



**Sports Camp for Blind &
Visually Impaired Youth
Application
June 21-23, 2019**

APPLICATION DEADLINE: May 20, 2019

Please note: All kids must be 12- 18 years of age to participate. We can only accommodate 20 campers and will accept applications on a first-come-first-serve basis. All campers must be predominantly independent (tying shoes, bathing, toileting, and picking clothes).

Our Objectives: First: to empower children who are blind and visually impaired to be physically active and productive members of their schools, communities, and society in general. Also: To improve their health and well-being while teaching them what they can do in the area of sports and recreation--areas often overlooked in their education and home environments. Finally: to have fun! Campers may participate in Rock Climbing, Track and Field, Swimming, Bowling, Ninja Warrior Course and a Jumping Trampoline.

Personal Information:

Camper Name _____

Address _____ City _____ State _____ Zip _____

Birth Date _____ Age in June _____ Sex: M F

Parent /Guardian Name: _____

Phone: _____

Email Address: _____

Emergency Contact Information:

Emergency contact: _____ Relationship _____

Phone _____

T-Shirt Size: S M L XL XXL

Adult T-Shirt **Youth T-Shirt**

Visual Classification *(Please check one. If you are not sure, please estimate):*

- B1:** No light perception in either eye up to light perception, but inability to recognize the shape of a hand at any distance or in any direction.
- B2:** From ability to recognize the shape of a hand up to visual acuity of 20/600 and/or a visual field of less than 5 degrees in the best eye with the best practical eye correction.
- B3:** From visual acuity above 20/600 and up to visual acuity of 20/200 and/or a visual field of less than 20 degrees and more than 5 degrees in the best eye with the best practical eye correction.
- B4:** From visual acuity above 20/200 and up to visual acuity of 20/70 and a visual field larger than 20 degrees in the best eye with the best practical eye correction.

What is the participant's Visual Impairment Diagnosis: _____

Description of what the participant CAN see: _____

Any known food allergies we should be aware of: Yes No

If yes, please explain: _____

Any known allergies to plants, bees, outdoors, etc? If yes, please explain and let us know if the participant will require any assistance:

Is the participant taking any medications we should be aware: Yes No

If yes, please explain and let us know if the participant will require any assistance: _____

(You will be required to complete a detailed Medication Form in the future)

Are there any health or injury issues we should be aware: Yes No

If yes, please explain: _____

Can the participant play contact sports? : Yes No

If no, please explain _____

Has the participant ever spent the night away from home before? Yes No

Tell us about yourself:

Have you participated in any organized sports before? Yes No

If yes, in which sports did you participate?

Have you ever participated in any sports competitions? Yes No

If so, please tell us what were they and can you tell us about any results or highlights that occurred at those competitions:

What sport are you the most interested in learning about at this camp?

In your own words, what do you hope to learn about, accomplish or experience at this camp?

If you plan to participate in swimming events, please let us know your level of proficiency:

Pre-Beginner: enters the water hesitatingly or not at all, clings to wall or caregiver, does not put face in water, does not take feet off the ground.

Beginner: puts face in water hesitatingly or when urged, moves away from the wall and plays, does not mind being occasionally splashed, attempts to swim.

Advanced Beginner: swims underwater, can roll from front to back, can swim short distances above water with face in, takes a breath occasionally and resumes swimming without standing up, jumps in from the side of the pool.

Intermediate: can swim about 25 yards without stopping, does rhythmic breathing side to side but needs to work on it, swims ten yards on back, not afraid of the deep end, can jump into water over head and recover easily.

Swimmer: can swim on front and back with good but not perfect form for at least 50 yards, can tread water three minutes in deep end, comfortable in deep water with jumping in swimming and playing, knows the basics of side stroke and breaststroke, can swim down to nine feet.

Travel Plans:

1. All participants must have their own transportation to and from Webster University. Once participants arrive at Webster University, ground transportation will be provided for events not on the Webster University campus.

2. Arrival/departure location:

Webster University Dormitories

Arrival: June 21, 2019

Departure: June 23, 2019

- Details on arrival and departure time will be mailed to you in the future.

