



Schroeder Elementary

Parents Night Out Event

Allow your children ages 4-12 to join other Schroeder students for a night of rock climbing, gym games, sports, bounce house fun and more. Students should bring gym shoes and comfortable clothes. A pizza dinner from our Life Café will be provided (Gluten Free options available upon request).

Life Time will keep your kids healthy and happy, while parents enjoy a night out.

These nights are typically open to Life Time members only; however this event is specifically for Schroeder students.



March 11th, 2016
6:00 p.m. – 9:00 p.m.
Life Time Fitness Troy
4700 Investment Drive
Troy, MI 48098



Fee: \$15 1st child and \$10 each additional in the same family.

REGISTRATION DEADLINE: March 8th, 2016

For more information, please contact Life Time Fitness Troy at:
(248)267-6670 or DBonney@lifefitness.com

ENROLL TODAY - SPACE IS LIMITED

SCHOOL NAME: _____ EMAIL: _____

CHILD'S NAME: _____ CHILD'S BIRTHDATE: _____

CHILD'S NAME: _____ CHILD'S BIRTHDATE: _____

PARENTS NAME: _____ PHONE # _____

ADDRESS: _____

PLEASE MAKE PAYMENTS payable to **Schroeder PTO** PAYMENT REQUIRED FOR REGISTRATION. The registration form and climbing waiver are attached. Please fill out and return to complete the registration process.



PARTICIPATION 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