

2020 VICTORY KIDS

Activity Registration & Waiver and Release of Liability Form

Please fill out this application form completely (3 pages). One application per camper.

Participant Information

Participant Name: *First/ Last*

Residential Parent/Guardian 1: *First/ Last*

Residential Parent/Guardian 2: *First/ Last*

Street Address _____

City _____ State _____ Zip _____

Email (*clearly*) _____

Cell # _____

Home # _____

Work # _____

Grade _____ Age _____ Date of Birth _____

T-SHIRT SIZE (*Circle one*) - *Adult - XS - S - M - L - XL - XXL*

Participant's School Information

Name of School _____

City _____ State _____

Emergency Contact Information if different from above

Name _____

First

Last

Name _____

First

Last

Cell # _____

Home # _____

Work # _____

Where did you hear about us?

School Flyer/Blast _____ Recreation Department

Booklet ___ Friend ___ Previous Camper ___ Radio ___

News Paper ___ Other _____

Medical Information

(Victory Kids Camp will NOT administer or store any drugs or medications for campers, nor will Victory Kids Camp administer over the counter medications to minors.)

I Restrictions on Participation? ___ No ___ Yes

If Yes, explain _____

III Other information you feel we should know about camper:

Medical Insurance Required

Medical Insurance Company _____

Policy # _____

Group Name _____

Effective Date of Coverage _____

Policy Holder's Name _____

Policy Holder's Relationship to Camper _____

Medical Doctor: _____

Phone: _____

RELEASE to use IMAGE and LIKENESS

On occasion, Victory Kids or its representatives takes photographs or makes an audio or videotape recording of students and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants.

Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the student named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to photographs, videotape, and audio recordings. Furthermore, I give permission for the student to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities. These images may also be used by Victory Kids, or its agents to produce resources for staff training, camps or other uses to promote the ministry of Victory Kids.

INITIAL _____

Please complete all (3) pages and return -

by e-mail to cathye@victory-kids.org

by fax to 772-492-9695

by mail to 715 Tides Road, Vero Beach, FL 32963

RELEASE AND WAIVER OF LIABILITY DOCUMENT

Organization Name: *VICTORY KIDS INC*

Participant name: _____ In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS *VICTORY KIDS INC*, its officers, officials, agents and/or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH, I may suffer, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASESEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT’S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____ Age _____ Date _____

Printed Name _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION) This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child’s involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature Date Emergency Phone Number(s)

Parent/Guardian Printed Name

RELEASE AND WAIVER OF LIABILITY DOCUMENT

Organization Name: Jimmy Graves Sports Complex, LLC

Participant name: _____ In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe and unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS The Jimmy Graves Sports Complex, LLC, its officer, officials, agents and/or employees, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES) from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH, I may suffer, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASESEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant Signature _____ Age _____ Date _____

Printed Name _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent/Guardian Signature _____ Date _____ Emergency Phone Number(s) _____

Printed Name _____