

2017 Krush Distance Camp Registration Form

(\$100 nonrefundable fee must accompany this form)

Make check payable to: Krush Program

Balances are due by July 15, 2017

Arrival Date: Sunday, August 6

Departure Date: Friday, August 11

Camp Fees

Early Bird Discount until Apr. 1, 2017

Teams of five or more: \$435/camper

Individual registration: \$470

Registration Apr. 1-Jul. 15, 2017

Teams of five or more: \$535/camper

Individual registration: \$595

Registration is not complete until your payment is also received via online/postage.

Check payment can be mailed to:

Krush Program

PO Box 10147

State College, PA 16805

Find more information at krushprogram.com

Questions? Email Coach Jackson at jhj105@gmail.com

Athlete's name: _____

Gender: ___ Male ___ Female Age: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Parent / guardian's name: _____

Parent / guardian's phone #: _____

School attending (Fall 2017): _____ Grade level (Fall 2017): _____

Shirt size: ___ Small ___ Medium ___ Large ___ XL

2017 Krush Distance Camp Waiver of Liability and Indemnification

Acknowledgement and Assumption of Risk

I have elected to permit my son/daughter to voluntarily participate in Krush Distance Camp on the dates of August 6, 2016 through August 11, 2016. All duties and assignments for my child during this camp will be determined and directed by the Krush Distance Camp counselors and staff.

I understand that participation in this activity may involve certain risks for physical injury. I understand that camp counselors will make every possible effort to exercise and enforce precautionary measures in order to protect the safety of my child during training runs and other activities. However, I also understand that there are potential risks over which camp supervisors may not have complete control and of which I may not be presently aware.

Nevertheless, I voluntarily elect to allow my child to participate in this activity with full knowledge of the danger and risk involved, and I hereby agree to accept and assume any and all risk of property damage, personal injury, or death for my child.

Krush Distance Camp does not insure participants in the above-directed activity and participants who wish to be covered must obtain their own insurance coverage. Krush Distance Camp, its employees and organizers assert lack of responsibility or liability for injury resulting from this activity.

In consideration for being allowed to voluntarily participate in the above-referenced activity on behalf of myself, my personal representatives, heirs, next of kin, successors and assigns, I hereby:

- Waive, release and discharge Krush Distance Camp, its employees and organizers from any and all claims of any nature, including all costs, expenses and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the camp's sole negligence.
- Defend, indemnify, and hold harmless Krush Distance Camp, its employees and organizers from any and all claims of any nature, including costs, expenses, and attorney's fees, which may in any manner result from or arise out of this agreement, except for claims resulting from or arising out of the camp's sole negligence.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide release, indemnification, and waiver to the maximum extent permissible under applicable law.

I, the undersigned participant (or legal parent/guardian), affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Name of Participant _____

Name of Legal Parent/Guardian _____

Signature _____

Date _____

Participant (18) Or Legal Parent/Guardian