

GROUP EVENT WAIVER



Participant First Name

Participant Last Name

Address

Telephone Number

Email Address

Emergency Contact

Contact Telephone Number

I, the undersigned ("Participant"), in consideration for LIFE TIME FITNESS, Inc. ("LTF") allowing my participation in a LIFE TIME FITNESS group event or birthday party (the "Programs"), agree to the following:

WAIVER OF LIABILITY

Participant understands that although the facilities, equipment and services of LTF and the Programs are designed to provide a safe level of beneficial exercise and enjoyment, there is an inherent risk that use of such facilities, equipment, services and participation in the Programs may result in injury. Therefore, Participant agrees to specifically assume all risk of injury for Participant while Participant is using any of LTF's facilities, equipment, services or participating in the Programs and hereby waives any and all claims or actions that may arise against LTF or its owners, employees, contractors, volunteers as a result of such injury. These risks include, but are not limited to: (1) Injuries arising from Participant's use of any equipment in connection with the Programs, whether occurring inside or outside of LTF, (2) Injuries arising from Participant's transportation to and from a site that is a part of the Programs, (3) Injuries or medical disorders arising from Participant's participation in the Programs, whether occurring within or outside of LTF, and (4) Actions taken or decisions made by LTF, its staff members, volunteers or chaperones regarding medical or survival procedures for Participant.

ASSUMPTION OF RISK

Participation in the Programs naturally may involve the risk of injury, whether Participant or someone else causes it. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk on behalf of Participant and agrees that LTF will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to Participant resulting from the negligence or other acts of LTF or anyone else using the facilities or participating in Programs. If there is any claim by anyone based on any injury, loss, or damage described herein, which involves Participant, the undersigned agrees to (i) defend LTF against such claims and pay LTF for all expenses relating to the claims, and (ii) indemnify LTF for all obligations resulting from such claims.

I have read the Waiver of Liability and Assumption of Risk thoroughly and understand the terms. My participation in the Programs and my execution of the Waiver of Liability and Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.

Signature of Participant

Date

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

I, the undersigned parent or legal guardian of the Participant, hereby execute the foregoing Waiver of Liability and Assumption of Risk for and on behalf of Participant and agree to bind myself, Participant and any heirs, next of kin, assigns or personal representatives to the terms of the Waiver of Liability and Assumption of Risk. I represent that I have full legal authority to act for and on behalf of Participant, and I agree to indemnify and hold harmless LTF 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 of Liability and Assumption of Risk.

Signature of Parent or Legal Guardian

Print Name of Parent or Legal Guardian

Date

CLIMBING WAIVER



_____ Climber's Last Name	_____ Climbers First Name	_____ Climber's Phone Number	_____ Climber's Age
_____ Climber's Last Name	_____ Climbers First Name	_____ Climber's Phone Number	_____ Climber's Age
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Emergency Contact	_____ Phone Number		

Climbing Wall Rules and Regulations

- All climbers must be five years old or older.
- All climbers must complete a Waiver and Release at least once per year and initial the Climbing Wall Card prior to each climb. Climbers under the age of 18 must have the Waiver and Release form signed by a parent or legal guardian.
- All climbers must demonstrate and pass a belay checkout and must agree to utilize proper discrete hand switch belaying technique.
- All climbers agree to use the double-check exchange before beginning each climb. The belayer will check the climber's gear, and the climber will check the belayer's system and exchange confirmation that the equipment is okay. This is most important and must vigilantly be performed at the start of each and every climb.
- All climbers will comply with the judgments of the Life Time Fitness staff on duty.
- Approved climbing equipment only is allowed in the climbing cavern.
- Climbers must show Life Time Fitness staff their proof of payment when entering the climbing area.
- A minimum of one spotter per climber is required when bouldering. Boulderer's feet shall not exceed the height of the spotter's shoulders.
- No hard-soled or lug shoes will be permitted on climbing surfaces. Rock climbing shoes or athletic shoes are recommended. No bare-foot climbing.
- The belayer must pay attention to the climber by keeping the climber in eye contact at all times.
- No one will be allowed to climb or boulder unless an approved staff instructor or supervisor is present.
- No powdered or block chalk allowed. Chalk balls only.
- Lessons in progress have priority on routes. If an instructor needs the route you are on, you may be asked to move to another route. Please finish the climb and allow the lesson to use the route.
- Upon completion of the Basic Climbing/Checkout course climbers will be given a checkout card. The checkout card must be presented prior to using the wall.
- If using an auto belayer, climbers must pass an auto belay checkout.
- Any infractions of the above rules will result in loss of privileges. Repeated infractions may result in loss of club membership.

WAIVER AND RELEASE

I, the undersigned, understand that in consideration of using the facilities, climbing walls, equipment and/or participating in activities sponsored by Life Time Fitness, Inc. ("LTF"), I must obey all of LTF's indoor climbing wall rules and regulations as well as read and agree to the following Waiver and Release. I also acknowledge that indoor rock climbing entails inherent risks such as 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 LTF, its owners, employees, 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 adequate training of LTF's 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 LTF, 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 for 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 LTF 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 and Release thoroughly and understand the terms. My use of the indoor rock climbing wall and my execution of this Waiver and Release are both purely voluntary and I elect to do so in spite of the risks.

_____ Signature of Parent or Legal Guardian	_____ Print Name of Parent or Legal Guardian	_____ Date
_____ Signature of Parent or Legal Guardian	_____ Print Name of Parent or Legal Guardian	_____ 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 and Release for and on behalf of Minor and agree to bind myself, Minor and any heirs, next of kin, assigns or personal representatives to the terms of this Waiver and 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 LTF 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 and 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 LTF 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 LTF 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 Parent or Legal Guardian	_____ Date
--	---	---------------