

SUMMER CHEER CLINIC

NAME: _____ **AGE:** _____

CHECK BELOW

AGES 7-10 _____ **AGES 11-14** _____ **AGES 15-18** _____ **(CHECK ONE)**

COST: \$90 + TAX (NO MEMBERSHIP NEEDED)

MEDICATIONS, ALLERGIES, HEALTH CONCERNS WE SHOULD KNOW ABOUT:

EMERGENCY CONTACT: _____

PHONE: _____

EMAIL: _____

NAME: _____

BY REGISTERING FOR THORBECKES CAMP, YOU AGREE WITH THE FOLLOWING RULES, CONDITIONS AND REGULATIONS AND WILL COMPLY WITH THEM. I AM AWARE THAT THIS CAMP MAY BE DIFFICULT EVEN FOR A CONDITIONED ATHLETE. I REALIZE THAT THE REGISTRANT SHOULD NOT PARTICIPATE IN THIS EVENT UNLESS (A) HE/SHE IS IN EXCELLENT PHYSICAL CONDITION (B) HAS RECENTLY COMPLETED A PHYSICAL EXAM. I HEREBY FOR MYSELF, MY HEIRS, MY EXECUTORS AND ADMINISTRATORS WAIVE, RELEASE AND DISCHARGE THORBECKES WELLNESS CENTER AND ANY PERSONS CONNECTED WITH THIS CAMP OR REPRESENTATIVE, SUCCESSORS AND ASSIGNS FROM ANY AND ALL RIGHTS, CLAIMS OR LIABILITY FOR DAMAGE CAUSED BY ME OR ANYONE ELSE, ARISING OUT OF OR IN CONNECTION WITH MY PARTICIPATION. I FURTHER AGREE THAT WILL DEFEND INDEMNITY AND HOLD HARMLESS THORBECKES WELLNESS CENTER, ITS MEMBERS, AND AGENDA OR ANY OF THEM AGAINST ALL CLAIMS, DEMANDS OR CAUSES OF ACTION INCLUDING COURT COSTS AND ATTORNEY FEES DIRECTLY OR INDIRECTLY ARISING FROM ANY OR OTHER PROCEEDINGS BROUGHT BY OR PROSECUTED FOR MY BENEFIT CONTRARY TO THIS AGREEMENT.

PLEASE MAKE ALL CHECKS PAYABLE TO THORBECKES WELLNESS CENTER

PARENT/ GUARDIAN SIGNATURE: _____

PRINT NAME: _____

PHONE: _____

RECEPTIONIST INITIAL _____ **RECEIPT NUMBER** _____