

NEW THIS YEAR LOCK-OUT WILL TAKE PLACE AT GRAND SLAM  
IN COON RAPIDS AND MARCUS THEATRE IN ELK RIVER

**ABSOLUTELY NO NEW REGISTRATIONS ACCEPTED AFTER APRIL**

**29<sup>TH</sup> @ 11:59PM**

Celebration Lutheran Church

**2 SIDES**

**(1 set of forms per youth)**

***MEDICAL RELEASE/REGISTRATION  
& Grand Slam Waiver***

Name of Event: Spring Lock-Out

Date(s): Fri., May 1 8:00pm -

Sat., May 2 7:00am

**Office Use Only**

**Paid** \_\_\_\_\_

**Amount** \_\_\_\_\_

**Time of Arrival/Departure if different than full event**  
\_\_\_\_\_

**Price below includes: Busing, Unlimited: Laser Tag, Bumper Cars, Ninja Course, Mini Golf, Arcade Games, Batting Cages and Unlimited Pop and Pizza all at Grand Slam in Coon Rapids & Choice of movie:**

New Mutants, Trolls: World Tour, Peter Rabbit 2. Concessions Additional.

**Form and Money are due by Wed., April 29th**

**3/9-4/22 the cost is \$50**

**4/23-4/29 the cost is \$60**

**Registration Closes at 11:59 on April 29th**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Youth (please print) Date of birth Grade M F

Parent(s)/Guardian(s): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Secondary Contact Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***MEDICAL PERMISSION AND RELEASE***

I give my permission for (Youth's Name) \_\_\_\_\_

To participate in the above named Celebration Lutheran Church event. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that in case of an emergency; I will be notified as soon as possible. However, in the event of sickness or accident, I will not hold the leaders, drivers, or Celebration Lutheran Church responsible.

***EMERGENCY AUTHORIZATION***

I hereby give my permission to the medical personnel selected by the church leader, guide or driver to order X-rays, routine tests, and treatment for my youth, in the event I cannot be reached in an emergency. I hereby give my permission to the physician selected by the church leader, guide or drive to hospitalize, secure proper treatment for, and to order injection and/or anesthesia, and/or surgery for my child as named above. I am responsible for any medical obligations incurred during the above-named event.

Known medications allergies or other medical concerns: \_\_\_\_\_

I give my permission for Celebration Lutheran Church to transport my youth to the Youth Events as scheduled. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that in case of an emergency; I will be notified as soon as possible. However, in the event of sickness or accident, I will not hold the leader, drivers, or Celebration Lutheran responsible. In addition, I give Celebration Lutheran Church permission to use photo and likeness of my youth for promotional purposes.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] I volunteer to be an adult leader for this event \_\_\_\_\_ [ ] I give consent for my youth to view  
(adult leaders attend for free) (name of parent) the PG-13 movie New Mutants

EXCELLENT ENTERTAINMENT ENTERPRISES, LLC.  
PERPETUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

**General Terms:** Excellent Entertainment Enterprises, LLC. A Minnesota Limited Liability Company, operates entertainment facilities under the name Grand Slam Coon Rapids. These facilities offer various types of equipment for recreational use. I have had an opportunity to inspect the facilities and equipment and I fully understand the various recreational activities offered. I understand that the equipment and activities offered by Grand Slam Coon Rapids do not constitute a public service or an essential service or program, but rather provide voluntary recreational activities of the type that can be obtained through similar program at other facilities. My choice to use the equipment and participate in the recreational programs at Grand Slam Coon Rapids are entirely voluntary.

In consideration of being allowed to use the facilities and equipment at Grand Slam Coon Rapids, I, on behalf of myself and my minor child or legal ward, agree to the following terms:

**Assumption of Risk:** I and/or my minor child or legal ward will be using various equipment and engaging in various recreation activities at Grand Slam Coon Rapids. I understand this equipment exposes participants to certain inherent and serious risks. I further recognize that the use of the ninja course system exposes participants to additional risks including, but not limited to, falling, muscle sprains, broken bones, bruise, cuts or other injuries. The risks associated with the use of this equipment involve certain dangers that can not be completely avoided or eliminated, and may result in serious injury and/or potential death or disability. To the maximum extent allowed by law, I, and on behalf of my minor child or legal ward name below, ASSUME ALL RISKS for any property damage, personal injury, death, or disability that may result from the use of this equipment including those arising from ordinary negligence of the Releasees who are identified hereafter.

**Release and Waiver of Liability:** In consideration of being permitted to participate in the activities and to use the recreational equipment, including the ninja course at Grand Slam Coon Rapids, I and/or my minor child or legal ward do hereby voluntarily release, waive, and discharge all claims, law suits, and demands that I or my minor child or legal ward has or may have in the future against Excellent Entertainment Enterprises, LLC., Grand Slam Coon Rapids, or any of its officers, directors, employees, agents or representatives, and their successors and assigns, collectively referred to herein as ("Releasees") arising out of any damage, loss, personal injury, death or disability to me or my minor child or legal ward while using any of the equipment or participating in any of the activities offered at Grand Slam Coon Rapids facilities. The Release is valid and effective whether the damage, loss, personal injury, death or disability is the result of any act or omission on the part of the Releasees or from any other cause. This Release and Waiver of Liability includes, but is not limited to, any property damage, personal injury, death or disability that may occur as a result of misuse of the equipment or facility by anyone, use of any of the equipment that malfunctions or breaks, improper inspection or maintenance of the facilities, grounds or equipment, and claimed inadequate instruction or supervision, or any slipping, tripping and/or falling while in the facility or on the surrounding premises, including all of those arising from negligent acts or omission of Releasees.

In accordance with Minnesota law, nothing in this Assumption of Risk, Waiver and Release of Liability Agreement should be construed as assuming any risk, or waiving or releasing any claims I or my minor child or legal ward may have for gross negligence, willful or wanton misconduct, or reckless or intentional acts by or on behalf of the Releasees.

**Perpetual Effect of this Document:** I agree that this Assumption of Risk, Waiver and Release of Liability Agreement extends into the future and covers any all visits for which this Agreement applies, as well as any return or repeat visits by either myself, my minor child, or my legal ward for whom I am responsible.

**Severability:** On behalf of myself, my minor child and/or my legal ward, I agree that if any portion of this Assumption of Risk, Waiver and Release of Liability Agreement is found to be void or unenforceable, the remaining provisions of this document shall remain in full force and effect.

I UNDERSTAND THAT BY EXECUTING THIS AGREEMENT I AND MY MINOR CHILD AND/OR LEGAL WARD ARE GIVING UP ANY RIGHT TO BRING A LEGAL ACTION OR ASSERT THE CLAIM AGAINST EXCELLENT ENTERTAINMENT ENTERPRISES, LLC., GRAND SLAM COON RAPIDS, AND ALL OTHER RELEASEES IDENTIFIED HEREIN, FOR NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON THE PREMISES.

MUST BE AT LEAST 18 YEARS OLD TO FILL OUT THIS SECTION (All minors must be listed below)

Signature of Adult Participant (At least 18 years old) or Parent/Guardian: \_\_\_\_\_

Print Name: (Adult Participant or Parent/Guardian): \_\_\_\_\_

If not staying on site, please provide a phone number: \_\_\_\_\_

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian and/or Adult Participant DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Minors Name: \_\_\_\_\_ DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_