



*Sherwood  
Lake Club*

# SUMMER CAMP



# Waiver

## ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT ON BEHALF OF MINOR DEPENDENT IMPORTANT THIS IS A LEGAL DOCUMENT: PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING

This Agreement must be completed in order to participate in the activities associated with this program.

Participant (print full name) \_\_\_\_\_ in Sherwood Lake Club Summer Camp

I (we) the undersigned, am (are) the parent(s) and/or legal guardian(s) of the minor Participant named above. I (we) am (are) familiar with details regarding the Program specified above and the risks, including personal injury and even death to the Participant, associated with participation in the Program. To the extent that I (we) have had any questions or concerns regarding the program, or the risks and hazards associated with it, we have had ample time to seek, and have asked Sherwood Lake Club ("SLC") for, answers to such questions or concerns, and have as a result thereof fully satisfied myself (ourselves) with respect to such questions or concerns. Accordingly, this Assumption of Risk, Waiver of Liability and Indemnification is entered knowingly and freely.

**TERMS AND CONDITIONS:** I (we) authorize Participant to participate in the Program offered by SLC (we) understand that such participation can include foreseeable and unforeseeable risks and other hazards inherent in the Program, and the activities associated with the Program, which may expose Participant to or cause illness, injury, or death. I (we) freely and voluntarily allow Participant to participate in the Program with the knowledge of the danger involved. We hereby agree(s) to and do assume and accept on behalf of ourselves and the Participant any and all risk of illness, injury or death to Participant arising in any manner out of the Program or its activities.

**WAIVER, RELEASE AND INDEMNIFICATION:** I (we), on behalf of myself (ourselves), jointly and on behalf of Participant, understand and acknowledge that SLC is not an insurer of the safety of the Program or of Participant's behavior, actions, failure to act, or participation in Program and that SLC assumes no liability whatsoever for personal injuries, death or property damages to Participant or to third persons arising out of participation in the Program. I (we) individually and jointly and severally, including with and on behalf of Participant, and each of our heirs, successors and assigns, hereby agree to fully release, waive, indemnify, hold harmless, defend, and not to sue SLC and any and all of its officers, directors, employees and agents (collectively the "Releasees") from and against all liability, claims, demands, actions, damages, costs, costs of defense (including attorneys' fees) and causes of action whatsoever arising out of or related to any loss, damage, illness or injury, including death, that may be sustained by Participant or any third person, or loss or damage to any property belonging to Participant or any third person, arising out of or related to participation in the above named Program, or arising out of or related to any act or failure to act by Participant, excepting therefrom only such loss, damage, illness, injury, or death as may be caused solely the sole gross negligence of any Releasee.

I (we), individually and jointly and on behalf of Participant, agree that the forum and situs of any lawsuit arising out of or related to participation in the Program shall be in the state of California and that this Agreement shall be governed by and construed in accordance with the laws of the state of California without application of any principles of choice of law.

I (we), individually and jointly and on behalf of Participant, represent and warrant that Participant does not have any medical conditions that would prevent participation in the Program or make such participation inadvisable or hazardous to Participant or any third person. I (we), individually and jointly and on behalf of Participant, further represent and warrant that Participant has the requisite skills and abilities to safely participate in the Program without exposing himself or herself, or others, to risks due to the participation by Participant in the Program.

I (we), individually and jointly and on behalf of Participant, represent and warrant that Participant is covered by health and liability insurance sufficient to cover the costs of treatment in the event of any illness or injury including death to Participant or to third parties resulting from any act or failure to act by Participant.

I (we), individually and jointly and severally including with and on behalf of Participant, shall pay all reasonable attorney fees and costs incurred by SLC in enforcing this Agreement.

If any portion of this Agreement is held to be invalid by a court of law then it is agreed and intended that all the remainder shall notwithstanding continue in full force and effect.

(WE) HAVE CAREFULLY READ THIS AGREEMENT AND ITS TERMS AND FULLY UNDERSTAND THEIR CONTENT AND EFFECT AND AM (ARE), INDIVIDUALLY AND ON BEHALF OF PARTICIPANT, AWARE THAT (i) THIS AGREEMENT PROVIDES FOR (A) AN ASSUMPTION OF RISK AND WAIVER OF LIABILITY, (B) INDEMNIFICATION OBLIGATIONS, (C) PROVISIONS PRECLUDING RIGHTS TO SUE OR OTHERWISE SEEK COMPENSATION FOR DAMAGES, AND (D) OUR OBLIGATION TO PAY AMOUNTS THAT MAY BE INCURRED BY SCC. IT IS A CONTRACT BETWEEN OURSELVES, INDIVIDUALLY AND JOINTLY AND SEVERALLY INCLUDING ON BEHALF OF PARTICIPANT AS THE GUARDIAN(S)/PARENT(S) OF PARTICIPANT, AND THE RELEASEES, AND SIGN IT OF MY (OUR) OWN FREE WILL.

