



SUMMER CAMP PARTICIPANT INFORMATION: (Please print clearly)

(NOTE: Your child can NOT participate in the summer camp program without this form completed, signed and returned.)

Participant's Name: _____ Address: _____

City/State/Zip: _____ Date of Birth: _____ Age: _____ Grade: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Acknowledgement of Risk, Release of Liability, Waiver of Claims, Covenant Not to Sue

I hereby acknowledge and agree that the recreational activity for which I am signing up my child (the "Activity") has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the Activity, and I fully and completely agree to assume all of those risks, both known and unknown to my child or to a child for whom I am legally authorized to execute this document (the "Minor"), including, but not limited to:

1. All manner of injury resulting from the Minor's participation in the Activity;
 2. All manner of injury resulting from the Minor's participation in the Activity, including the activities of other participants;
 3. Injuries resulting from the condition of the facilities and/or fields at which the Activity is located;
 4. Failure of the equipment provided to the Minor either by Castle Pines Athletics, Castle Pines North Metropolitan District, or their officials, employees, contractors, agents, and volunteers or by other participants, in order to engage in the Activity.
- I further acknowledge that the above list is not exclusive of all possible risks associated with the Activity and that the above list in no way limits the extent or reach of this release and covenant not to sue.
 - In consideration of me allowing and authorizing the Minor to engage in the Activity, the undersigned, on behalf of the Minor, agrees to indemnify, hold harmless and release Castle Pines Athletics, Castle Pines North Metropolitan District, and their officials, employees, contractors, volunteers and agents from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way relating to the Minor's participation in the Activity.
 - I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the Activity and that I am voluntarily assuming the risks on behalf of the Minor. I understand that I will be solely responsible for any loss or damage, including death, that the Minor sustains while engaging in the Activity, and that, by this agreement, I am releasing Castle Pines Athletics, Castle Pines North Metropolitan District, and their officials, employees, contractors and agents of any and all liability for such loss, damage, injury or death.
 - I further certify that the Minor is in good health and has no physical limitations, which would preclude the safe participation in the Activity.
 - I further certify that I have read and understand the policies provided with this document regarding the Activity.

PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING

By signing this document, I certify that **I am at least 18 YEARS OF AGE** and that **NO OTHER REPRESENTATIONS HAVE BEEN MADE TO ME THAT CHANGE, ALTER, OR MODIFY ANYTHING WITHIN THIS WRITTEN AGREEMENT. I UNDERSTAND THAT THE ACTIVITY IS DANGEROUS. I HAVE HAD SUFFICIENT OPPORTUNITY TO READ AND UNDERSTAND THIS DOCUMENT. I AGREE TO BE BOUND BY ITS TERMS. IN ADDITION, I state that I am the parent or LEGAL guardian of said participant and I agree to each of the above terms on his or her behalf, and I understand that said participant must sign their own waiver upon turning age 18.**

Signature of Parent or Legal Guardian:

Clearly print name of signatory above:

Date:

Consent to Medical Treatment

The undersigned parent(s) or legal guardians(s) of the above-named child, do hereby consent and grant to Castle Pines Athletics and any coaches, directors, or medical physician(s) the authority to seek, obtain, approve and provide medical treatment for the above named child, which in their judgement is necessary for the health and well-being of the child during his/her participation in a Castle Pines Athletics camp program. The undersigned further give the above-referenced individuals and entities permission to secure emergency medical and/or surgical treatment to the child and to transport the child to appropriate medical facilities, if necessary, and in the event a parent or guardian can not be reached, while attending and participating in the program. The undersigned further agrees to release, hold harmless, and indemnify Castle Pines Athletics, the Castle Pines North Metro District and officials, employees, contractors, agents, and volunteers, from any claims or damages which may arise from any accident or loss, however caused.

Signature of Parent or Legal Guardian:

Clearly print name of signatory above:

Date:

Please list all known allergies and medications:

Pediatrician & Phone Number:

Sunscreen Release

As the parent of the above named child, I will apply sunscreen to this child prior to attending camp with a minimum SPF of 30. As parent of the above named child, I understand it is my responsibility to provide my child with sunscreen with a minimum SPF of 30, and will instruct my child reapply the sunscreen during the camp if necessary. The person signing this document hereby gives permission to Castle Pines Athletics directors, contractors, and/or volunteers, to assist the above named child in applying sunscreen to the skin including: the face, tops of ears, bare shoulders, arms, and legs. As parent, I hereby further acknowledge and understand that sunscreen will not be applied to any broken skin, or if a skin reaction has been observed. In the event that the above named participant does not wear or bring sunscreen, the parent or guardian will be called and the child will not be allowed to participate in any activities.

Signature of Parent or Legal Guardian:

Clearly print name of signatory above:

Date: