



Hawaii Teen Summit 2019 **June 19-23, 2019 @ Camp Mokule'ia**

Attached is the 2019 Hawaii Teen Summit Application. Please fill out the application completely and **mail or fax** to the chapter address "Post Dated" no later than **June 7 2019**. **ONLINE PRE-REGISTRATION DEADLINE June 1st, 2019.**

Mail to Hawaii Chapter – NHF 91-1121 Keaunui Dr. Ste 108, #118 Ewa Beach, HI 96706 or Fax 949-216-7835 or scan/email to DDouglas@hemophilia.org

Please check all forms **before** you mail/fax them to be sure they are complete. Attach a copy of your teen/s insurance card and have physician forms completed by the doctor. In addition, you must include a copy of the driver's license or ID of the parent or guardian who signs the Camp Mokule'ia Program Health form & Waiver Agreement. ALL personal and medical information is kept completely confidential. Camp Mokule'ia is an ACA (American Camp Association) accredited facility.

Please make calls early with your teen/s doctor to get form completed. We must have the completed forms from your doctor before your teen/s can attend camp. **IMPORTANT: SEND IN APPLICATION *WITHOUT* DR. FORM IF YOUR DR. APPOINTMENT IS AFTER THE DEADLINE. SEND IN APPLICATION WITH A NOTE DETAILING WHEN THE DOCTOR FORMS WILL BE IN. APPLICATION MUST BE IN BY THE DEADLINE JUNE 7th 2019!!**

We look forward to seeing you! Questions? Call Ziggy at 808-782-5506

Application Checklist/Reminders:

- ☐ Attach a copy of your teen/s insurance card
- ☐ Physician forms completed by the doctor (sibling camper applications also require a physician's signature).

Copy of the drivers license or ID of the parent or guardian who signs the Camp Mokule'ia Release & Waiver Agreement and the Rules and Regulations

- ☐ **Please print the date and your teen's name (Participant) on the front page and sign the back of the Camp Mokule'ia Release & Waiver Agreement**
- ☐ **ONLINE PRE-REGISTRATION DEADLINE June 1st, 2019.**
Camper Applications should be received at the Chapter Office on or before **June 7, 2019.**
- ☐ **Incomplete applications will not be accepted!**
- ✓ The location and address for the Transportation pick-up/drop off will be provided in June after receipt of your camper application(s).
- ✓ Please remember your teen will need closed toe shoes.

WHAT TO BRING TO CAMP

This list contains suggestions for items to bring for camp. It is given as a guide, and we would advise **NOT** to purchase any new clothing for camp, unless you do not already have the item(s) that are needed. Be sure to **LABEL EVERYTHING** with the participant's name, so belongings are less likely to be lost or picked up by someone else. All items should be packed in ONE duffle bag or suitcase, since each participant is limited to one sleeping bag and one suitcase or duffle bag. Please make sure that these two items are also clearly identified with the participant's name on the outside. **Please put your sleeping bag, sheet & pillow or sheets & blankets in a large drawstring garbage bag and then attach a label on the outside. It can get very cool overnight. Please be sure to bring adequate bedding.**

Each camper will need to bring the following:

SOME FORM OF ID FOR TRAVEL (REQUIRED)

Clothing

- _ 2 pairs of pants (denim or corduroy)
- _ 4 pairs of shorts
- _ 5 t-shirts
- _ 5 pairs of socks
- _ 5 pairs of underwear
- _ 1 pair of pajamas
- _ Hat (hats will not be provided)
- _ 1 light jacket or sweatshirt
- _ 1 heavy jacket
- _ 1 pair of sneakers or hiking boots (closed toed shoes-required for High Ropes)

Bedding

- _ 2 blankets OR 1 sleeping bag and sheet
- _ 1 bath towel and washcloth (*Beach Towel if Desired*)

Personal Items

Hairbrush & Comb
Shampoo & Conditioner (travel size, LESS than 3oz if carrying on baggage)
Soap (face & body) (bar or liquid, travel size)
Body lotion (travel size)
Chap Stick
Sun block (SPF of 30 or greater, spray or lotion)
Toothpaste (travel size)
Toothbrush
Flashlight

WATER BOTTLE

PLEASE DO NOT BRING: Any electronics (cell phones-use will be restricted), jewelry, money, lighters/matches, knives, or FIREWORKS. Any campers bringing lighters/matches, knives or fireworks are subject to dismissal from camp. ***Camp Mokule'ia and Hawaii Chapter-NHF will not be responsible for lost or stolen items.***

FACTOR/BD MEDICATION & OTHER MEDICATIONS: All participants must bring enough of their own factor/BD medication to cover treatments for an active 7 days of camp plus emergency/bleed usage. Place your factor/BD medication in a zip lock bag and label the outside of the bag. Place any other medications in their original containers in a zip lock bag and label the outside of the bag.

