



Call us: (907) 317-4208 or email us : danalch@hotmail.com

Dan Alch's Camp of Champions Registration Form

Student's Last Name Student's First Name M.I. Sex (M/F) Student's Mo/Day/Year of Birth

Emergency Contact (other than parents) First & Last Name and Phone Number

Medical Info (allergies, past injuries, special conditions)

Mother's Information

Father's Information

<p style="text-align: center;">Mother's Full Name</p> <hr/> <p style="text-align: center;">Street or PO (Mailing Address only)</p> <hr/> <p>City State Zip</p> <hr/> <p>Home Phone Work Phone Cell</p> <hr/> <p>Occupation Employer</p>	<p style="text-align: center;">Father's Full Name</p> <hr/> <p style="text-align: center;">Street or PO (Mailing Address only)</p> <hr/> <p>City State Zip</p> <hr/> <p>Home Phone Work Phone Cell</p> <hr/> <p>Occupation Employer</p>
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RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of participating the CAMP OF CHAMPIONS, I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the activity. I fully understand that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of other participating in the event, the conditions in which the event takes place, or the negligence of the "Releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and responsibility for losses, costs, and damages I incur as a result of my participation in the activity

I hereby release, discharge, and covenant not to sue ALCH ENTERPRISES, LLC, DBA DAN ALCH'S CAMP OF CHAMPIONS, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and owners and lessors of premises on which the activity takes place, including, but not limited to: _____ (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages, on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees, or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant

Date

PARENTAL CONSENT

I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THAT NATURE OF THE ABOVE REFERENCED ACTIVITIES AND THE Minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses or damages on the minor's account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expense, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

As a student or parent or guardian of a student, it is my option to consult a physician for assurance of proper health and have been encouraged to do so by DAN ALCH'S CAMP OF CHAMPIONS.

RELEASE OF IMAGES: I hereby give my permission for DAN ALCH'S CAMP OF CHAMPIONS to take my photograph or video of, or a photograph or video of my child(ren) and use or publish the likeness for any purpose in connection with DAN ALCH'S CAMP OF CHAMPIONS, and I release DAN ALCH'S CAMP OF CHAMPIONS from any claims for such use.

Printed Name of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

CONSENT FOR MEDICAL TREATMENT OR SURGICAL CARE

I authorize Alch Enterprises, LLC, dba Dan Alch's Camp of Champions to take the necessary steps regarding medical attention (i.e., first aid, calling ambulance service or transportation to a hospital) and will allow authorized hospital faculty and staff to treat my child in the event of an illness or injury when deemed necessary in the event that I cannot be contacted immediately. I understand that all medical expenses, including emergency services are my responsibility as the parent/legal guardian of this child and that Alch Enterprises, LLC, dba Dan Alch's Camp of Champions will not be responsible for any medical expenses.

Witness Signature

Date

Parent/Legal Guardian Signature

Date