

## **“REGIONAL CELEBRATE LIFE 2013”**

Congratulations! You have been chosen to represent Chicago Central District at Regional Celebrate Life on May 16-18, 2013. Over 2000 people will gather from our region to compete in various sports and events at Olivet Nazarene University in hopes to win the grand trophy. You won't want to miss this exciting event. During this weekend you will experience awesome worship, drama, music, sports, activities in the new student life center, college life at Olivet, and you will meet new people from all over the mid-west. In order for you to attend RCL you will need to fill out your forms included in the packet and return them to your youth leader no later than Sunday, March 31, 2013. Your form for participating in the climbing wall must be turned in by the due date marked on the form. **We will not accept any forms or registrations past the due date which is Wednesday, April 10<sup>th</sup>. No exceptions!**

The cost for the event this year is \$100.00 per person which includes a Chicago Central District T-shirt, all registration fees, two nights stay in hotel/dorm, all meals from Thursday lunch until Saturday breakfast, and free admission to all services and concerts. The first event you participate in at RCL is free. If you qualify for more than one event you will be charged an additional \$5.00 for each event after the \$100.00. If you have any questions or concerns about Regional Celebrate Life please email me at [kochbill72@gmail.com](mailto:kochbill72@gmail.com) or call 217-260-1894. Be ready to PROTECT OUR HOME at Regional Celebrate Life in May. Let's go CCD!!

In His Service,

Bill Koch

# CCD NYI Celebrate Life Registration Form

(Please PRINT and complete ALL information)

Date Of Birth: \_\_\_\_\_ District: Chicago Central District

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Local Church: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Yr. Of Graduation: \_\_\_\_\_ Gender: M F

Cell Phone: ( ) \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Cell Carrier: \_\_\_\_\_

I am a: \_\_\_\_\_ Participant \_\_\_\_\_ Sponsor

\*\*\* YOU MAY NOT ENTER ANY INDIVIDUAL CATEGORY MORE THAN ONCE\*\*

A. **Bible Quizzing**  Yes  No

B. **Video/Arts/Crafts**  
 Painting  Still Photography  
 Drawing  Sculpture & Craft  
 Video (individual only, not team)

C. **Science Quizzing**  Yes  No

\*Taped/CD music must be an original. All commercially produced accompaniment tapes must be an original tape (no copies will be permitted). Taped music must not have voices singing unison with the singer(s). The singer(s) will be judged by the written music given to the judges.

D. **Musical Talent: Instrumental**  
 (Circle One) Taped Live Accompanist  
 Solo  Duet  Name: \_\_\_\_\_  
 Trio Instrument(s): \_\_\_\_\_  
 Partner(s): \_\_\_\_\_  
 Keyboard  Piano  Organ  
 Solo  
 Ensemble Taped Live Accompanist  
 (4 to 11)    
 Ensemble Name: \_\_\_\_\_  
 Members: \_\_\_\_\_  
 Band Taped Live Accompanist  
 (12 or more)   Band Name: \_\_\_\_\_  
 Praise Band Band Name: \_\_\_\_\_  
 Members: \_\_\_\_\_

E. **Musical Talent: Vocal**  
 Taped Live Accompanist  
 Solo   Name: \_\_\_\_\_  
 Duet    
 Partner: \_\_\_\_\_ Name: \_\_\_\_\_  
 Trio    
 Partner(s) \_\_\_\_\_ Name: \_\_\_\_\_  
 Ensemble    
 (4-11) Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Choir    
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Dist. Choir/    
 Impact Team Name: \_\_\_\_\_  
 Name: \_\_\_\_\_

F. **Communications/Video**  
 Creative Writing  Bible Exposition  Speech/ Reading  Video (Individual)  
 Drama Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_  
 Mime Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_  
 Puppetry Group Name: \_\_\_\_\_  
 Participants: \_\_\_\_\_

G. **Sport Events**  
 Video editing Participant: \_\_\_\_\_  
 Assistant (Optional): \_\_\_\_\_  
 Basketball (District Team)  
 Free Throw Early Youth Senior Youth M F  
 Hot Shot Early Youth Senior Youth M F  
 Bowling  
 Chess  
 Table Tennis Mixed Doubles Singles M F  
 Tennis Early Youth Senior Youth M F  
 Volleyball (District Team)  
 5000-Meter Run  
 Golf Early Youth Senior Youth M F  
 Home Run Derby Early Youth Senior Youth M F  
 Coed Soccer (District Team)

**Refund Policy:**

All monies received for the event of Regional Celebrate Life are non-refundable directly to the participant. They may, however, be transferred between participants within the district. I hereby agree to the stated refund policy.



\_\_\_\_\_  
 (Participant's 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 helmets are available upon request.

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

**Paragraph 1 read and understood** \_\_\_\_\_

### 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.

**Paragraph 2 read and understood** \_\_\_\_\_

**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.

**Paragraph 3 read and understood** \_\_\_\_\_

**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 be solely responsible for any loss or damage, including death, I sustain while using the Climbing Wall and that by this agreement I am relieving the 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.

**Paragraph 4 read and understood** \_\_\_\_\_

**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