KEEP THIS PAGE..... Return Registration/Medical forms AND
Register online. **ONLINE PRE-REGISTRATION DEADLINE June 1, 2019.**
NOTE – Registration/Medical forms required!!!

Camp Participant Registration Form (please print)

Name of Camper _____ Gender(circle) M F

Please Check One: ☐ Patient _____ ☐ Sibling (not affected)
(BD Diagnosis)

Age (on 6/1/19) _____ Date of Birth: _____ Grade in school - _____

Address _____
Street City State Zip

Mother/ Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

Father/Guardian(s) Name _____

Home phone _____ Work phone _____ Cell phone _____

Email address: _____

EMERGENCY CONTACT: If parents cannot be reached, whom should we contact?

Emergency Contact _____

Home phone _____ Cell phone _____

Relationship to camper _____

2nd Emergency Contact _____

Home phone _____ Cell phone _____

Relationship to camper _____

Camper Information

Please answer the following questions to assist the camp counselors in meeting the specific needs of your teen and in addressing any concerns you may have about your teen.

Camper Name _____ **Age as of 6/1/19:** _____

Does the camper have any brothers or sisters attending? If yes, please give the names and ages.

Has teen been to any camp before. If so where? _____

Does the teen have any serious fears? _____

TEEN'S INSURANCE INFORMATION

If you have health and accident insurance coverage, list below.

Check here if your teen does not have insurance: _____

Name of Insurance Company _____

Address _____
Street City State Zip

Phone _____ Policy Number _____

Group Number _____ Medicaid Number _____

**Please attach a current legible copy of insurance card and/or
Medicaid card.**

Camper Health Information

*****Medical information to be completed by parent or physician*****

Name of Camper _____ Parent/Guardian _____

Physician Name _____ Phone _____

Address _____
Street City State Zip

1. Allergies, including food, medication, and environmental allergies (types and reactions): _____

2. Chronic or recurring illness (ear/throat infections, asthma, headaches, diabetes, convulsions, etc.): _____

3. Psychiatric or behavioral problems (hyperactive, withdrawn, etc.) _____

4. Physical challenges involving hearing, eyesight and artificial limbs. Please be specific and identify special needs: _____

5. Other history (bed-wetting, sleepwalking, etc.): _____

6. Does Teen Have Asthma? _____ Does Teen have inhaler? _____

7. Does your teen require any special diet at camp? _____

DO YOU HAVE ANY OTHER CONCERNS OR ISSUES WE SHOULD BE AWARE OF? _____

CONSENT FOR MEDICAL TREATMENT

Camper Name _____
(Please Print)

To Whom It May Concern:

In the event that I can not be present or reached by phone, I hereby authorize the on site clinical staff, or his/her agent, to execute any and all documents including any necessary releases on my behalf that might be required by any medical facility to perform required emergency care on the basis of any accident or illness sustained or incurred by my minor teen while attending Hawaii Teen Summit.

I further agree that I, acting on behalf of myself or my minor teen, do expressly and forever waive and release Hawaii Chapter - National Hemophilia Foundation or Camp Mokule'ia and all their respective officers, employees, agents or representatives from any and all liability for personal injuries or damages sustained, incurred or arising from participation at Hawaii Island Teen Summit.

