

Celebrate Life Individual Registration Form

(Please PRINT and complete ALL information)

Name: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone: () _____

Age: _____ District: Eastern Michigan
 Grade: _____ Local Church _____
 Yr. Of Graduation: _____ Sex: M F
 Dorm: _____ Room # _____
 Roommate Preference: _____

I am a: _____ Participant _____ Spectator _____ Sponsor

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

A. **Bible Quizzing** Yes No

B. **Arts/Crafts**
 Painting Still Photography
 Drawing Sculpture & Craft

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 Arts: Instrumental**

(Circle One) CD Live Accompanist
 Solo Duet Name: _____
 Trio Instrument(s): _____
 Partner(s): _____
 Keyboard Solo Piano Organ

Ensemble CD Live Accompanist
 (4 to 11)
 Ensemble Name: _____
 Members: _____

Band CD Live Accompanist
 (12 or more) Name: _____
 Band Name: _____
 Praise Band
 Band Name: _____
 Members: _____

Refund Policy:

All monies received for the event of 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)

E. **Musical Arts: Vocal**

Solo CD Live Accompanist
 Duet Name: _____
 Partner: _____ Name: _____
 Trio
 Partner(s) _____ Name: _____
 Ensemble (4-11)
 Name: _____ Name: _____
 Choir
 Name: _____ Name: _____
 Dist. Choir/ Impact Team
 Name: _____ Name: _____
 Nazarene Idol Finalist (top two)

F. **Communications/Video**

Creative Writing Bible Exposition Speech/ Reading Video (Individual)
 Dance
 Drama Group Name: _____
 Participants: _____
 Mime Group Name: _____
 Participants: _____
 Puppetry Group Name: _____
 Participants: _____

G. **Sport Events**

You may only participate in one team event due to conflicting schedules. This consists of bowling, mixed doubles in table tennis, soccer, vb, bb, and golf but not video production.

Basketball (District Team)
 Free Throw Early Youth Senior Youth M F
 Hot Shot Early Youth Senior Youth M F
 Bowling (District Team)
 Chess
 Table Tennis Men's Women's Mixed Doubles
 Tennis Men's Women's Mixed Doubles
 Volleyball (District Team)
 5K Run
 Home Run Derby Early Youth Senior Youth M F
 Coed Soccer (District Team)
 Dodgeball

PERMISSION - COOPERATION – INFORMATION FORM
(YOU MUST COMPLETE THIS FORM TO ATTEND)

Parental Permission and Waiver of Liability

I hereby give authority to Jeff Tschetter, who is the NYI President of the Eastern Michigan 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.

(Parent or Guardian Signature) _____ - _____ - 2019
(Month) (Day) (Yr)

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) _____ - _____ - 2019
(Month) (Day) (Yr)

Celebrate Life Package Deal

The cost of the package deal is \$120/person which includes:

- Lodging for Thursday & Friday night (bring own bedding/linens/toiletries)
- Meals - lunch & supper on Thursday / breakfast, lunch & supper on Friday and breakfast on Saturday
- Programs on Thursday & Friday (required for all CL participants)

**Submit this form & payment to your youth pastor/leader
by March 28th, 2019
Checks payable to your local church
(a late fee will be assessed if received late)**

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