



VERTICAL ENDEAVORS

Guided Adventures

SUMMER 2015

PROGRAM INFO

Reference www.verticalendeavors.com for details below.

NAME OF PROGRAM _____

PROGRAM DATE(S) _____

PROGRAM TIME _____

LOCATION:

INTERSTATE STATE PARK | TAYLORS FALLS, MN

THE NEEDLES | BLACK HILLS, SD

BLUE MOUNDS STATE PARK | LUVERNE, MN

**If you don't see the location of your trip listed here, check our other registration forms, South/Central Minnesota + South Dakota and Northern Minnesota. All participants must sign a VEGA 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.*

EQUIPMENT NEEDED

Rental equipment available at no extra charge.

HARNESS

BELAY TOOL

HELMET (REQUIRED)

SHOE SIZE _____

PARTICIPANT'S INFO

CLIMBER'S NAME _____

MALE

FEMALE

BIRTHDATE _____

AGE _____

VEGA WAIVER ENCLOSED _____

Yes / No

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

PREFERRED PHONE NUMBER _____

EMAIL (REQUIRED) _____

STREET ADDRESS _____

CITY/STATE/ZIP _____

EMERGENCY CONTACT _____

EMERGENCY PHONE NUMBER _____

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

SOUTH/CENTRAL MINNESOTA + SOUTH DAKOTA

POLICIES

- If VEGA needs to cancel the program for any reason or inclement weather (done prior to the guide departing to meet your group), you may elect to transfer registration to another program, provided such a program is scheduled and space is available. If no program is available a full refund will be provided by VEGA.
- 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.

**Members receive a 10% discount. This discount does not apply to group rates.*

VISA

MASTERCARD

DISCOVER

CHECK
PAYABLE TO: VERTICAL ENDEAVORS - ST. PAUL

\$ _____

AMOUNT ENCLOSED

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

X _____

SIGNATURE

CW/CVC CODE _____

SUBMIT TO

Vertical Endeavors
845 Phalen Boulevard
St. Paul, MN 55106

Phone: 651.776.1430
Fax: 651.776.1128
www.verticalendeavors.com

OFFICE USE ONLY

In Book: _____ Google Doc: _____

VEGA WAIVER ON FILE: Yes / No
(circle one)

Confirmation Email Sent: _____ On Calendar: _____

AMOUNT PAID _____

TILL NUMBER _____

DATE _____

EMPLOYEE _____