



## **TEEN/TWEEN SLEEPOVER**

**AGES 9+**

**DROP OFF: SATURDAY OCT. 16TH  
BETWEEN 7 AND 7:30 PM**

**PICK UP: SUNDAY OCT. 17TH  
7:00 AM**

**WHERE: PRAIRIE STONE  
SPORTS & WELLNESS CENTER  
5050 SEDGE BLVD.  
HOFFMAN ESTATES, IL. 60192**

**COST: \$20 PER TWEEN**

**ACTIVITIES: SWIMMING, OPEN GYM,  
CLIMBING WALL (NEED SIGNED WAIVER FOR WALL),  
KARAOKE?, MOVIES, PIZZA AND SNACKS**

**TO REGISTER: COMPLETE ATTACHED**

# REGISTRATION FORM AND FEES

*(Register early to avoid disappointment! Space is available on a first-come, first-served basis.)*

## PARENT(S) INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

email: \_\_\_\_\_

(confirmation will be sent by e-mail)

## TEEN/TWEEN INFORMATION

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

First and Last Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

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\_\_\_\_\_ x \$20 = \_\_\_\_\_  
# TEENS/TWEENS STOTAL

We need one adult chaperone for every 8 participants. This is in addition to our hostess.

Are you interested in being a chaperone? \_\_\_ Y \_\_\_ N

**Please make check payable to: FCC Chicago.**

**Mail payment and registration materials to:**

FCC Chicago  
c/o Jamie Polit  
5505 W. Chancery Way  
Lake In The Hills, Il. 60156

**Questions?** E-mail Jamie Polit at [Chairperson@FccChicago.org](mailto:Chairperson@FccChicago.org)



CLIMBING WALL RULES, REGULATIONS, WAIVER & RELEASE

Form with fields for Last Name, First Name, Climber's Phone #, Climbers Date of Birth, Address, City / State/Zip, Emergency Contact, Telephone Number, Relationship.

Climbing Wall Rules & Regulations

- List of 14 rules and regulations regarding climbing safety, equipment, and liability.

Waiver & Release

I, \_\_\_\_\_ understand that in consideration of using the facilities, climbing walls, equipment and/or participating in activities sponsored by Prairie Stone™ Sports & Wellness Center must obey all of the Prairie Stone™ Sports & Wellness Center indoor climbing wall rules and regulations as well as read and agree to the following Waiver & Release. I also acknowledge that indoor rock climbing entails inherent risks, which include, but are not limited to, death, injury and damage to property. Those risks include, but are not limited to, death, injuries and damages resulting from the following:

1. The negligence of Prairie Stone™ Sports & Wellness Center staff, its owners, representatives, volunteers or agents;
2. The negligence of guests, visitors or persons who may be present at or using the indoor rock climbing wall;
3. The negligence of the designers, manufacturers or installers of the indoor rock climbing wall or its related equipment;
4. The negligence, inattention or inexperience of belayers;
5. Falls, slips, collisions or other such accidents that occur while using the indoor rock climbing wall, whether caused by me or others;
6. The misuse or failure of the indoor rock climbing wall or its associated equipment; and
7. The negligence or lack of training of Prairie Stone™ Sports & Wellness Center employees, representatives, volunteers, or agents who seek to assist with medical or other help either before or after injuries have occurred.

I agree to release from all liability, discharge and promise not to take legal action against Prairie Stone™ Sports & Wellness Center, its directors, owners, employees, representatives, volunteers or agents, and its landlord. I agree to release the aforementioned persons from any liability to me, my heirs, next of kin, assigns or personal representatives from any losses, damages, claims or demand arising out of my death, injuries or damages to property, even if their individual or collective negligence contributes to such death, injuries or damages.

I certify to Prairie Stone™ Sports & Wellness Center that I am eighteen (18)-years of age or older, physically and mentally capable of safely participating in indoor rock climbing and that any personal belayer and equipment that I use as part of my climb are appropriate and properly qualified for my climb. I freely and voluntarily assume complete personal responsibility for all risks and for my death or any injury or damage that may occur to me or my property as a result of these risks, even if such death, injury or damage occurs in a manner that is not foreseeable to me at this time. I realize that by voluntarily assuming the risks involved I will be solely responsible for my death or any injury or damage that I sustain.

I have read this Waiver & Release thoroughly and understand the terms. My use of the indoor rock climbing wall and my execution of this Waiver & Release are both purely voluntary and I elect to do so in spite of the risks.

Signature of Participant, Print Name of Participant, Date

IF PERSON IS UNDER 18-YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE THE FOLLOWING:

I, \_\_\_\_\_, the undersigned parent or legal guardian of \_\_\_\_\_ ("Minor"), hereby execute the foregoing Waiver & Release for and on behalf of Minor and agree to bind myself, Minor and my heirs, next of kin, assigns or personal representatives to the terms of this Waiver & Release. I represent that I have full legal authority to act for and on behalf of Minor, and I agree to indemnify and hold harmless Prairie Stone™ Sports & Wellness Center for any expenses, claims or liabilities that may arise as a result of any insufficiency of my full legal authority to execute the foregoing Waiver & Release.

Signature of Parent or Legal Guardian, Print Name of Parent or Legal Guardian, Date

IF YOU ARE PROVIDING YOUR OWN BELAYER, THE BELAYER MUST ALSO COMPLETE THE FOLLOWING:

I, \_\_\_\_\_, the undersigned belayer, certify to Prairie Stone™ Sports & Wellness Center that I am properly qualified and experienced to ensure a climber's safe use of an indoor rock climbing wall. I agree to indemnify and hold harmless Prairie Stone™ Sports & Wellness Center for any expenses, claims or liabilities that may arise as a result of my actions or insufficient qualification or experience as a belayer.

Signature of Parent or Legal Guardian, Print Name of Participant, Date