

Blue Mountain Cross Country Registration

August 13-19, 2017

Thank you for registering for Blue Mountain Cross Country Camp. Please include everything on this checklist with your application. If you have any questions or concerns please email Directors@bluemountainxccamp.com and Ken or Sarah will help you within 48 hours.

Please Include:

- Athlete and Parent Information
- Athlete Health Form and Waiver
- Photo/Video Release
- Liability Waiver
- \$100 deposit

OR

- \$490 registration fee

Make all checks payable to Blue Mountain Cross Country Camp

Mail to:

Blue Mountain XC Camp

207 Richmond Ave

Buffalo, NY 1422

Blue Mountain will confirm registration received prior to depositing checks.

Thank You!



Blue Mountain Cross Country Registration
August 13-19, 2017

Athlete and Parent Information

Athlete Information:

First Name: _____

Last Name: _____

DOB: ___/___/_____

Grade: _____

Email: _____

Phone: _____

Address:

School: _____

Average Mileage: _____

Coach's Name: _____

Longest Run: _____

Coach's Contact: _____

5k PR: _____

T-Shirt Size (circle): S M L XL

5K Goal Time: _____

Parent and Guardian Information:

First Name: _____

Last Name: _____

Email: _____

Phone: _____

In Case of Emergency:

First Name: _____

Last Name: _____

Phone: _____



Blue Mountain
CROSS COUNTRY CAMP

Blue Mountain Cross Country Registration
August 13-19, 2017

Athlete Health Form and Waiver

Past Illnesses:

Please give approximate dates for any of the following.

DTP: ___/___/___

MMR: ___/___/___

Polio: ___/___/___

Recent exposure to contagious disease:

Any previous known illness related to running (asthma, stress fractures, broken bone):

Any restrictions to swimming or diving?

Insurance Information:

Policyholder Name: _____

Policy Number: _____

Policyholder DOB: ___/___/___

Social Security Number of Athlete: _____

Waiver:

In case of emergency, I hereby give permission to the physician selected by the camp directory to hospitalize, secure proper treatment for, and to order injection anesthesia or surgery for my child as named above.

Name: _____

Date: _____

Signature: _____

Blue Mountain Cross Country Registration

August 13-19, 2017

Photo/Video Release

Photo/Video Release Form:

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- Website and/or social media accounts
- Advertising materials (including, but not limited to postcards and brochures) -
- Promotional videos

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a public setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for Blue Mountain Cross Country Camp, LLC.

Name: _____

Date: _____

Signature: _____

Blue Mountain Cross Country Registration

August 13-19, 2017

Liability Waiver

Liability Wavier:

THE BLUE MOUNTAIN CROSS COUNTRY CAMP ASSUMPTION OF RISK, WAIVER OF LIABILITY and PARENT/GUARDIAN PERMISSION FORM: In order to participate at Blue Mountain Cross Country Camp, each participant must submit completed versions of this Assumption of Risk, Wavier of Liability and Parental Permission Form and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received. AGREEMENT TO PARTICIPATE to ensure that you and your parents understand and accept the risks of participation in Blue Mountain Cross Country Camp (Summer Camp), you both must indicate your understanding and agreement.

CAMPER AGREEMENT I affirm that my participation in the Summer Camp is entirely voluntary, and understand that participation in the Summer Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Summer Camp staff prior to signing this Form. I also understand that, despite safety precautions, neither the Summer Camp nor Blue Mountain Cross Country Camp can guarantee that I will not be injured. I agree to assume these risks. I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Summer Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Summer Camp.

PARENT/GUARDIAN AGREEMENT I agree to allow my child/ward to participate in the Summer Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Summer Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, Blue Mountain Cross Country Camp can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Summer Camp.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE: In consideration for permitting me/my child/ward to participate in the Summer Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Summer Camp.

TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE the person or entity responsible for administering the Summer Camp, Blue Mountain Cross Country Camp, LLC, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Summer Camp.

MEDICAL EVALUATION: I understand that I must obtain a medical evaluation and doctor's approval prior to participation in the Summer Camp, and submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Summer Camp. I further understand that I will be responsible for my medical expenses. By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Name: _____

Date _____

Signature: _____

Blue Mountain Cross Country Registration

August 13-19, 2017

Deposit

Deposit:

Please include the \$100 deposit or full registration of \$490. Any remaining balance is due August 1, 2017. A team discount of 5 members or more from the same high school is applied after the 5th member signs up. If paid in full, money will be reimbursed prior to camp beginning. A siblings discount of \$30 off the second registration is available for families who sign up two or more children. Make all checks payable to Blue Mountain Cross Country Camp.

Mail to:

Blue Mountain XC Camp

207 Richmond Ave

Buffalo, NY 1422

Blue Mountain will confirm registration received prior to depositing checks.



Blue Mountain
CROSS COUNTRY CAMP