

# VERTICAL ENDEAVORS MEMBER AGREEMENT

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

Type of yearly member (*circle one*): CURRENT / NEW

Do you have an existing EFT Monthly Membership? YES / NO

Which VE location will you climb at more often:

St. Paul / Mpls / Bloomington / TC Bouldering / Duluth / Glendale Heights

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

NAME \_\_\_\_\_

PLEASE PRINT LEGIBLY - we will be mailing your passes

STREET \_\_\_\_\_ APT # \_\_\_\_\_

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

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

EMAIL \_\_\_\_\_

(Vertical Endeavors will not sell your email address)

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

How did you hear about us? (*circle one*):

Postcard / Staff / Friend / Email / Internet / REI / Midwest / Other \_\_\_\_\_

## OFFICE USE ONLY

CHECK # \_\_\_\_\_

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

Employee Name \_\_\_\_\_

Notes:

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

## ALL ACCESS MEMBERSHIPS

1 Adult (\$430.42) \$ \_\_\_\_\_

2 Adult (\$860.84) \$ \_\_\_\_\_

1 Adult + 1 Child (\$592.23) \$ \_\_\_\_\_

1 Adult + 2 Children (\$754.04) \$ \_\_\_\_\_

Family Membership (\$889.97) \$ \_\_\_\_\_

## Family Memberships: Please complete the following

Dependent's Full Name	Birth Date
_____	_____
_____	_____
_____	_____
_____	_____

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

NAME: \_\_\_\_\_

PHONE # \_\_\_\_\_

CELL # \_\_\_\_\_

WORK # \_\_\_\_\_

Do you have medical insurance? YES / NO

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

## 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. All membership contracts begin on the day of payment or at the end of an existing membership contract.
8. I agree to pay a \$5.00 replacement cost for a new membership key tag if lost or stolen.
9. I understand that this memberships will not be suspended or put on hold for any reason due to injury, accident, relocation or pregnancy.
10. Definition of **FAMILY** Membership is: Parents and children under the age of 18 living in the same household.
11. All **CHILD** memberships must follow the contract dates of the **ADULT** membership.
12. As a member of VE you are eligible for a 15% discount on regular priced pro-shop items.
13. Members are eligible for event and clinic discounts.
14. I understand that the facility may be closed on occasion for private events and competitions and will not extend my membership contract dates.

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

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

(Parent or Legal Guardian, if participant is under 18 years of age)

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