Signature of parent or guardian _____

Printed name _____

Relationship to Camper _____

Physician's Form (TO BE COMPLETED BY DOCTOR)

Camper Name _____ Date Physician's Completed _____

Birth date ____/____/____ Age _____ Weight _____ Height _____

Physician's Name (print) _____ Clinic/Office Name _____

Address _____ City _____ State ____ Zip _____

Office Phone _____ After Hours/Emergency Tel/Pager - _____

Previous Physical Exam –

HEENT	N	ABN	_____	Skin	N	ABN	_____
Chest	N	ABN	_____	Extrem	N	ABN	_____
ABD	N	ABN	_____	Cardiac	N	ABN	_____
Neuro	N	ABN	_____				_____

List All Medications Camper Must Take At Camp (Provide Specific Dose & Schedule):

Medication Name Dose Times/Days of Week Taken

1) _____
2) _____
3) _____
4) _____

Attach a supplemental sheet if additional medicines are taken.

Indicate if supplemental sheet is attached: Yes No

ANY Allergies:(circle) None Yes No List: _____

Immunizations: Up to date? (circle) Yes No (If no, explain)_____

Date of Last Tetanus Shot _____

Other Medical DX: _____

Recent Surgery or Illness: (circle) Yes No (If yes, please describe & list dates): _

Recent Contact with a Contagious Disease (circle) Yes No (If yes, please describe):

Physician's Notes/Special Instructions: _____

Physician's Form (Continued from page 6)
Physician Please Complete Below Only if Camper Has a Bleeding Disorder:

Camper Name _____

HEMOPHILIA: (circle) A or B Severe Moderate Mild Carrier VIII _____% IX _____% History of Inhibitor Yes No Last Inhibitor Test _____BU
Date _____

Von WILLEBRAND DISEASE : (circle) Type 1 2A 2B 2N 2M 3 Unknown
Levels: VIIC _____% Rcof _____

OTHER COAG DX: _____

TREATMENT PRODUCTS: for bleeding or prevention.

Concentrate used (brand) _____ Routine dose _____
Units or _____U/kg

Does Camper Self-Infuse? (circle) Yes No Needs Help

Does Camper use EMLA prior to infusing? (circle) Yes No

DDAVP/STIMATE Used? (circle) Yes No IV SQ Intranasal

AMICAR Used? (circle) Yes No _____

PROBLEM JOINTS: (Explain) _____

INSTRUCTIONS:

Treat only "as needed" while at camp? Yes No

Give Prophylaxis treatment at camp in addition to other treatments as needed? Yes No

Prophylaxis dose _____units on: (circle) Mon. Tues. Wed. Thurs.

Other Instructions: _____

CENTRAL LINE: (if present) Type: (circle) Port-a-cath or Broviac/Hickman

Catheter care: How often is it flushed? _____ with what products/how much? _____

When is dressing changed? _____

When is cap changed? _____

May teen go swimming? Yes No

Instructions (including before & after swimming): _____

Physician's Special Instructions/Notes: _____

Physician's Signature _____ **Date** _____



808-637-6241 / fax: 808-637-5505 / info@campmokuleia.com

68-729 Farrington Hwy, Waialua, HI 96791

www.campmokuleia.com

Thank you for choosing Camp Mokule'ia

The Camp Mokule'ia Challenge Course is made up of both low and high elements. The low course elements are from ground level up to 4' off the ground and can be more physically challenging. The low elements will encourage communication, trust, group effort and cooperation.

*The high course elements range from 30-45' off of the ground and are considered high adventure activities. The high elements focus on individual accomplishments, encouraging self-confidence with team support. **ALL** high elements require participants to wear harnesses and helmets.*

Participants and or parents/legal guardians of participants must acknowledge and understand

- ❖ *The waiver and health form is signed by 18 years of age or older, or legal guardian of the participant covered in this document*
- ❖ *All participants need to have signed a waiver prior to participation. Participants under the age of 18 must have a waiver signed by a parent or legal guardian.*
- ❖ *Participants must be 12 years or older to participate on the High Rope Elements.*
- ❖ *Participants must have proper footwear (closed toe shoes)*
- ❖ *Participants exceeding the maximum weight limit (250lbs) may participate only, if Facilitator is confident in the participant's physical ability, as well as the experience, training, and competency.*
- ❖ *High Rope Element is **CHALLENGE BY CHOICE**, meaning that while facilitators may encourage participants to reach their goals, they are in no way to coerce them.*

Whether your group seeks teambuilding, help working through issues surrounding your group's dynamics, or simply wanting a day out of the office or if you're just looking for a thrilling time, we look forward to designing the perfect program for you.

