



GOVERNMENT OF STCHRISTOPHER & NEVIS

Ministry of Education, Youth, Sports & Culture

Department of Sports Summer Camp Form

By signing this document, it may affect certain legal right including the right to sue. Please read carefully.

CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY

In consideration for permission, granted now or in the future by the Department of Sports for _____ (the "Participant" to participate in the Summer Camps Program from July 17th to July 21st, 2017, I/We _____, as the parent(s)/guardian(s) of the Participant agree and acknowledge that:

1. The Participant has met all the prerequisites required for participating in the Summer Camp.
2. The Participant will abide by the rules and regulations imposed on the participant in the Summer Camp.
3. There are risks and hazards inherent in the very nature of the Summer Camp and that as a result of these risks and hazards, the participant, may suffer personal injury, even death, as well as property loss. Camp activity may include: dance, outdoor games and sports, nutrition education, swimming, educational tours and orienteering. I am aware and understand the risks and hazards associated with the Summer Camp and may be present in the activity and that the Participant is assuming the risks and hazards at his or her own risk.
4. I waive any claim the Participant or I may have against the Department of Sports and any and all instructors, coaches and organizers of the Summer Camp and their respective heirs, representatives, successors and assigns from all claims, demands, costs, expenses, actions and causes of action arising from the Participant's involvement in the Summer Camp and agree to indemnify and hold harmless of the Department of Sports for any claim, including any claim for medical services arising from the Participant's involvement in the Summer Camp.
5. The Department of Sports may secure such medical advice and service as it, in its sole discretion, may deem necessary for the Participant's health and safety and I shall be financially responsible for such advice and services. I understand that the Department of Sports do not provide accidental death, disability, dismemberment or medical expense insurance on behalf of the participants in the Summer Camp and therefore agree to assume responsibility for such insurance coverage for the Participant.
6. I agree that in the event that any provision of this Form is held to be invalid and unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such provision will not affect the remaining provisions of this Form, which shall continue to be enforceable.
7. This, CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIM, and ASSUMPTION OF RISK AND INDEMNITY is binding on the Participant and I, and our heirs, executors, administrators, personal representatives and assigns.

WE HEREBY ACKNOWLEDGE READING, UNDERSTANDING AND AGREEING WITH THE FOREGOING.

DATED this _____ day of _____, 2017.

Name of Parent(s)/guardian(s): _____

Signature of Parent(s)/guardian(s): _____

Contact Number: _____

Summer Camp Activity (Please select one)

- Football
 Netball
 Golf
 Tennis (lawn)
 Handball

A \$25 registration fee MUST accompany this Form