## "CELEBRATE LIFE 2015"

Congratulations! You have been chosen to represent Chicago Central District at Celebrate Life on **May 14-16, 2015**. Over 2000 people will gather from our region to complete in various sports and events at Olivet Nazarene University in hopes to win the grand trophy that we won a couple of years ago! You won't want to miss this exciting event. During this weekend you will experience awesome worship, drama, sports, a block party, college life at Olivet, and make new friendships from all over the mid-west.

In order for you to attend Celebrate Life 2015 you will need to fill out all forms included in this packet (medical release, climbing wall, Record a Hit wavier, and celebrate life activity form) and return them to me (Bill Koch) with your church check made out to CCD NYI no later than Sunday, April 5, 2015.

# We will not accept any forms or checks past the due date which is April 5, 2015. No exceptions.

The cost for Celebrate Life this year is \$\frac{110}{10}\$ per student and \$\frac{90}{10}\$ for adult sponsors. The cost includes a Chicago Central District T-Shirt, registration fees, two nights stay in hotel/dorm, all meals from Thursday lunch until Saturday breakfast, free pizza party Thursday night at 11 pm in the Warming House, and free admission to all services and activities. The first event you compete in at Celebrate Life is FREE. If you qualify for more than one event you will be charged an additional 5.00 for each event. If you are competing in a team sport you will also be charged an additional amount of \$\frac{15.00}{15.00}\$ to pay for your team shirt. Please include that amount in your check to the church.

Please note: Immediately following the closing ceremony at Regional Celebrate Life this year we will have an important informational meeting at Gathering Point in the sanctuary concerning details of NYC 2015. This meeting will be for <u>all</u> adult participants and student participants attending NYC 2015. Plan to attend!

If you have any questions or concerns about Celebrate Life please contact me at kochbill72@gmail.com or call 217-260-1894. Come on out to support our district.

Let's go CCD!!

In His service, Bill Koch

# **CCD NYI Celebrate Life Registration Form**

(Please PRINT and complete ALL information)	е	Date Of	Birth:	District: Chicago Central District
Name:				
Address:	(	Grade: _	Local Church:	
City:				
State: Zip Code:	`	Yr. Of G	raduation:	Gender: M F
Cell Phone: ( )		T_Shirt 9	Size:	
Cell Carrier:				
		I am a	: Participant	Sponsor
*** YOU MAY NOT ENTER ANY I	INDIVIDUA	AL CAT	EGORY MORE THAN	N ONCE**
A. Bible		E.	Тар	cal Talent:Vocal  ed Live Accompanist  Name:
Video/Arts/Crafts			☐ Duet ☐	
B. ☐ Painting ☐ Still Photography			Partner:	Name:
☐ Drawing ☐ Sculpture & Craft ☐ Video (individual only, not team)			☐ Trio ☐ ☐ Partner(s)	□ Name:
· · · · · · · · · · · · · · · · · · ·			☐ Ensemble ☐	
C. Science			(4-11)	ь
Quizzing ☐ Yes ☐ No			Name:	Name:
*Taped/CD music must be an original. All commercially produ	uced		☐ Choir ☐	
accompaniment tapes must be an original tape (no copies wi permitted). Taped music must not have voices singing un	nison		Name:	Name:
with the singer(s). The singer(s) will be judged by the wr music given to the iudges.	itten		☐ Dist. Choir/ ☐	
D. Musical Talent: Instrumental		¬	Impact Leam Name:	Name:
D. Musical Talent: Instrumental (Circle One) Taped Live Accompanis	st			
Solo Duet □ □ Name     Name		<sub>F.</sub>	Comm	unications/Video
Trio Instrument(s): Partner(s):		' -		le ☐ Speech/ ☐ Video
Partner(s): Organ			Writing Expos	sition Reading (Individual)
Solo			□ Drama Gro	oup Name:
Taped Live Accompanis	st .		Participants:	our Namer
☐ Ensemble ☐ ☐ ☐ ☐ (4 to 11) Ensemble Name:	☐ Ensemble ☐ ☐		☐ Mime Gro	oup Name:
Members:			☐ Puppetry Gro	oup Name:
			Participants:	
Taped Live Accompanis  ☐ Band ☐ ☐ Name:			S	port Events
(12 or more) Band Name:			☐ Video editing	-
☐ Praise Band			Participant: Assistant (Option	nal):
Band Name: Members:		G.	☐ Basketball (Distri	
		╛	☐ Free Throw	Early Youth Senior Youth M F
Defined Delicer			☐ Hot Shot ☐ Bowling	Early Youth Senior Youth M F
Refund Policy: All monies received for the event of Regional Celebrate L			☐ Chess	
refundable directly to the participant. They may, however, be between participants within the district. I hereby agree to			☐ Table Tennis	Mixed Doubles Singles M F
refund policy			☐ Tennis ☐ Volleyball (Distric	Early Youth Senior Youth M F
(Participants Cimpture)			☐ 5000-Meter Run	
(Participant's Signature)			☐ Golf ☐ Home Run Derby	Early Youth Senior Youth M F  V Early Youth Senior Youth M F
			☐ Coed Soccer (Di	