In preparation for your visit to our facility, we are sending you a packet of information. You will find in this packet the following items:

- ❖ *Medical Form & Waiver*
- ❖ *Suggested Gear List*
- ❖ *Goals and Assessment Form (filled by group leader)*

We are thrilled to help you prepare for your visit to the Camp Mokule'ia Challenge Course, and look forward to future correspondence.

Sincerely,

*Anaseini Lino
Program Facilitator - Camp Mokule'ia, Inc.*

*Camp Mokule'ia, Inc.
68-729 Farrington Highway
Waialua, HI 96791
programfacilitator@campmokuleia.org*

Challenge Course Medical Disclosure/Health Form

We require that this form be read and filled out in full before Participation.

Date: _____ Group Name: Hawaii Chapter - NHF

Name: _____

Address: _____ Phone: _____

Gender: _____ Age: _____ Date of Birth: _____ Height: _____

Weight: _____

In case of an emergency please notify:

Name: _____

Relationship: _____

Phone: (h) _____ (w) _____

(cell) _____

Physician Name: _____ Physician

Phone: _____

Medical Insurance Carrier _____

Policy Number: _____

1. Have you received any pressure or coercion from others (friends, classmates, family, parents, coach or employer) to participate? Yes _____ No _____

2. Current exercise level: Type of Activities _____
Frequency: _____

3. Do you foresee any problems participating in the upcoming challenge course activities due to lack of physical fitness? Yes _____ No _____

4. Are you pregnant? Yes _____ No _____.

5. Do you smoke? Yes: _____ No: _____

6. Do you have asthma: Yes: _____ No: _____

If yes, is your asthma controlled: Yes: _____ No: _____

Do you have exercise or stress induced asthma: Yes: _____ No: _____

7. Do you wear glasses or contact lenses? Yes: _____ No: _____

8. Are you currently under a physician's care? Yes: _____ No: _____

If yes, What are you currently being treated for?

9. Are you currently taking any medication? Yes:_____ No:_____

Medication(s):_____

Condition(s):_____

10. Do you have any allergies (food, bees, or medicines)? Yes:_____ No:_____

List:_____ Reaction:_____

Medication Required:_____

11. Do you have a disability? Yes _____ No _____

If yes, please indicate the functional implications and any concerns about participation related to the disability. _____

12. Do you require special assistance of any kind? Yes:_____ No:_____

If yes, Please explain:_____

13. Have you had a recent injury? Yes:_____ No:_____

If yes, Please explain:_____

14. Do you have diabetes, seizures, or frequent fainting/dizziness? Yes:_____ No:_____

If yes, Please explain:_____

15. Do you have any neck, back, shoulder, knee, or ankle injuries? Yes:_____ No:_____

If yes, Please explain:_____

16. Do you have a history of heart problems and/or high blood pressure?

Yes:_____ (if you checked "Yes", please read the note below) No:_____

If yes, Please explain:_____

*Note: If "Yes": Blood Pressure: (taken within the last six months) _____

17. Do you have any other medical or psychological conditions? Yes:_____ No:_____

If yes, Please explain:_____

18. The High Ropes portion of our Challenge Course at times can require significant use of core muscles. Thus we have set a weight advisory of 250 pounds for participation in High Ropes portion of our Challenge Course in which we reserve the right to make case by case decisions on participation based upon weight and individual size and strength. Do you weigh more than 250 pounds. Yes:_____ No:_____

Participants with a history of heart problems and/or high blood pressure are at risk while participating on a challenge course due to the emotional and physical demands involved. Heart attacks and fatalities have occurred in situations where individuals with preexisting heart/high blood pressure conditions have participated in challenge course activities.

****We ask that all participants answering “Yes” to questions #3, 4, 14 and/or 16 and/or if they have severe or uncontrolled asthma to submit a written approval from their physician prior to participation.**

General information regarding pregnancy:

The activities involved in challenge course participation often involve twisting, turning, lifting, supporting body weights, unexpected physical contact, potential falling from various heights, and waist harness usage. By participating in these activities while pregnant, you will put yourself and your unborn child at risk and in potentially dangerous situations.

I have read the Camp Mokule‘ia, Inc. Health Form and fully understand it without question. I have honestly disclosed to the staff any medical, psychological or personal reasons that might affect my safety or the safety of others during the activities. I understand that I am participating by my own choice and that I do not feel pressured to participate. I certify that I have health insurance that will provide coverage in the event that I am injured.

