



KAMP KA-MEE-LIN SUMMER DAY KAMP REGISTRATION FORM

Participant's Name _____ D.O.B. _____ Age _____ Sex _____
Last First

Address _____ City _____ State _____ Zip _____

Parent's Name _____ Phone (Day) _____ (Cell) _____

Circle your child's appropriate age group: Explorers Adventurers Voyagers Navigators
4 ½- 6 yrs 7-8 yrs 9-10 yrs 11-13 yrs

Has your child ever attended Kamp Ka-Mee-Lin? Yes No E-mail: _____

We recommend that you pay a \$105 deposit (non-refundable/transferrable) and select the weeks that you know that your child will be attending Kamp this summer. This deposit will reserve your child a spot for each week and will be applied to your fees. Full payments for each session are due no later than the Monday two weeks prior to the session you plan to attend before 4:00pm

In consideration of being permitted to participate in any way in the above-named program, which is a recreational or educational activity to be conducted by the City of Post Falls for myself or my child(ren):

1. I ACKNOWLEDGE, agree and represent that I understand the nature of the City of Post Falls Activities and that I/my child am qualified, in good health, and in proper physical condition to participate in such activity. I understand that the Post Falls Parks & Recreation Department staff or representatives may use mine or my child's picture for promotional purposes.
2. I FULLY UNDERSTAND THAT; such participation presents risks, some of which are unknown to me or not readily foreseeable at this time; I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES that I incur as a result of my participation or that of the minor in the Activity.
3. I HEREBY CONSENT, to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY AND ALL MEDICAL EXPENSES WHICH MAY BE INCURRED AS A RESULT OF ANY ACCIDENT, ILLNESS OR NEGLIGENCE WHILE PARTICIPATING IN THE ABOVE NAMED PROGRAM.
4. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE CITY OF POST FALLS AND ITS AFFILIATES, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place. I further agree that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST.

Signature of Parent/Legal Guardian

Date

Circle session the child will attend (deposit or full payment must be applied)

1 2 3 4 5 6 7 8 9 10 11