Participants must:

1. Have a visual impairment (must have a vision teacher).

2. Be predominantly independent (tying shoes, bathing, toileting, or picking clothes is fine)
3. Possess verbal or sign communication skills appropriate within 2 years of their age
4. Display behaviors that allow them to function in a group setting that does not affect other group members:
 - Must NOT run away (this is a college campus and this behavior is dangerous for everyone, any child who runs away will be sent home immediately).
 - Must not kick or bite.
 - Must not display defiant behavior (this includes refusing to stand in a line, refusing to participate in a variety of activities, refusing to abide by the bed time)
5. Not possess a medical problem that requires a nurse for supervision.
6. **Parents must disclose ALL necessary information that will allow us to provide a safe environment for the weekend. This includes ANY issues that may arise behaviorally or medically.**
7. **Please include a copy of your camper's IEP with this application.**
8. Campers will be sent home if they display the following:
 - Defiant or conduct disorders
 - Fleeing/run away behaviors
 - Biting/scratching/hitting behaviors
 - Have medical needs that require constant nursing supervision or communicable diseases; have mobility limitations that prohibit them from ambulating 1/2 mile or inability to participate in the sport activities.

CAMPERS WILL BE GOING INDOOR ROCK CLIMBING AT CLIMB SO ILL. THEY WILL ALSO HAVE THE OPPORTUNITY TO PARTICIPATE IN A NINJA WARRIOR COURSE, TRAMPOLINE PARK AND LASER TAG AT EPIC 6 (INDOOR SPORTS ARENA).

YOU MUST SIGN, COMPLETE AND RETURN BOTH WAIVERS FOR YOUR CAMPER TO PARTICIPATE. IF THESE WAIVERS ARE NOT RETURNED YOUR CAMPER CANNOT PARTICIPATE.

Sponsored by: Missouri School for the Blind

General Liability Waiver:

I, _____, being the parent/legal guardian of _____, do hereby consent to his/her participation in voluntary functions sponsored and/or organized by the Lighthouse for the Blind – St. Louis. I understand that he/she is responsible for his/her behavior. I do hereby waive and release, the Lighthouse for the Blind – St. Louis, their service partners (including schools) and/or sponsors of any project, event, or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s participation in Lighthouse for the Blind – St. Louis, and the or functions.

Transportation Liability Waiver:

I do hereby consent to The Lighthouse for the Blind – St. Louis providing transportation (in commercially procured and private vehicles) for my child/ward if necessary. I do hereby waive and release the Lighthouse for the Blind – St. Louis, their service partners and/or sponsors of any project or function, from all claims and liabilities, of any kind whatsoever, arising from, whether directly or indirectly, my child/ward’s involvement in transportation services provided by the Lighthouse for theBlind – St. Louis.

Release to Seek Medical Treatment*

In the event of a medical emergency, I do hereby consent to the Lighthouse for the Blind – St. Louis releasing my child/ward to the nearest, most appropriate medical professional available. I understand that the Lighthouse for the Blind – St. Louis will notify me of such an event immediately after they have sought proper medical treatment for my child/ward at the following phone number: _____.

*If your child/ward has a chronic or recurring medical condition, for which emergency treatment is not necessary, please address your child’s/ward’s needs in the appropriate area of this application.

Photo Release

I hereby grant permission to use my child’s/ward’s likeness in a photograph in any Lighthouse for the Blind publications, including website entries, without payment or any other compensation. I understand and agree that these materials will become property of the Lighthouse for the Blind – St. Louis and will not be returned.

By signing below, I indicate that I understand and agree to the items initialed above.

Participant’s Signature

Parent’s/Guardian’s Signature (if under age 18)

**Please mail completed application to:
Lighthouse for the Blind
Attn: Angie Yorke
10440 Trenton Avenue
St. Louis, MO 63132**

OR

Email your application to ayorke@lhbindustries.com

You will receive email confirmation after we have received your application. If you do not receive notification from us then please call us to make sure your camper is included. Applications have been lost in the mail previously.