The information I provided is accurate to the best of my knowledge.

Signature of Participant: _____ Date: _____

Print Name: _____

Signature of Parent/Legal Guardian (If participant is under 18) _____ Print Name: _____

_____ Date: _____



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CAMP MOKULE'IA, INC. WAIVER AGREEMENT

By indicating your acceptance, you understand, warrant and covenant as follows:

READ THIS DOCUMENT "THE WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT AFFECTS YOUR LEGAL RIGHTS AND MAY LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT.

In consideration of being permitted to participate in the CAMP MOKULE'IA, INC. Adventure Program, Training Program and Challenge Courses (hereinafter referred to as "Program"), I HEREBY **ACKNOWLEDGE AND AGREE TO THE FOLLOWING ASSUMPTION OF RISKS** (collectively hereinafter referred to as "Risks"):

1. The Program involves activities which may test the limits of and require the exertion of me physically, mentally and emotionally.
2. Participation in the Program involves inherent risks by participating in such activities. Such activities may include, but are not limited to, off-site opportunities that may include hiking and or swimming opportunities, warm-ups, group initiatives, low and high challenge course elements over, through and on which I may be asked to walk, swing, or climb with or without assistance. Participation in certain challenge course elements may be as high as fifty (50) feet off the ground. Participation in the Program, use of the premises, equipment and facilities and travelling to and from, in and around the premises, involves hazards, dangers and risks that may occur in using the premises, equipment and facilities in or over land or water, which include, without limitation the potential for: falls; broken bones, spinal or brain injury, sprains, strains, bruises and other contusions, and in extreme cases, emotional upset, anxiety, stroke, heart attack, death; contact or collision with natural or man-made objects or other persons, including possible inadvertent or unwelcome touching or carelessness of other participants; anxiety or fear associated with participation in any of the Program activities; error on the part of the staff of CAMP MOKULE'IA, INC.; the failure of structures and equipment; the unpredictable forces of nature, including exposure to heat, cold, lightning and other elements; serious bodily injury, permanent disability, paralysis and death; loss or damage to property; exposure extreme conditions and circumstances; accidents; illness; dangers arising from adverse weather conditions; imperfect course conditions; water, road, air, or surface hazards; equipment failure, inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Released Parties defined below.; and other undefined harm or damage which may not be readily foreseeable; and other presently unknown risks and dangers; and possibly other rigorous physical, mental, or emotional risks inherent in the participation in such activities and facilities, equipment and property in use of by the Released Parties defined below.
3. There may be times when I am not under the direct supervision of CAMP MOKULE'IA, INC. staff or volunteers. Whether or not I am being supervised, at all times I will refrain from and be aware to not enter into restricted areas; I will be aware of the condition of the premises, equipment and facilities; and I will conduct myself with care to the safety of myself and others.
4. Certain activities may be conducted or supervised by independent contractors. CAMP MOKULE'IA, INC. is not and cannot be responsible for any injury or other loss, which may arise, from their acts and omissions.

5. I understand these Risks (sections #1 through #4 above) may be caused in whole or in part by my own actions or inactions, the actions or inactions of other participants, or the acts, inaction, or negligence of the Released Parties defined below and I hereby expressly assume all such Risks and responsibility for any damages, liabilities or expenses which I incur as a result of my participation in the Program.
6. I am aware of the voluntary nature of the Program and that I may decline to participate in this Program, or any part of this Program, provided that I have first notified the staff of my declination to participate and as long as the CAMP MOKULE'IA, INC. staff agrees that I can safely withdraw my participation in the Program.

In further consideration of being permitted to participate in the Program, I HEREBY REPRESENT THE FOLLOWING:

7. A qualified medical professional has not advised me to not participate in the Program or in similar activities.
8. I have no health related reasons or problems which preclude my participation in the Program.
9. I am physically and psychologically fit to participate in the Program.
10. I am not now, nor shall I be while participating in the Program, under the influence of alcohol or any illicit, prescription, or over-the-counter drugs or medication which would in any way impair my ability to safely participate in the Program.

