbing Apparatus for any claims, losses, damages and/or demands arising out of any PERSONAL INJURIES sustained by me, damage to my PROPERTY, or my DEATH based on negligence. This RELEASE extends to and shall be applicable to the designers, manufacturers and/or installers of Vertical Endeavors' Climbing Apparatus and Vertical Endeavors' landlord.

In the event you engage in Top Out Bouldering, you represent you are over the age of 18 and that you have the demonstrated ability to top out on the bouldering apparatus at VE. You further agree not to engage in flips, tricks, jumping, or any other activity that is not safe in connection with bouldering.

All parents bringing children to the facility hereby acknowledge and agree they have been advised by VE staff of VE's child supervision rules, I have reviewed the child supervision rules posted by VE within the facility and agree to abide by and follow the child supervision rules.

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 provision, and to this end the provisions of the Agreement are severable. This Agreement shall be governed by the laws of the State of Minnesota.

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

I HAVE READ THIS AGREEMENT THOROUGHLY AND UNDERSTAND ITS TERMS. NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS HAVE BEEN MADE TO ME THAT CHANGE, ALTER OR MODIFY ANYTHING WITHIN THIS AGREEMENT. I AGREE TO ALL TERMS. (ALTERATIONS OR MODIFICATIONS TO THIS DOCUMENT ARE NOT ALLOWED). THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL CANCELED OR MODIFIED BY A WRITING SIGNED BY VERTICAL ENDEAVORS.

Signature (If participant is under 18, Parent/Legal Guardian must sign.)  
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: Dally - Punchcard - Free Pass - Belay Only - Lesson - Spectator - Group Chap - Kids Camp - School - Church - Misc. - 8-day - Scouts - Other \_\_\_\_\_

EMPLOYEE INITIAL \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ ENTERED IN RGP BY \_\_\_\_\_ \*Office use only\*

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