

Kamp Kickapoo 2017



Registration

Name _____ **Age** _____ **T-shirt Size:** YS YM YL YXL

Address _____ **City** _____ **Zip** _____

Phone _____

Emergency Contact _____ **Emergency Phone #** _____

Waiver

In consideration for being permitted by the participating parties of the Health Promotion & Disease Prevention Programs' Kamp Kickapoo activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the Kickapoo Tribe of Oklahoma, HPDP, KTHC, its' officers, employees, and agents from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. It is understood that these activities involve an element of risk and danger of accidents and knowing those risks, I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk it to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expensive which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities. I further agree that this waiver allows the Kickapoo Tribe of Oklahoma HPDP Dept. to measure height, weight, BMI, Body Fat %, A1C, LDL, etc. for data analysis, reports, etc with full confidentiality. As a participant in Kamp Kickapoo Programs, all youth must abide by the rules set forth or be removed from the program immediately at the Kamp Kickapoo staff's discretion. This includes consistent tardiness, misbehavior, no-shows. etc. It is the participants guardians, parents, etc responsibility to provide transportation to and from the Kamp Kickapoo Program.

Parent/Guardian Signature _____ **Date** _____