In further consideration of being permitted to participate in the Program, I HEREBY AGREE TO THE FOLLOWING:

11. To be familiar with and to abide by the regulations, policies, procedures and guidelines established by the Released Parties and all other stated and customary terms and conditions for participation. If I do not understand specific instructions at any time, I understand that it is my responsibility to ask staff members for clarification and/or assistance. Staff members or volunteers of CAMP MOKULE'IA, INC. may at their sole discretion deny participation to me for the safety of myself or others.
12. Each participant has responsibilities for his or her, and others' well-being, and my failure to meet such responsibilities, including failure to follow instructions or otherwise enhancing the inherent risks of the activity, may result in my being liable for any negligence, gross negligence, or intentional tortious harm caused to another person or property. I accept sole responsibility for my conduct and actions while participation in the Program.
13. If any unusual or significant hazard becomes apparent to me during my presence or participation, I will remove myself from participation and immediately bring such hazard to the attention of Camp Mokule'ia, Inc.. In any event, I understand that I may withdraw from participation in the training activities at any time.
14. Photographs may be taken during the activities, to be used for promotional material, including video presentation and brochures. I grant Camp Mokule'ia, Inc. and to any person acting for Camp Mokule'ia, Inc., the right to use, reproduce, assign, and distribute photographs, films, videotapes, and sound recordings of me for use in any such materials they may create without any expectation of compensation for such use of my image or likeness for Camp Mokule'ia, Inc.'s purposes.
15. Camp Mokule'ia, Inc. is authorized to provide or obtain medical care for me in the event of an injury. I understand that I am solely responsible for all related costs associated with any medical care that is provided to me or my participant for whom I am a parent or legal guardian.
16. I HEREBY AGREE TO RELEASE, WAIVE, FOREVER DISCHARGE, COVENANT NOT TO SUE AND FURTHER AGREE TO INDEMNIFY, AND HOLD HARMLESS the following parties: CAMP MOKULE'IA, INC., its directors, officers, employees, representatives, volunteers, agents, and its respective parent, subsidiary and affiliated organizations, including the Episcopal Diocese of Hawaii (hereinafter referred to as "Released Parties") with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys' fees) of any kind or nature to person or property suffered by me, by any member of my family, rescuers, co-participants, or

any other person (hereinafter referred to as "Liability") which may arise out of, result from, or relate to my participation in the Program, **WHETHER ARISING FROM THE NEGLIGENCE OF ANY RELEASED PARTIES** and to the fullest extent permitted by law. Such Liability might arise while I am travelling to or from, in, upon, or about the premises or any facilities or in use of any of the equipment or other property therein.

17. In signing this agreement, I acknowledge that I will be giving up substantial legal rights, including those rights of the participant, my spouse, children, assigns, heirs, next of kin, and any legal or personal representatives, executors, administrators, successors and assigns for any loss, or damages, and any claim or demands therefore on account of damage to my personal property, injury to myself or my resulting death, whether or not caused by the negligence of the Released Parties.
18. If a portion of this agreement is deemed invalid or unenforceable by a Court, then that provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of any remaining provisions.
19. This document constitutes the entire agreement between the parties and may be amended only in writing.

I HEREBY WARRANT THAT I HAVE READ THE WAIVER AGREEMENT CAREFULLY, AND I FULLY UNDERSTAND ITS TERMS AND CONDITIONS, AND I ASSUME ALL OF THE RISKS OF PARTICIPATING IN THE PROGRAM, known and unknown, inherent and otherwise, and whether or not described above, by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the Released Parties,, from dangerous or defective equipment or property owned, maintained, or controlled by Mokule'ia, Inc. or because of their possible liability without fault.

Participant's Printed Name: _____ **Age:** _____

Participant's Signature: _____ **Today's Date** _____

For the parent/legal guardian of a minor under eighteen (18) years of age **OR** the parent or legal guardian of an incapacitated and/or mentally challenged person in order with legal responsibility for this Participant, I acknowledge that I have the legal capacity and authority to act on behalf of the Participant and hereby join in this agreement, including, for myself and on behalf of the Participant, agreeing to the foregoing acknowledgement and agreement to assumption of risks, representations and agreements, including agreements of release and indemnity, to the maximum extent allowed by law.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Today's Date: _____ **Emergency Phone Number: (_____) _____ - _____**