### CONSENT TO MEDICAL TREATMENT AND HOSPITAL SERVICES AND WAIVER OF CLAIM:

I hereby authorize Sherwood Lake Club SLC to designate one or more individuals who shall have the power on my behalf to arrange for and to consent to medical and surgical treatment of any kind, at a hospital or elsewhere, for the child or children named below. This authorization shall remain in effect from year to year so long as any child continues to participate in the programs of SLC. (Please update this information with any changes.) You are further authorized to charge the costs of such services reasonable required to the medical insurance policy identified below in view of the services that are volunteered by others in order to conduct a program from which my child benefits or to provide medical assistance to my child. I hereby release and discharge SLC its directors, members, employees, coaches, managers and agents, from any and all claims, demands or causes of action which may arise by reason of any injury or illness suffered by my child resulting from treatment administered as a result of such injury or illness.

## ASSUMPTION OF RISK, WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT ON BEHALF OF MINOR DEPENDENT IMPORTANT THIS IS A LEGAL DOCUMENT: PLEASE READ AND UNDERSTAND THIS DOCUMENT BEFORE SIGNING

I (we) acknowledge that I (we) am (are) signing this Agreement individually and on behalf of a minor Participant. I (we) acknowledge and represent that I (we) am (are) the Guardian(s)/Parent(s) of the Participant and fully understand the terms of this Agreement. I (we), individually and on behalf of Participant, also acknowledge that these terms shall bind my (our) heirs and personal representatives and the heirs and personal representatives of Participant.

\_\_\_\_\_  
Signature of Legal Guardian and /or Parent of Participant

Date: \_\_\_\_\_

Full name of Child participating in program: \_\_\_\_\_

Participant's Health Insurance I.D. Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Address of Carrier \_\_\_\_\_

Phone # of Carrier \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

**Primary Emergency Contact:**  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### Secondary Emergency Contact:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

# Junior Golf & Tennis Camp 2017

June 21-August 11

Wednesday, Thursday, Friday

10am-3pm

Tiny Tots Camp: Ages 4 to 6

Junior Golf & Tennis Camp: Ages 7 to 11

## Daily Camp Schedule:

**9:45am:** Check in

**10:15am-11:15am:** Golf Tots/Junior Tennis

**11:15am-11:30am:** Snack Time

**11:30am-12:30pm:** Tennis Tots/Junior Golf

**12:30pm-1:00pm:** Lunch

**1:00pm-1:30pm:** Group Swim Safety/Lessons

**1:30pm-3:00pm:** Free time: swimming, arts & crafts  
(daily art project or class activity poolside)

**3:00pm:** pickup/late pickup is available until 5pm (+\$25 per hour)

### Member Rates:

**\$65 Daily**

**Package A:** 8 weeks/24 days for \$1440 (save \$120)

**Package B:** 6 weeks/18 days for \$1080 (save \$90)

### Sponsored Guest Rates:

**\$75 Daily**

**Package A:** 8 weeks/24 days for \$1680 (save \$120)

**Package B:** 6 weeks/18 days for \$1260 (save \$90)

## Camp Dates

*Please circle camp dates you would like your child to attend*

**Week 1:** June 21, 22, 23

**Week 3:** July 5, 6, 7

**Week 5:** July 19, 20, 21

**Week 7:** August 2, 3, 4

**Week 2:** June 28, 29, 30

**Week 4:** July 12, 13, 14

**Week 6:** July 26, 27, 28

**Week 8:** August 9, 10, 11

# Sherwood Lake Club Summer Camp Registration 2017

Child #1

Child Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

M \_\_\_ F \_\_\_

Parent Name: \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Contact Phone Number Mother: \_\_\_\_\_

Contact Phone Number Father: \_\_\_\_\_

Additional Emergency Contact Phone Number

Friend/Relative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\*Sponsoring Member Name: \_\_\_\_\_

**ALLERGIES/DIET RESTRICTIONS:**

Child #2

Child Name \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

M \_\_\_ F \_\_\_

Parent Name: \_\_\_\_\_

Mother \_\_\_\_\_

Father \_\_\_\_\_

Contact Phone Number Mother: \_\_\_\_\_

Contact Phone Number Father: \_\_\_\_\_

Additional Emergency Contact Phone Number

Friend/Relative: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\*Sponsoring Member Name: \_\_\_\_\_

**ALLERGIES/DIET RESTRICTIONS:**