

CrossFit Scars 2010 Spring Break Youth Athletics Camp

March 15th- 18th

9 am to 11:30 am

Child's name: _____ Age: _____ T-Shirt: S M L AS AM

Parent's name: _____

Phone numbers (home/ cell/ work) _____

Address: _____ City, State, Zip: _____

Notify in writing any special needs, medications or restrictions your child may have.

Make all checks payable to CrossFit Scars in the full amount of \$150.

Please turn in this registration form by 3/10/10 to receive the proper shirt size.

WAIVER OF LIABILITY, INDEMNIFICATION AND MEDICAL RELEASE

To be signed by parent/guardian of child participating in the event identified above. I am aware of the dangers and risk to my child's person and property involved in participating in the CrossFit Scars Youth Athletic Camp under the auspices of the World Class Taekwondo. On behalf of my child, my child's personal representatives, heirs, next of kin, successors and assigns, I hereby: a. waive, release, and discharge CrossFit Scars LLC and/or World Class Taekwondo Inc. and their officers and employees from any and all liability for my child's death, disability, personal injury, property damage, property theft or claims of any nature which may hereafter accrue to my child and/or my child's estate as a direct or indirect result of my child's participation in the activity or event: and b. agree to indemnify, save and hold harmless CrossFit Scars LLC and/or World Class Taekwondo Inc. and their officers and employees from and against any and all claims of any nature including, but not limited to, all costs, expenses and fees directly or indirectly arising out of or resulting from my child's actions during this activity or event. c. I hereby consent for my child to receive medical treatment that may be deemed advisable in the event of my child's injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned parent/guardian, acknowledge that I have read and understand the above Waiver of Liability, Indemnification and Medical Release, and that I am signing it freely and voluntarily.

PRINT Child's Name: _____

PRINT Parent/Guardian Name: _____

Signature: _____

Date: _____

Relationship to Child: _____