



St. Kitts and Nevis Handball Association

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SKNHBA HANDBALL CAMP
CONSENT, RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISK AND INDEMNITY

In consideration for permission, granted now or in the future by the St. Kitts and Nevis Handball Association (SKNHBA) for _____ (the "Participant" to participate in the Summer Handball Camp from July 16th to July 27st 2018, 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 SKNHBA 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 SKNHBA for any claim, including any claim for medical services arising from the Participant's involvement in the Summer Camp.
5. The SKNHBA 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 SKNHBA 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 _____, 2018.

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

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

Contact Number: _____

A \$25 registration fee MUST accompany this Form