



PROGRAM INFO

Reference verticalendeavors.com/stpaul for details below.

CAMP DATE(S)

SUMMER CAMP

- Base Camp (Ages 6–9)
- Peak Experience (Ages 10–12)
- High Summit Adventure (Ages 13–16)
- Taylors Falls Outdoor Experience – Participation in the above camps required

FALL / WINTER / SPRING CAMP

- Base Camp (Ages 6–12)

TIME – Reference our website for available time slots

- 9:00 AM–1:00 PM
- 1:00–5:00 PM
- 9:00 AM–5:00 PM

All participants must sign a Vertical Endeavors Liability Waiver and Rules Agreement (available online).
 Participants under 18 years old must have the forms signed by their parent or court-appointed legal guardian.
 A signed waiver is required for all participants, climbers and spectators.

PARTICIPANT'S INFO

CLIMBER'S NAME _____ MALE FEMALE

BIRTHDATE _____ AGE _____ YES / NO _____
 WAIVER ENCLOSED _____

PARENT'S NAME(S) (IF UNDER 18) _____

PREFERRED PHONE NUMBER _____ EMAIL (REQUIRED) _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

EMERGENCY CONTACT _____ EMERGENCY PHONE NUMBER _____

SEASONAL CAMPS
ST. PAUL

Is there anything else you would like us to know about the participant? (e.g. allergies, special needs, climbing level)

POLICIES

• Additional policies regarding this program, including refund/cancellation information can be found at www.verticalendeavors.com/policies.

• Vertical Endeavors, Inc., and its employees or agents have the right to photograph or video record during the program the participant is registering for and to use those images for any legitimate business purpose, including but not limited to publicity, promotion and advertising whatsoever so long as it does not disparage the reputation and good will of the participant. This grant shall extend to any and all reprints and reissues of any such photographs.

• I have read and understood the above information.

X _____
SIGNATURE

PAYMENT

Registration must be accompanied by full payment.

VISA MASTERCARD

DISCOVER CHECK **\$** _____
PAYABLE TO: VERTICAL ENDEAVORS - ST. PAUL AMOUNT ENCLOSED

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

X _____
SIGNATURE CVV/CVC CODE _____

MAIL TO

Vertical Endeavors
 845 Phalen Boulevard
 St. Paul, MN 55106

Phone: 651.776.1430
 Fax: 651.776.1128
www.verticalendeavors.com

OFFICE USE ONLY

AMOUNT PAID _____ TILL NUMBER _____ DATE _____ EMPLOYEE _____ DATE LOGGED _____