## Central Field NYI Celebrate Life

### **PERMISSION - COOPERATION - INFORMATION FORM**

(YOU MUST COMPLETE THIS FORM TO ATTEND)

## Parental Permission and Waiver of Liability

I hereby give authority to CHRISTINA FISCHER, who is the NYI President of the Chicago Central District, to obtain minor medical attention or to authorize treatment at any hospital in the event of a medical emergency.

I also recognize the authority of all district sponsors, the Celebrate Life staff and the security of Olivet Nazarene University as those who will supervise this event and uphold proper conduct. I understand that my son/daughter could be sent home and that I would be responsible for their transportation home and any destruction of property.

I will not hold the Church of the Nazarene or Olivet Nazarene University responsible for accident, injury or theft. My son/daughter has my permission to attend Celebrate Life. (Month) (Day) (Yr) (Parent or Guardian Signature) Home Phone #: (\_\_\_\_)\_\_\_\_ Emergency Phone #: (\_\_\_)\_\_\_\_ Work Phone #: (\_\_\_\_)\_\_\_\_ Contact: \_\_\_\_\_ Insurance Company: \_\_\_\_\_Policy number: \_\_\_\_\_ Known Allergies: **Teen Cooperation Agreement** I am willing to cooperate with my sponsors, and I will submit to their authority in all areas. I will also follow the guidelines set up by the Central Region NYI Council and Olivet Nazarene University. I am aware that failure to do so will result in disciplinary action. (Your Signature) (Month) (Day) Celebrate Life Package Deal The cost for students is \$110 which includes: Registration, District T-shirt, and 1 event Lodging - for two nights (you provide the bedding and linens) Meals - Lunch & Dinner on Thursday; three meals on Friday; breakfast and lunch on Saturday. Programs on Thursday and Friday (These programs are not optional for students.) Registration: (includes 1 event) 110 Number of Additional Events \_\_\_\_ x \$5 Team Sport Fee (\$15)

Celebrate Life begins with registration at 9:00-10:45 A.M. in the Centennial Chapel on Thursday, May14th. An opening ceremony will begin promptly at 11:00 A.M. Late registrants may proceed to the Tiger Den following the ceremony. Celebrate Life will conclude at 12:30 P.M. on Saturday, May 16<sup>th</sup>.

**TOTAL DUE:** 

# RECORD-A-HIT ENTERTAINMENT 1495 Tonne Road, Elk Grove Village 60007 847-690-1100

# LIABILITY WAIVER

Adrenaline Rush, Adrenaline Rush Extreme, Eurobungy,
Bouncy Boxing, Bungee Bull,
Bungee Run, Bungee Sports Challenge, Climbing Wall,
Gladiator Joust, Jacob's Ladder, Human Spheres, Human
Bowling, Iceless Skating Rink, Inflatable Slip N Slide,
Mechanical Bull, Obstacle Courses, Pillow Bash, Rat Race,
Rock Em Sock Em, Velcro Wall, Wrecking Ball

THE UNDERSIGNED, by his/her signature hereinafter affixed does acknowledge that any physical activities involve some element of personal risk and that, accordingly, in consideration for the undersigned waiving his/her claim against RECORD-A-HIT, Inc., and their agents, the undersigned will be allowed to participate in any of the above physical activities.

