



2018 CAMP REGISTRATION FORM

Centennial High School in Las Cruces, August 1st, 2nd and 3rd, 9:00 AM to 3:00 PM

\$25 Registration fee payable to the Carrie Tingley Hospital Foundation

Scholarships and lodging assistance are available: Contact the Carrie Tingley Hospital Foundation at 243-6626.

Camper Name: _____

Date of Birth: _____ Age: _____ Gender (M/F): _____

Address: _____ City: _____ State: _____ ZIP: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Work / Cell Phone: _____

E-Mail Address (camper and/or parent): _____

Name/Phone of emergency contact (different from parent): _____

MEDICAL INFORMATION

Description of camper's disability/diagnosis: _____

List medications and doses camper is currently taking: _____

Level of Assist Required: 1. None 2. Some 3. Full 1:1 assist

Wheelchair Use: Full-time Part-time None **Type:** Manual Power

Walking: With Assist? YES NO **Type of Assist:** Crutches Walker Braces

Allergies: Food, Medical, Latex Describe: _____

Describe any Special Medical Needs: _____

Dietary needs: _____

Personal needs: _____

Physician's Name and Phone Number: _____

Carrie Tingley Hospital Patient? Yes NO

Camper's T-Shirt Size (choose one) Youth: S M L Adult: S M L XL XXL

Accommodations needed (out of town campers only)? Yes No

Camper: _____ Date: _____

Parent/Guardian (If campers is under 18): _____ Date: _____

Camper Registration: \$25 x _____ # of campers = \$ _____ Total Due

PHOTOGRAPH CONSENT FORM

I do hereby grant Carrie Tingley Hospital Foundation (Foundation) permission

To take and use photos of (please print names):

To use the supplied photos of (please print names):

I understand the photos may be used in print such as the Foundation's newsletter, the Foundation's web site, or other media and may be used to promote the programs of the Foundation and the work of the Foundation in order to further public education and fundraising efforts on behalf of the Foundation.

I understand that they will not use my child's name or my name unless I give express permission for them to do so.

Yes, you may use my first name (Parent/Guardian)

Yes, you may use my child/children's first name(s)

No, I prefer you do not use any of our names

Parent/Guardian Signature Date: _____

Parent/Guardian Printed Name Phone: _____

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation, or that of the minor, in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM AGE 18 OR OLDER, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Parent/Guardian: _____

Parent/Guardian Signature (If participant is under the age of 18): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Date: _____