

# LOCK-IN!!!

Sponsored by  
Holy Family/IHM/St. Hilary Youth Groups

*...In the Spirit of Vibrant Parish Life...  
Youth Groups from Akron Area  
Parishes are Invited!*

**KENT STATE**  
UNIVERSITY  
STUDENT RECREATION  
& WELLNESS CENTER

**(Directions on Other Side)**

**Feb 13th - 14th**

**LOCK-IN STARTS @  
10:00pm to 5:00am  
(NO MASS THIS YEAR)**

*You must have a signed  
release form to participate  
in Rock Climbing activity!*

**\$15.00**

**"Make Checks Payable:  
To Holy Family"**

### What To Bring:

- Drinks (Water Bottles, etc.)
- Sports Equipment (Opt.)
- Sports/Pool Attire & Towel
- Shower Stuff (Opt.)

**FILL OUT ATTACHED FORM & GIVE TO JASON BEFORE FEBRUARY 6TH!!!  
(SPACE IS LIMITED!!!)**

QUESTIONS (CONTACT JASON)

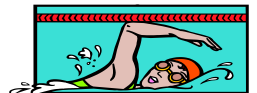
330-867-1055 X224 - JSOLOMON@STHILARYCHURCH.ORG



Indoor Soccer



Basketball



Swimming



Rock Climbing



Volleyball



Racquetball/Walleyball



Dodge Ball



Ping Pong / Badminton



Pizza

# DIRECTIONS: KENT STATE STUDENT RECREATION & WELLNESS CENTER!!!

## From I-76

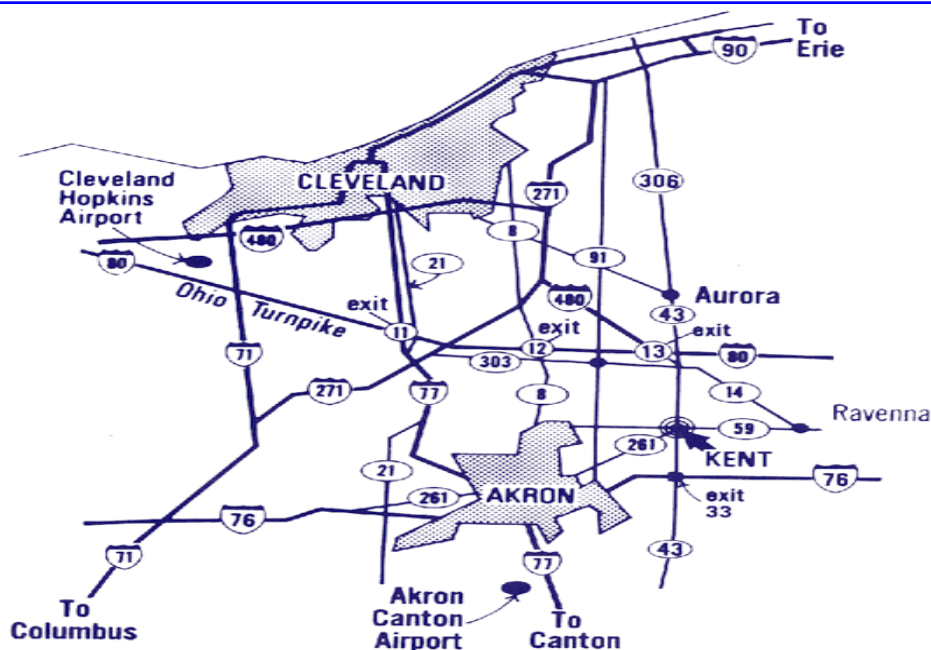
Take the Kent/Route 43 exit (exit 33) and proceed north to Route 261. Turn right (east) onto route 261. Proceed 1/4 mile to Campus Center Drive. Turn left onto Campus Center Drive and follow it to the stop sign. The building in front of you at the stop sign with the pond and glass windows is the Student Recreation & Wellness Center. Turn left and proceed about 100 feet to Ted Boyd Drive. Turn right onto Ted Boyd Drive. Turn right into parking lot.

## From I-80 (Ohio Turnpike)

Use exit 187/13 (Streetsboro). After the toll booth, proceed straight (follow Ravenna sign) onto Route 14 traveling southeast, go past Route 303 to Route 43. Turn right (south) on Route 43 and continue south for approximately six miles until you come to the traffic light at East Main Street in Kent. Turn left (east) onto East Main Street and follow East Main Street to the fifth traffic light. Turn right (south) onto Lincoln Street. Proceed on Lincoln Street to the first traffic light. Turn left at the light and proceed on Summit Street. At the fourth traffic light make a right turn onto Ted Boyd Drive. This is the Student Recreation and Wellness Center.

## From I-90

Proceed toward Cleveland. Take I-271 south to I-480 east; stay on I-480 until it becomes Route 14 in Streetsboro. Turn right (south) on Route 43 and continue south for approximately six miles until you come to the traffic light at East Main Street in Kent. Turn left (east) onto East Main Street and follow East Main Street to the fifth traffic light. Turn right (south) onto Lincoln Street. Proceed on Lincoln Street to the first traffic light. Turn left at the light and proceed on Summit Street. At the fourth traffic light make a right turn onto Ted Boyd Drive. This is the Student Recreation and Wellness Center.