For additional information, contact: ayorke@lhbindustries.com OR (314) 423-4333 ext. 132

HKP Enterprises, LLC (dba Epic 6 Laser Tag & Sports Arena)
PARTICIPANT AGREEMENT, INDEMNIFICATION, WAIVER AND LIABILITY RELEASE
AND ASSUMPTION OF RISK

Please Read Each Section Carefully and Sign at Bottom

- 1) By signing this agreement I am giving up my rights and the rights of my spouse, minor child(ren), or ward(s) to sue and/or pursue any other form of legal action against HKP Enterprises LLC (hereafter referred to as EPIC 6) for any injury, including paralysis or death, caused in whole or in part by the negligence or fault of EPIC 6, including any of its agents, employees, or equipment.
- 2) The undersigned, for myself, and/or on behalf of my spouse, minor child(ren), or ward(s) hereby represent that (i) I/we are in good health and proper physical condition to participate in the activities that EPIC 6 provides; (ii) I/we are not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my/our ability to safely participate in the activities that EPIC 6 provides; (iii) I/we have not been advised against activities by a health professional. I agree that it is my sole responsibility to determine if I/we are sufficiently fit and healthy enough to participate in activities.
- 3) The undersigned, for myself, and/or on behalf of my spouse, minor child(ren), or ward(s) agree to be familiar with and to abide by the rules established for each activity. This includes, without limitation, the rules posted in the facility and/or the EPIC 6 website.
- 4) In consideration of being allowed to use Epic 6's premises, equipment, services, and to participate in its activities, including but not limited to, trampoline park access, ninja warrior course access, laser tag, dodgeball, rock climbing, laser maze, and any other activities that may take place (hereafter referred to as activities), I, on behalf of myself, and/or on behalf of my spouse, minor child(ren), or ward(s) hereby agree to FOREVER release, indemnify, and discharge EPIC 6 as set forth below:
 - a) **RELEASE OF LIABILITY**: Despite all risks, both known and unknown, including but not limited to serious bodily injury, permanent disability, paralysis, and loss of life, I, on behalf of myself, and/or on behalf of my spouse, minor child(ren), or ward(s) hereby expressly and voluntarily remise, release, acquit, satisfy, and forever discharge and agree not to sue, and/or pursue any other form of legal action against EPIC 6, including its owners, employees, or equipment suppliers, and agree to hold said parties harmless of and from any and all manner of actions or omissions, causes of action, suits, sums of money, controversies, damages, judgements, executions, claims, and demands whatsoever, in law or in equity, including but not limited to, any and all claims which allege negligent acts and/or omissions committed by Epic 6, its owners, employees, or equipment suppliers, whether the action arises out of any damage, loss, personal injury, or death to myself, and/or on behalf of my spouse, minor child(ren), or ward(s). This release of liability is effective and valid regardless of whether the damage, loss, or death is a result of any act or omission on the part of EPIC 6, its owners, employees, or equipment suppliers.

- b) **INDEMNIFICATION**: I understand that the risks, both known and unknown, may be caused in whole or in part by myself, my spouse, minor child(ren), or ward(s) own actions or inactions, the actions or inactions of others participating in the activities, or the acts, inaction, or negligence of EPIC 6, its owners, employees, or equipment suppliers, and in consideration for being allowed to participate in the activities, I hereby assume all risk of damage, loss, personal injury, or death to myself, my spouse, minor child(ren), or ward(s) as a result of said participation in the activities, including any loss due to any negligence of EPIC 6, its owners, employees, or equipment suppliers, and agree to indemnify and hold harmless EPIC 6, its owners, employees, and equipment suppliers from and against any and all losses, liabilities, claims, obligations, costs, damages, and/or expenses whatsoever paid, incurred, and/or suffered by EPIC 6, its owners, employees, and equipment suppliers as a result of any claims asserted by myself, my spouse, minor child(ren), or ward(s). I further agree to indemnify and hold harmless EPIC 6, its owners, employees, or equipment suppliers for any injury, damage, or harm that myself, my spouse, my minor child(ren), or ward(s) may cause to EPIC 6, its facility, and/or to any and all other persons.
- c) **ATTORNEYS' FEES**: I promise to indemnify EPIC 6 for any attorneys' fees and/or costs incurred to enforce this agreement, including all costs associated with any collections efforts. Further, should any debt and/or judgment accrue in favor of EPIC 6, pre-judgment and post-judgment interest shall accrue thereon at the highest legal rate allowed by law.
- d) **MEDICAL EXPENSES**: I acknowledge, accept and assume the risk of any and all medical conditions, limitations or disabilities (whether temporary or permanent) that myself, my spouse, minor child(ren), or ward(s) may possess, whether known or unknown, which might contribute to or exacerbate any injury I, my spouse, minor child(ren), or ward(s) might sustain while participating in the activities. I acknowledge and agree that if medical assistance of ANY form, including emergency care, hospitalization, or outpatient care is required or performed as a result of any injury that I, my spouse, my minor child(ren), or ward(s) sustain while participating in the EPIC 6 activities, such assistance and treatment shall be incurred at my own expense.
- 5) I understand and agree that this waiver is valid for ONE YEAR, and that I will be asked to update this waiver on an annual basis.

