



CAMP WAIVER

www.macamps.org

Deposit Amount \$ _____ DATE: ____/____/____

Camper's First & Last Name _____ Age _____ Sex: Male Female

Camper's First & Last Name _____ Age _____ Sex: Male Female

Camper's First & Last Name _____ Age _____ Sex: Male Female

Home Address _____

City, State, Zip _____

Email Address _____

Guardian's/Spouse's First & Last Name _____ Phone: _____

Guardian's/Spouse's First & Last Name _____ Phone: _____

EMERGENCY CONTACT (Neighbor, relative, etc.) Name: _____ PH#: _____

Relation to Camper: _____ Date of last Tetanus injection _____

Student's Physician _____ Physician's Phone # _____

TKD Instructor Name _____ TKD School Name _____

	YES	NO
Can the camper swim?	<input type="checkbox"/>	<input type="checkbox"/>
Does the camper have any food allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the camper require any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Is the camper equipped with required medication?	<input type="checkbox"/>	<input type="checkbox"/>
Can the camper administer required medication themselves?	<input type="checkbox"/>	<input type="checkbox"/>

All students attending camp should have a physical examination. In exchange for the privilege of participating in this event and in consideration of the event sponsor accepting this application. I and my family agree to waive any legal claim against Capital Mountain Camp, C3 Martial Arts Academy, Lincoln Family Martial Arts Academy (hereinafter referred to as "C3MA & LFMA"), any participants primary martial arts school, camp instructors, and camp staff if I am injured while participating in this event, or while traveling to or from the event site by public, private or other means of conveyance. By signing this release I represent that I am in good physical condition and I am not aware of any disease or injury that would result in my being injured during any participation in this event. AUTHORIZATION FOR MEDICAL TREATMENT MUST BE SIGNED BY PARENT BEFORE MEDICAL ATTENTION CAN BE ADMINISTERED IN THE EVENT OF AN EMERGENCY. Please attach a note if any health factor such as recent surgery, illness, allergies (i.e., penicillin, milk, bee stings), epilepsy, prescribed medication, sleep walking, etc. should be known for emergency medical treatment or in designing activities in which the student will participate at an elevation of 7,000 feet. If your child will require medication (prescription or over the counter) to be administered while at camp, a separate medication form will need to be completed and signed by the parent and the child's physician. I certify that to the best of my knowledge and belief, I and/or my son/daughter is in good physical condition and hereby release the Capital Mountain Camp and C3MA & LFMA of any liability. I hereby authorize the physician contacted by the C3MA & LFMA to provide medical or surgical care, including transportation, for myself and/or son/daughter in an emergency which may occur while attending Capital Mountain Camp. I am aware that accident and health protection are my responsibility. I will instruct my child to take responsibility for going to the health hut at scheduled times for special medication and first aid purposes. Further, I acknowledge that I am familiar with Martial Arts and understand the rules governing participation in training and the importance of following the rules. I agree that prior to participation, I will inspect the surrounding area, facilities and the camp program, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervisor of such condition (s) and refuse to participate. I acknowledge and fully understand that I will be engaging in a contact activity that might result in serious injury, further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved in participation in this camp, I voluntarily assume the risk and accept personal responsibility for the damages following such injury.



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This Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is both standalone, an amendment to any Membership Agreement and any previously executed liability waiver between the C3MA & LFMA, participants primary martial arts school and Buyer (also known as Participant's Guardian and Camp Participant(s)) participating in the Martial Arts Training Camp. It is not meant to supplement the Membership Agreement, liability waiver, or past participant agreements. All terms and conditions of previous agreements and liability waiver remain in full force. I understand that by entering Capital Mountain Camp, facility or participating in any affiliated activity associated with C3MA & LFMA offsite or onsite, I will be in contact with children, families, volunteers, vendors, and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 because the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection, and further because individuals with symptoms may incorrectly conclude that their symptoms are routine illness and not related to COVID-19. Regardless of the protocols and/or guidelines followed or not followed by C3MA & LFMA, and regardless of whether or not C3MA & LFMA is in compliance/in concert with county, state, or federal mandates, laws or guidelines, I am assuming all risk related to COVID 19 by entering Capital Mountain Camp and agree on behalf of myself and my minor children to hold C3MA & LFMA harmless, as further stated below, in the event I or any of my minor children contract COVID-19 due to participation in any activity affiliated with C3MA & LFMA. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined by local, state, federal or C3MA & LFMA mandates and recommendations. I understand and agree that if I refuse to follow any guidelines implemented by C3MA & LFMA, I will not be permitted to participate in activities offered by C3MA & LFMA. I further realize that there may times were I may be exposed to other people that are not wearing a mask or a shield due to eating/ drink, having medical reason, or by choice, and I assume all risks and consequences of any exposure to COVID-19 by choosing to enter this facility. C3MA & LFMA has put in place preventative measures to reduce the spread of COVID-19; however, RCFTKDA & CPFTKDA cannot guarantee that Buyer or their Participants(s) will not become infected with COVID-19. Further, attending The Martial Arts Training Camp could increase Buyer's risk and Participants(s)' risk of contracting COVID-19. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume all risk that Buyer and Participants(s) may be exposed to or infected by COVID-19 by attending The Martial Arts Training Camp that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Martial Arts Training Camp may result from the actions or omissions of myself (the Buyer), the Participant(s), and others, including, but not limited to, C3MA & LFMA employees, volunteers, and camp participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury or illness to participant(s) and/or myself (Buyer), including, but not limited to, personal injury, disability, and death, illness (including but not limited to COVID-19), damage, loss, claim, liability, or expense, of any kind (including medical expenses, attorney's fees, court costs, and disbursements), that Buyer or Participant(s) may experience or incur in connection with Participant(s)' attendance at/or participation in The Martial Arts Training Camp ("Claims"). On my behalf, and on behalf of Participant(s), I hereby release, covenant not to sue, discharge, and hold harmless C3MA & LFMA, its employees, agents, volunteers and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions or omissions of C3MA & LFMA, its employees, agents, volunteers and representatives, whether a COVID-19 infection occurs before, during, or after participation in any C3MA & LFMA event. The provisions of this section will continue in full force and effect even after termination of any agreements (ie Membership Agreement) and/or participation in The Martial Arts Training Camp. I further agree to hold harmless, defend and indemnify C3MA & LFMA and it's officers, employees and agents from and against any and all claims, losses, causes of action, judgments, damages and expenses including, but not limited to attorney's fees because of bodily injury, sickness, disease or death, or injury to or destruction of tangible property or any other injury or damage resulting from or arising out of (a) conduct, performance or breach of this contract by participant, (b) participant's entry and/or use of The Capital Mountain Camp or premises, or (c) any act, error, or omission on the part of the Participant or family member. By registering for this camp, I acknowledge I have read, understand, and agree to comply with the provisions listed herein

Camper Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

If you do not choose to sign the above statement, other action desired must be specified on an attached, signed and dated note, before the student can be accepted at camp