# PERMISSION FORM: YOUTH GROUP OUTING...

I \_\_\_\_\_ am the \_\_\_\_\_  
*(Parent/Legal Guardian Signature) (Father, Mother, Guardian)*

for \_\_\_\_\_ . I hereby grant permission for the  
*(Youth's Name)*

above youth to participate in the St. Hilary Youth Ministry Program's outing to attend the

"Kent State Youth Lock-In" on Saturday, February 13—Sunday, February 14, 2010 @ 10:00pm-5:00 am.  
*(Activity or Event) (Date) (Time of Event)*

I understand that the youth will get to the place of the outing by Own Transportation.  
*(Means of Transportation)*

In consideration of the youth being allowed to participate in the outing, on behalf of my son/daughter, my spouse, and myself, I hereby assume all risks in connection with the outing and I further release the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Hilary Parish, the youth ministry staff and chaperones from all claims, judgments, liability for any injury or damage due to the youth's participation in the outing, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my son/daughter.

I fully understand what is involved in the outing and I understand that I have the opportunity to contact Jason Solomon (Youth Minister) about the event.



AMT. PAID \_\_\_\_\_ CHECK # \_\_\_\_\_ CHECK DATE \_\_\_\_\_ APPLICATION # \_\_\_\_\_

# HEALTH INFORMATION & RELEASE FORM

PLEASE PRINT

*or*

ALL AREAS OF THE FORM MUST BE COMPLETED (IF NOT ON FILE)!!!

PARTICIPANT \_\_\_\_\_  
GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
ADDRESS (STREET/CITY/STATE/ZIP) \_\_\_\_\_

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

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY/STATE OF BIRTH \_\_\_\_\_

ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS  
OF WHICH WE SHOULD BE AWARE:

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE.  
IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED,  
I HEREBY GIVE PERMISSION TO THE ATTENDING PHYSICIAN TO HOSPITALIZE, SECURE PROPER  
TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FROM MY CHILD.  
MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC DIOCESE OF  
CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND CHAPERONES WILL  
NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE. IN CASE  
OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED,  
I DO NOT GIVE PERMISSION FOR TRANSPORTATION, OR MEDICAL ATTENTION FOR MY CHILD.  
MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC  
DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND  
CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# INDOOR ROCK CLIMBING WALL ACTIVITES & RELEASE FORM

## INDOOR CLIMBING WALL/RAPPELLING: ACKNOWLEDGMENT OF RISK AND RELEASE

There are significant elements of risk in any activities at the climbing wall. It is not always within the power of the Wall Staff to protect all participants at all times from the hazards of rock climbing or rappelling. The risk involved in indoor climbing includes known and unknown dangers such as loss of or damage to equipment, accidental injury, permanent trauma, or loss of life.

### ACKNOWLEDGMENT OF RISK

I hereby acknowledge and agree that the use of the Kent State University Climbing Wall has inherent risks. I have full knowledge of the nature and extent of all risks associated with wall climbing, including but not limited to:

- \* Injury from falling from high elevations (up to 35 feet) and impacting against the wall or landing surface.
- \* Injury in the form of cuts, bruises, abrasions, muscle, tendon strain, and rope burns.
- \* Injury from equipment or other debris falling from above the climber and belayer.
- \* Injury from choosing not to wear a helmet. I understand that helmets are provided free and by choosing not to wear a helmet, I am exposing myself to an increased risk.
- \* Injury from choosing to wear my personal harness. I understand that by using my personal harness that I am responsible for inspecting the harness and monitoring its upkeep.
- \* Failure to follow the safety policies and procedures and/or follow directions from wall staff.
- \* The presence, actions or falls of other participants.
- \* Misuse of equipment or facilities in the climbing area
- \* Injury caused by belayer (climbing partner) negligence. I understand that it is important that I choose my climbing partner carefully, and that I am responsible in verifying their wall certification and skill level.
- \* Fatigue, chill and/or dizziness, which may diminish reaction time and increase the risk of accident.
- \* Slips, trips, falls or painful crashes while using the facilities or equipment in the climbing area.

I understand the description above is not complete and other unknown or unanticipated risks may result in injury, illness or death.

### ASSUMPTION OF RISK AND RESPONSIBILITY

In recognition of the inherent risks of the above activity and in consideration of my use of the Kent State University Climbing Wall, I the undersigned user, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns hereby do release Kent State University, its agents, officers, employees, participants, volunteers, and all other persons or entities acting in any capacity on its behalf from any cause of action, claims, or demands of any nature related to my use of the climbing wall, including injury or damage due to the negligence of KSU and its employees, as follows:

1. I acknowledge that rock climbing/rappelling entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I hereby certify that I have full knowledge of the nature of risks of the climbing wall and further understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. Should Kent State University, or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such harmless for all fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage I may cause to suffer while participating, or else I agree to bear the costs of such injury or damage to myself. I further certify that I am in good health, and that I have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

Helmet Release (Sign only if you do not want to wear a helmet)

I voluntarily choose not to wear a helmet and accept personal responsibility for injuries that may occur as a result of this.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

I certify that I have fully read and understood the forgoing policies and procedures, acknowledgment of risks, and assumption of risk and responsibility. I agree to abide by the policies and procedures listed above and follow all directions of the climbing wall staff. I further understand that the terms of this agreement are legally binding.

Participant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Signature of Parent or Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

\*Parent needs to be present unless it is an organized group event arranged through the Department of Recreational Services.