Signature Required

Participant Name (over 18*): _____ *Age verification required

Birthdate: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Contact Phone #: _____

Parent or Guardian Signature Required for Minors

Guardian/Participant Name (over 18*): _____ *Age verification required

Birthdate: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Contact Phone #: _____

Minor Participant #1 Name: _____

Birthdate: _____

Minor Participant #2 Name: _____

Birthdate: _____

Minor Participant #3 Name: _____

Birthdate: _____

Minor Participant #4 Name: _____

Birthdate: _____

Minor Participant #5 Name: _____

Birthdate: _____



ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

All participants must fill out and sign this Agreement. For participants under 18 yrs. of age, a parent or guardian must sign this Agreement.

Participant Last Name		Participant First Name		MI	Date of Birth
Participant Address		City	State	Zip	
Primary/Cell/Home Phone	Work Phone	Participant Email (email addresses are not shared/sold)			Gender
Emergency Contact		Emergency Phone		Relation	

INTRODUCTION. Please read this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (this “Agreement”) carefully before signing. This Agreement informs you about your responsibilities and assumption of risks, and includes a release of liability, indemnification and surrender of certain legal rights.

Parent(s) or Legal Guardian(s) (hereafter collectively “Parent(s)”) of any participant under the age of 18 (hereafter sometimes “minor” or “child”) shall sign this Agreement. “I,” “me” or other first person references shall include both the Parent(s) and the minor, unless the context requires otherwise. References to “Participant” include both minor and adult participants.

In consideration of the services of Climb So iLL, Inc. (“Climb So iLL”), its agents, owners, officers, directors, employees, representatives, landlords, tenants, partners, joint venturers, and all other persons or entities associated with any of the foregoing, including but not limited to So iLL, Inc. and Red Bull North America, Inc. (all of the foregoing parties including without limitation Climb So iLL, Inc. are collectively referred to hereinafter as the “**Released Parties**”), and in consideration for the opportunity to enter upon Climb So iLL’s indoor rock climbing facility located at 1419 Carroll Street, St. Louis, Missouri 63104 (the “**Facility**”) and participate in activities at locations, both indoor and outdoor, that are sponsored by or involve any of the Released Parties, **I, the undersigned Participant, including Parent(s) or Legal Guardian(s) of minor participants, agree as follows:**

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS. Engaging in climbing or other activities at the Facility and/or at other locations, both indoor and outdoor, that are sponsored by or involve any of the Released Parties, involve serious risks. These activities vary but can include bouldering (unroped climbing), climbing, belaying and rappelling on the Facility’s artificial climbing walls or other walls, equipment, or facilities, with or without Climb So iLL staff present, and other activities such as fitness classes (yoga, cardio, etc.), climbing instructional classes, personal instruction or personal training, and use of rental equipment, weights and/or fitness equipment. I acknowledge that participating in climbing or such other activities involves risks, including but not limited to risks involving physical activity, decision making, equipment failure or misuse, and such other risks and hazards associated with rock climbing activities, use of artificial climbing walls or my presence in the Facility. Some risks are inherent in these activities and cannot be eliminated or reduced. A variety of other risks also exist. I understand that wearing a helmet does not eliminate the dangers associated with any activity but that in certain instances a helmet can reduce the risk of permanent injury or death. I understand that Climb So iLL recommends that I wear a helmet and that if I choose not to wear a helmet I do so against their advice and at my own risk. **These inherent and other risks, hazards and dangers can cause injury, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others.**

