



Youth Outdoor Adventure Summer Camp

Name: _____
Address: _____
Phone: _____
Email: _____
DOB: _____
Emergency Contact Info
Name
1: _____ Relationship: _____ Phone: _____
Name
2: _____ Relationship: _____ Phone: _____

Monday-Friday 12:30-3pm

- 1 day = \$63
- 2 days = \$120
- 3 days = \$173
- 4 days = \$220
- 5 days = \$263

Session #1 July 8th-12th

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Session #2 July 15th-19th

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Session #3 July 22nd-26th

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Session #4 July 29th-August 2nd

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Session #5 August 12th-16th

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Session #6 August 19th-23rd

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

\$ _____ Total

_____ Cash

_____ Check # _____

(Please make payable to: North End Outdoors, 88 State St, Skaneateles, NY 13152)

_____ CC Type _____ # _____ Exp _____

Code _____ Billing Address _____

I agree to the above price and understand there are no refunds. Thank you.

Client Signature: _____ Date: _____

NEO Signature _____ Date: _____

Things we need to know to assist us in helping you get the most out of your session:
Swimming Ability and Water Knowledge (check which applies to you... be honest!)

- Basic I feel comfortable in the water can swim 100 - 200 yards without stopping.
- Intermediate I can comfortably swim 200 - 300 yards without stopping.
- Advanced I am a fish with the ability to live on dry land

Yes No Have you ever had any experiences during your lifetime that have left you feeling timid or uncomfortable with the water? If yes please explain.

Yes No Do you have any injuries or physical ailments (ie: back, shoulder, knee, neck, etc.) If yes please explain.

Do you have any food allergies or other allergies we need to know about?

Are you currently taking any medications? If yes please list.

Height _____ Weight _____

Yes No I verify that the participant is in good health and is fully capable of participating in any and all strenuous activities associated with any NEO programs. I fully understand that each NEO participant must be a competent swimmer.

Yes No I understand that all NEO attendees and legal guardians of attendees under

18 must return a signed "Waiver of Liability and Acknowledgement Form" with this registration form and prior to enrollment or participation in any NEO activities.

Sign below confirming that you have read, understand and agree to be bound by the terms of this entire document, the NEO Cancellation Policy and the Participant Waiver of Liability and Acknowledgement Form.

Signature of Participant _____

Date _____

Print _____

Name _____

PARENTS OR LEGAL GURADIAN OF ANY PARTICIPANT UNDER THE AGE OF 18

All forms must be completed and signed by the participant's legal guardian.

Name of participant _____

Name of legal guardian _____

Legal relation to participant _____

Signature of legal guardian _____

Date _____

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of NEO, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "NEO"), I hereby agree to release, indemnify, and discharge NEO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

I acknowledge that my participation in surfing activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things:

Being hit by the board, other surfers or their boards which could result in cuts, bruises, abrasions, and concussions; hitting the bottom of the ocean; sprains, strains, broken bones, exhaustion, dehydration, and sunburn; accidental drowning; exposure to poisonous and/or carnivorous sea creatures, surf, currents, and tidal conditions; exposure to cold water resulting in hypothermia, cold shock, and accidental drowning; my own physical condition, and the physical exertion associated with this activity. Additionally, fatigue, chill and/or dizziness may diminish my/our reaction time and increase the risk of an accident. Furthermore, NEO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

1 I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

2 I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless NEO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of NEO's equipment or facilities, including any such claims which allege negligent acts or omissions of NEO.

3 Should NEO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

4 I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against NEO on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature

Print Name

Address

Phone

Date

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of

print minor's name)

("Minor") being permitted by NEO to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless NEO from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected

with such use or participation by Minor.

Parent or Guardian:

Print Name:

Date: