

# General Release and Waiver of Liability And Hold Harmless Agreement

Please Read Carefully. This is a Release of Legal Rights.

Name of Minor Participant: \_\_\_\_\_ Age: \_\_\_\_\_

In consideration of being allowed to participate in any way in the 2011 49er Camp program and/or being permitted to enter for any purpose any restricted area (defined as any area where admittance to the general public is prohibited) I, the parents(s) and/or legal guardians(s) of the minor named below **agree to assume all risk of any kind of injury or damage my child may receive or sustain as a result of participation, including property loss, property damage, personal injury or death.**

**By my signature below, I acknowledge my understanding of this release and hold harmless and agree and confirm that:**

1. As the parent/guardian, it is my responsibility to instruct the minor participant if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. The above named minor may, during the course of the program, participate in the following activities: fundamental locomotor and object control skills, balance and tumbling skills, rhythm and dance, health-related fitness, body awareness, lead-up games and sports, bowling, and aquatics, including swimming.
3. I grant permission for the above-named minor to receive medical treatment for any and all injuries and illnesses sustained or experienced during his/her participation in 49er Camp activities, included but not limited to emergency first aid, emergency transport to a medical facility, and emergency treatment by medical personnel onsite or at a medical facility.

I KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS, FOR MYSELF, THE ABOVE NAMED MINOR AND OUR HEIRS, ASSIGNS AND NEXT OF KIN, THE STATE OF CALIFORNIA; THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY, CALIFORNIA STATE UNIVERSITY, LONG BEACH, AND CALIFORNIA STATE UNIVERSITY, LONG BEACH FOUNDATION, ASSOCIATED STUDENTS INC., 49ER SHOPS, AND EACH OF THEIR TRUSTEES, OFFICERS, EMPLOYEES AND VOLUNTEERS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with the presence or participation of the minor in my charge, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please note any medical conditions and/or social or behavioral issues that 49er Camp should be aware of:

## Application for Enrollment

Contact in case of emergency \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Childs Name: (Last, First) \_\_\_\_\_ Boy  Girl

Date of Birth \_\_\_\_\_ Age as of 6/1/11- Years \_\_\_\_\_ Months \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Daytime Phone: :(\_\_\_\_) \_\_\_\_\_

2010-11 CSULB Athletic Foundation Member: Yes  No  CSULB Faculty/Employee: Yes  No

Please **CHECK** the Session in which you wish to enroll your child:

Session 1: 6/20 - 7/15 (no camp, Monday July 4<sup>th</sup>)  Session 2: 7/18 - 8/12  Both Sessions 6/20 - 8/12

Please complete both sections of this application, and submit along with a check or money order for either the **non-refundable** \$50.00 deposit, or full payment of \$490 for each 4-week session. Remember, a \$25.00 discount is given for each additional child, and for children of CSULB employees or Foundation members.

Employees: Department \_\_\_\_\_ Position \_\_\_\_\_

Please mail application and check, payable to "49er Camp," to:

49er Camp, 1250 Bellflower Blvd. Long Beach, CA 90840-7707

49er Camp Office: (562) 985-4049

FOR OFFICE USE ONLY				
Deposit	Payment	Balance	Discounts	Waiver <input type="checkbox"/>
			<input checked="" type="checkbox"/> 2 <sup>nd</sup>	
Date	Date	Date	<input checked="" type="checkbox"/> Emp	
Ck #	Ck #	Ck #		

**Placement Procedures:** If you would like your camper to be placed with a friend, each friends full name and age **must** be submitted with this application prior to June 8<sup>th</sup> for 1<sup>st</sup> Session, or prior to July 6<sup>th</sup> for 2<sup>nd</sup> Session. FYI Tax ID # 95-610-6694

Friend #1: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_

Friend #2: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_

Please fill out and sign General Release and Waiver on this application.

### Please Note:

- You need permission of other campers' parents to place them together.
- You may only request **two friends**, as we will honor only 2 requests!
- Boys and girls cannot be placed in the same group!