Unsupervised use of the Facility after normal hours. I understand that I may have unsupervised access to the use of the Facility. I understand that if I choose to exercise or engage in activity during periods when the Facility is not supervised by Climb So iLL personnel or monitored on a real time basis, that there may be a total inability for anyone to be summoned from on or off the premises of the Facility to provide any emergency response to me if I need such response. I understand that climbing, exercise and/or other activities in unsupervised and/or unmonitored settings increase the risks to me related to the occurrence of adverse events and the provision of timely emergency response, I have determined to engage in such activity anyway, without supervision and/or real time monitoring, and assume all the additional risks related thereto, including the possibility of injury, enhanced injury or greater/more severe injury or even death.

I understand that known, unknown and/or unanticipated risks, hazards and dangers may result in injury, damage, death or other loss. I acknowledge that participating in these activities requires a special degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I have no mental or physical problems or limitations that might compromise or affect my ability to participate in climbing activities which have not been disclosed in writing to Climb So iLL. I acknowledge that Climb So iLL staff is, and has been, available to answer further questions about the nature and physical demands of these activities and the risks, hazards and dangers associated with these activities. I understand that the presence of Climb So iLL personnel is absolutely no assurance of my safety or the lessening of any of these risks, and I represent I am fully capable of participating in these activities without causing harm to me or others.

I have read or have had the opportunity to read the rules of conduct and other regulations in the Facility and agree to abide by such rules and regulations. I agree to follow all Climb So iLL rules and regulations that may be posted at the Facility or communicated to me by Climb So iLL personnel from time to time.

I understand that neither Climb So iLL nor any of the Released Parties makes any warranties or representations (express or implied) concerning the Facility, including but not limited to the safety of me or my property while on or about the Facility or the conditions of the Facility or the quality of the equipment I may use or encounter while in the Facility or engaging in activities therein.

Climbing is dangerous! In both supervised and unsupervised activities, I acknowledge that all participants are responsible for their own safety. My participation in these activities is purely voluntary, and I choose to participate in spite of and with knowledge of the risks. Therefore, I assume and accept full responsibility for those risks identified here and for those risks not identified, and for injury, damage, death or other loss suffered by me resulting from those risks, my own negligence, and/or the negligence of any one or more of the Released Parties.

RELEASE AND INDEMNITY AGREEMENT. Please read carefully. This section contains a Release and Indemnity Agreement and surrender of certain legal rights. The undersigned agree(s) as follows:

- (1) I hereby release, waive, forever discharge, and covenant not to sue the Released Parties, with respect to all losses, damages, expenses, claims, causes of action, or other liabilities (including attorneys’ fees and costs), whether known or unknown, arising out of any injury, damage, death or other loss to me or my child in any way connected with my/my child’s enrollment or participation in activities at the Facility and/or at other locations, both

indoor and outdoor, that are sponsored by or involve the Released Parties, use of the Facility's climbing walls or other equipment or facilities, or my/my child's presence on or about the Facility. **I hereby waive all claims I may have against the Released Parties, and agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against any one or more of the Released Parties, as a result of any injury, damage, death or other loss suffered by me or my child regardless of the negligence of any person, including but not limited to the negligence of any one or more of the Released Parties;**

(2) **I hereby agree to defend and indemnify** ("indemnify" meaning protect by reimbursement or payment) and hold each of the Released Parties harmless with respect to all losses, damages, expenses, claims, causes of action, or other liabilities (including attorneys' fees and costs), whether known or unknown:

- (a) Brought by or on behalf of me, my child, or a family member, arising out of any injury, damage, death or other loss to me or my child in any way connected with my/my child's enrollment or participation in activities at the Facility and/or at other locations, both indoor and outdoor, that are sponsored by or involve the Released Parties, use of the Facility's climbing walls or other equipment or facilities, or my/my child's presence on or about the Facility, regardless of the negligence of any person, including but not limited to the negligence of any one or more of the Released Parties; and/or,
- (b) Brought by a co-participant or any other person, arising out of any injury, damage, death or other loss claimed to be caused, in whole or in part, by my/my child's conduct in the course of participating in activities at the Facility and/or at other locations, both indoor and outdoor, that are sponsored by or involve the Released Parties, use of the Facility's climbing walls or other equipment or facilities, or my/my child's presence on or about the Facility, regardless of the negligence of any person, including but not limited to the negligence of any one or more of the Released Parties.

