

RIEKES CENTER ATHLETIC FITNESS SUMMER CAMP REGISTRATION FORM

Name _____ Birthdate _____ Grade (next fall) _____

School _____ Sports _____

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Emergency Contact _____ Emergency Phone _____

PLEASE NOTE: In order to participate, athletes MUST bring a signed liability form (page 2 of this document)

Camp Name _____

How Many Weeks Do You Want? _____

Start Date of Each Week _____

Amount Due: _____

T-shirt included (circle size)
Adult: S M L XL XXL
Youth: S M L

Payment Information

Cash, check, credit card accepted over the phone or in person at Riekes Center. Make checks payable to Riekes Center.

Card # _____ Expiration _____ V-Code _____

Name on card _____ Billing address _____

City/State _____ Zip _____

Fax or Mail to: Riekes Center for Human Enhancement 3455 Edison Way, Menlo Park, CA 94025

Phone 650.364.2509 Fax 650.261.6006 E-mail: info@riekes.org www.Riekes.org

AGREEMENT AND RELEASE FROM LIABILITY

VOLUNTARY ENROLLMENT

I, _____, the undersigned participant or parent or guardian ("Releasor"), acknowledge that I have voluntarily enrolled myself

and/or my child _____ (individually or collectively "Participant") in a program of strenuous physical activity, which may include, but is not limited to, such activities as weight training, aerobic machinery exercises, sport-specific drill work and agility training (the "Training Program"); and/or hiking, outdoor camping, and wilderness activities (the "Nature Studies Program"); and/or chemicals used for the development and processing of black and white photography (the "Photography Program") (collectively, the "Programs") offered by the Riekes Center for Human Enhancement (the "Riekes Center") and at any and all other locations involved in any of the Programs offered at the Riekes Center.

ASSUMPTION OF RISK

Participant is aware that the Programs and/or use of the Riekes Center facilities may involve activities that may be considered hazardous. Participant is voluntarily participating in any Program with knowledge of the danger involved. Participant understands that it is his/her responsibility to obtain a physical examination from a medical doctor to determine his/her present health and medical condition before beginning a Training Program or activity. By placing my initials below, Participant hereby agrees to accept any and all risk of injury or death to Participant relating to the any of the Programs or use of the Riekes Center facilities.

_____ (initials)

RELEASE

As consideration for being permitted by the Riekes Center to participate in any of the Programs and use of facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives or my enrolled child or such enrolled child's assignees, heirs, distributees, guardians and legal representatives, will not make a claim against, sue, or attach the property of the Riekes Center and any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of the Riekes Center or any of its affiliated organizations as a result of my participation in any of the Programs. I hereby release the Riekes Center and any of its affiliated organizations, its employees and agents from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives, or that my enrolled child or such enrolled child's assignees, heirs, distributees, guardians, and legal representatives, now have or may hereafter have for injury or damage resulting from my or my enrolled child's participation in any of the Riekes Center's Programs.

COMPLIANCE WITH RULES

Participant agrees that he/she will abide by all rules and regulations regarding any of the Programs that may be established by the Riekes Center or its agents. Participant understands and agrees that if the Riekes Center or any of its agents determines that Participant has violated any of the Riekes Center's rules or regulations, Participant may immediately be discharged from any of the Programs and the Riekes Center's facilities without any reimbursement for any payment to the Riekes Center.

TALENT RELEASE

I consent without further consideration or compensation to the use (full or in part) of all videotapes or still photographs taken of me or by me and/or recordings made of my voice in whole or in part by the Riekes Center for the purposes of illustration, broadcast, or distribution in any manner.

_____ (initials)

KNOWING AND VOLUNTARY EXECUTION

Participant has carefully read this agreement and fully understands its contents. Participant is aware that this is a release of liability and constitutes a contract between Participant and the Riekes Center and/or its affiliated organizations, and executes it voluntarily. This constitutes the entire agreement between Participant and the Riekes Center regarding the subjects contained in this Agreement, including assumption of risk, release from liability, and compliance with the Riekes Center's rules and regulations. This agreement may only be amended in writing, signed by Participant and an executive officer of the Riekes Center.

Executed at _____, California, on _____, 20____.
City Date

Signature of Releasor

Type or Print Name