



PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK WAIVER

TRAIL RHYTHMS Non Profit 501C3

Camp Registration

Date of camp attending _____

Name:	Address:
Age:	Address:
Email	City, State, Zip:

* If minor

Parent or guardian 1:	Cell Number:
Parent or guardian 2:	Cell Number:
Others permission is given to have child picked up by:	

For safety equipment and to get you geared up properly please provide the following as accurately as possible

Weight
Waist Size:
Shoe Size:

MEDICAL INFORMATION and SPECIAL CONSIDERATIONS

Check any that apply

- No specific medical or behavioral issues-please specify _____
- Food allergies – please specify _____
- Non-food allergies –please specify _____

TREATMENT

RELEASE

In the event I/we cannot be reached in an emergency, I/we hereby give permission to the physician selected by Trail Rhythms staff to hospitalize, secure proper treatment for and to order injections, anesthesia, and surgery for my/our child as named above. I/we agree to reimburse the Camp for any additional cost not covered by the insurance in the event of illnesses or injuries that might occur during the duration of the Camp and all Camp activities. In case of minor emergency, I hereby give permission for the administering of first aid.

I UNDERSTAND THAT THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE TRAIL RHYTHMS, ITS OWNERS, MANAGERS, MEMBERS, EMPLOYEES, AGENTS, AND ASSOCIATED PERSONNEL, HEREINAFTER REFERRED TO AS “RELEASED PARTIES”, AND TO HOLD THESE ENTITIES HARMLESS FROM ANY AND ALL LIABILITIES ARISING AS A CONSEQUENCE OF THE FOLLOWING, OR ANY OTHER ACTS OR OMISSIONS ON THEIR PART, INCLUDING BUT NOT LIMITED TO NEGLIGENCE OF ANY TYPE.

Signature of Participant	Print Name	Date
--------------------------	------------	------

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases and, for myself, my child, all heirs, assigns, and next of kin. I release and agree to indemnity and hold harmless the involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES TO THE FULLEST EXTEND PERMITTED BY LAW.

Signature of Parent or Guardian	Print Name of Parent or Guardian	Date
---------------------------------	----------------------------------	------