By engaging in this activity, the the undersigned acknowledges that he/she assumes the element of inherent risk and, in consideration for being allowed to engage in the activity, agrees to indemnify and hold RECORD-A-HIT, Inc., and their agents, harmless from any liability for bodily injury, property damage or wrongful death caused by participation in this activity.

Further, the undersigned agrees to indemnify and hold RECORD-A-HIT, Inc., and their agents, harmless from any and all costs incurred including, but not limited to, actual attorney's fees that RECORD-A-HIT, Inc., And their agents, may suffer by an action or claim brought against it by anyone as a result of the undersigned's use of such facility.

Event NameCelebrate L	ife ONU
Event DateMay 14-16	5, 2015
x	X
Participant - Printed	Participant -Signature
x	x
Parent/Guardian - Printed	Parent/Guardian - Signature

### OLIVET NAZARENE UNIVERSITY CLIMBING WALL

RELEASE OF ALL CLAIMS AND COVENANT NOT TO SUE ASSUMPTION OF RISK / LIABILITY WAIVER FORM

**Notice**: This is a legally binding agreement. By signing this agreement you give up your right to bring court action or recover compensation or obtain any other remedy for any injury to yourself or your property or for your death however caused arising out of your use of the Olivet Nazarene University Climbing Wall now or anytime in the future.

### 1. Assumption of Risk

I hereby acknowledge and agree that wall climbing and the use of the Olivet Nazarene University Climbing Wall is wholly voluntary and may expose me to significant risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- 1. All manner of injury resulting from falling off the Climbing Wall and impacting against the wall or ground.
- 2. Injuries resulting from being dropped to the ground during belaying or lowering.
- 3. Failure of rope, slings, harness, climbing hardware, anchor points, or any part of the Climbing Wall structure.

I understand that the risks inherent in climbing may result in serious injury, including, but not limited to broken bones, concussions, cuts, scrapes, bruises or even death.

I understand that I am responsible for the condition of personal gear (harness, helmet, climbing shoes).

### 2. Release of All Claims and Covenant Not to Sue

In consideration of my use of the Olivet Nazarene University Climbing Wall, I agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns **HEREBY DO RELEASE** Olivet Nazarene University, its officers, agents, and employees from any causes of action, claims, or demands of any nature whatsoever, which I, my heirs, representatives, executors and assigns may now have, or have in the future against Olivet Nazarene University on account of personal injury, property damage, death or loss of any kind, arising out of or in any way related to my use of the Climbing Wall, whether arising out of negligence, gross negligence, or any other cause.

- **3.** In further consideration of my use of the Climbing Wall, neither I the undersigned user, nor my heirs, representatives, executors, administrators, and assigns shall file a lawsuit or otherwise assert any claim whatsoever for personal injury, property damage, or death arising out of or in any other manner related to my use of the ONU Climbing Wall. I on behalf of myself and my heirs, representatives, executors, administrators, and assigns agree to **INDEMNIFY AND HOLD HARMLESS** Olivet Nazarene University, its officers, agents, and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever, including attorney's fees arising out of or in any way relating to my use of the Climbing Wall, whether arising out of negligence, gross negligence, or any other cause.
- **4.** I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of the Climbing Wall and that I am voluntarily assuming these risks. I understand that I will by solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement I am relieving Olivet Nazarene University of any and all liability for such loss, damage, or death. I further certify that I am in good health and that I have no physical limitations that would preclude my safe use of the Climbing Wall.

BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS DOCUMENT, AND THAT I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS AND EXEMPT AND RELIEVE OLIVET NAZARENE UNIVERSITY, ITS OFFICERS, AGENTS, OR EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, WRONGFUL DEATH OR ANY OTHER LOSS CAUSED BY ANY REASON ARISING OUT OF MY PARTICIPATING AT THE CLIMBING WALL.

Climbing Wall user's signature	Date	Climbing Wall user's printed name
Parent or guardian's signature (if under 18)	Date	Parent or guardian's printed name (if under 18)
ONU Staff signature	Date	ONU Staff printed name