This Release and Indemnity Agreement includes any losses claimed to be caused, in whole or in part, by the negligence of any one or more of the Released Parties and includes, but is not limited to, claims for personal injury, property damage, wrongful death, products liability, breach of contract or otherwise.

MISCELLANEOUS I authorize Climb So iLL staff or any of the Released Parties to obtain or provide medical care for me without liability and to transport me to a medical facility. I authorize medical personnel to render such treatment they deem necessary for my health. I agree that the Released Parties have no responsibility for medical care provided to me and I agree to pay all costs associated with such medical care and transportation.

I authorize Climb So iLL to use any photograph, video or other image of me taken inside the Facility or at any event sponsored by any of the Released Parties to be used in promotional materials, brochures, websites, television, films or such other uses that they deem appropriate and with no compensation to me.

This Agreement shall not constitute an invitation to enter upon the Facility and I acknowledge that I have received only a limited license to enter upon the Facility as a licensee and solely for my own benefit, and the limited license may be amended or revoked at any time by Climb So iLL in its sole and absolute discretion.

I affirm that this Agreement supersedes any and all previous oral or written promises or agreements, and I understand that this is the entire agreement between me and Climb So iLL and that it cannot be modified or changed by any representation or statement(s) by the Released Parties or any agent or employee thereof. This Agreement may only be amended by a written document duly executed by all parties. Any portion of this Agreement deemed unlawful or unenforceable shall not affect the enforceability of the remaining provisions of this Agreement and the remaining provisions shall continue in full force and effect.

I agree that this Agreement and all other aspects of my relationship with the Released Parties are governed by Missouri state law exclusive of its choice of law provisions. Further, any mediation, arbitration, lawsuit, or other proceeding arising out of or relating to my enrollment or participation in Climb So iLL activities, must be filed or entered into only in the State of Missouri and Missouri state law shall apply. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable mediator.

I VOLUNTARILY WAIVE ANY RIGHT I MAY HAVE TO A TRIAL BY JURY IN ANY ACTION INVOLVING ANY ONE OR MORE OF THE RELEASED PARTIES OR THE FACILITY.

I have carefully read, understand and voluntarily sign this Agreement and acknowledge that it shall be effective and binding upon myself and my family, my heirs, executors, personal representatives, estate, and my successors and assigns.

<u>Participant Signature</u>	<u>Participant Printed Name</u>	<u>Date</u>
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If the above named individual is under the age of 18 years: I am the parent or legal guardian of the above named individual. I hereby agree to the provisions of the foregoing Agreement and specifically make, enter into, and join each and every acknowledgement, assumption, representation, waiver, release, indemnity (including but not limited to the indemnity set forth in the paragraphs numbered (1) and (2) under the "Release and Indemnity Agreement" heading of this Agreement) and every other agreement described in this Agreement on behalf of myself, and all others claiming through me and, to the extent permitted by law, the minor participant and every other parent or legal guardian of the minor and those claiming by or through the minor. I hereby represent that I have authority to execute this Agreement in such capacity, and I agree personally to indemnify, hold harmless and defend the Released Parties from and against any losses, damages, expenses, claims, causes of action, or other liabilities (including attorneys' fees and costs), whether known or unknown, arising out of any lack of such authority. **I acknowledge that I have carefully read, understand and voluntarily sign the foregoing Agreement.**

I VOLUNTARILY WAIVE ANY RIGHT I MAY HAVE (OR THAT THE MINOR MAY HAVE) TO A TRIAL BY JURY IN ANY ACTION INVOLVING ANY ONE OR MORE OF THE RELEASED PARTIES OR THE FACILITY.

<u>Parent or Guardian Signature</u>		<u>Printed Parent or Guardian Name</u>		<u>Date</u>
Address (if different than Participant address)		City	State	Zip
Primary/Phone (if different than Participant Phone)	Work Phone	Waiver Accepted by (staff name)		

