

# VERTICAL ENDEAVORS MEMBER AGREEMENT

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD

Type of yearly member: Circle one: Current / New

Which VE location will you climb at more often: VE St Paul / VE Mpls

Dates of Membership \_\_\_\_\_ to \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

(Vertical Endeavors will not sell your email address)

Female / Male BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

How did you hear about us? Circle one: Post card mailing - Newsletter - Gym postings - VE staff - Friend

Web Site - Email reminder - REI - Midwest - Other \_\_\_\_\_

Yearly (\$569) \$ \_\_\_\_\_

Family Yearly (\$999) \$ \_\_\_\_\_

3 Month (\$219) \$ \_\_\_\_\_

6 Month (\$309) \$ \_\_\_\_\_

3 Month Family (\$329) \$ \_\_\_\_\_

6 Month Family (\$509) \$ \_\_\_\_\_

3 Month Student (\$179) \$ \_\_\_\_\_

Till Receipt # \_\_\_\_\_

Referred by \_\_\_\_\_

Mgr \_\_\_\_\_

New Member Letter Mailed \_\_\_\_\_

Membership:  
Person to be notified in case of illness or injury:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_

Family:  
List dependants & Birth Date  
(Please dependants print full name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions? YES / NO If so, what are they? \_\_\_\_\_ Do you have medical insurance? YES / NO

## AGREEMENT

1. All sales final, no refunds.
2. I have signed an "Assumption of Risk" waiver and rules form.
3. Participation in this sport or facility involves certain risks and I agree to waive responsibility for any injuries.
4. The information I have provided on this form is current, factual and complete.
5. Members must show their membership key tags when entering the facility and picture ID if requested.
6. I understand this membership is non-transferable.
7. I agree to pay a \$5.00 replacement cost for a new membership key tag if lost or stolen.
8. I understand that this membership will not be suspended or put on hold for any reason due to injury, accident, relocation or pregnancy.
9. Definition of FAMILY membership is: Legally married couple living at the same address & legal dependants 17 years of age or younger.
10. As a member of VE you are eligible for a 15% discount on regular priced pro-shop items.
11. Members are eligible for event and clinic discounts.

My signature indicates that I have read, understand and agree to the above.

Signature: \_\_\_\_\_  
(Parent or Legal Guardian, if participant is under 18 years of age.)

Date: \_\_\_\_\_

Emp \_\_\_\_\_ Computer \_\_\_\_\_ Membership Card \_\_\_\_\_