



Special Olympics Discovery Camp

October 11-13, 2019 at Camp Woodsmoke

REGISTRATION FORM

To learn more about the camp please visit www.soindiana-rod.org/event/camp

Register by Sept. 13th: \$30 Includes Camp T-shirt

Make checks payable to: Special Olympics Indiana

Mail registration form and check to: Special Olympics Indiana, 429 Manchester St., Aurora, IN 47001

Contact Info: info@soindiana-rod.org or Greg Townsend 812-584-6861

You MUST register for this event by Sept. 13th. You can NOT just show up.



First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Phone _____ Age Day of Camp _____ ☐ ☐ Male Female

Please Circle T-Shirt Size: Youth Med Youth Lg Small Medium Large X-Lg 2X-Lg 3X-Lg 4X-Lg

Level of assistance required by camper: (I = Independent; R = Reminders; VA = Verbal Assistance; PA = Physical Assistance)

____ Mobility ____ Eating ____ Bathroom ____ Bathing ____ Dressing ____ Brushing Teeth ____ Other _____

Parent/Guardian 1 _____ Home Phone _____

Day Phone _____ Email Address _____

Parent/Guardian 2 _____ Home Phone _____

Day Phone _____ Email Address _____

Registration Agreement: Please initial and sign to indicate understanding and agreement.

____ I am aware that activities and schedules are subject to change at the discretion of Special Olympics Indiana - Ripley Ohio Dearborn Counties.

____ I understand that the registration fee is non-refundable. I understand that homesickness, minor illness and change of family plans or conflict/changes in personal schedules are not grounds for a refund.

____ I understand that it is the camper's responsibility to participate in the whole camp program including work, play, values sharing/ code of conduct and living together. I'll ensure that my camper abides by the rules of the program and will explain to him/her that violation of rules/code of conduct related to (but not limited to) alcohol, drugs, inappropriate conversation/contact, tobacco or violence/bullying will result in a dismissal from camp, with no refund. If my camper is dismissed, it will be the parent/guardian's responsibility, either logistically and/or financially for the evacuation of the camper within a two hour notice.

____ I understand that my camper must be a registered Special Olympics Indiana athlete with an Application to Participation on file and will be required to have a current (less than a year old) medical form on file.

____ I understand that the volunteer to camper ratio will be 1:4 and agree that this is what is required by my camper.

WAIVER AND RELEASE: Please be sure to sign and date the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT") on the back

Signature of Participant _____ Date _____

I am the parent/legal guardian of a child under the age of 18 years, who is allowed to participate in the Event. By signing below, I consent and agree to the REGISTRATION as it relates to my minor child that I have allowed to participate in the Event.

Signature of Parent/Guardian _____ Date _____

MUST HAVE SLEEPING BAG AND HIKING BOOTS OR EXTRA PAIR OF OLD SHOES FOR HIKING.



**SPECIAL OLYMPICS INDIANA – RIPLEY OHIO DEARBORN COUNTIES
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL
CONSENT AGREEMENT ("AGREEMENT")**

In consideration of participating in the **Special Olympics Indiana – Ripley Ohio Dearborn Counties' Discovery Camp**, I represent that I understand the nature of the **Discovery Camp** event and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that the **Special Olympics Indiana – Ripley Ohio Dearborn Counties' Discovery Camp** event involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue **Special Olympics Inc., Special Olympics Indiana, Special Olympics Indiana-Ripley Ohio Dearborn Counties, Lions Club's Camp Woodsmoke**, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I also grant Special Olympics Indiana permission to use my likeness, image, voice and words on television, radio, film, or in any form to promote activities of Special Olympics Indiana.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date:_____

Signature of Parent/Legal Guardian
(if participant under age 18)