

Arizona Parks and Recreation Fellowship

WAIVER AND RELEASE OF ALL CLAIMS

Name Activity Here: **Camp Colley - Includes Motor Vehicle Transportation**

Please Read Carefully

In exchange for me or my child being allowed to participate in the above listed activity, I hereby for myself, my child, my heirs and assigns, agree to waive, release and forever discharge any and all claims, rights and causes of action against the Arizona Parks and Recreation Fellowship, its officers, officials, employees, agents and volunteers (APRF), for injury or damage caused or alleged to be caused in whole or in part by the negligence of the Arizona Parks and Recreation Fellowship. I understand that this means that I will not make any claims against or sue the Arizona Parks and Recreation Fellowship, its agents or employees, for injuries or damage sustained by me or my child. I recognize that this means I will not recover any money from the Arizona Parks and Recreation Fellowship, its agents or employees, for injuries or damage sustained by me or my child.

I recognize that the negligence of the Arizona Parks and Recreation Fellowship may include, but is not limited to, acts or failure to act regarding facilities and equipment maintenance, field design, construction, instructions of APRF personnel, interpretation and enforcement of rules, provision of medical or emergency medical assistance, inattention, and supervision of participants and their surrounding environment.

I recognize that injuries and damage may be caused by any of the following: falling; tripping; being pushed; running; sliding; exposure to bodily fluids, infection or disease; bodily reactions to insect or animal bites, food or materials used in the activity; striking or being struck by another individual; equipment used in the activity; a condition of the land or building where the activity is located; drowning; criminal acts of known or unknown persons; an error in administering first aid; or by a motor vehicle accident; and other similar acts, incidents or conditions.

The type of injuries may range from minor injuries and fractures to paralysis, brain damage and death.

I understand and expressly agree that this waiver and release of all claims is intended to be as broad and inclusive as permitted by the laws of Arizona. If any portion of this waiver is held invalid, I agree that the remainder shall continue in full force and effect.

Also, and in addition to the above waiver and release, I understand and voluntarily assume all risks associated with my child's or my own participation in this activity. I (or my child) am physically capable of participating in this activity. I (or my child) have the necessary degree of skill, training, experience or ability to participate at the level I choose. I do not expect the APRF to coach, manage, instruct or train me (or my child). I understand that the APRF does not carry insurance to cover participants, and that there would be an increase in the activity fee if the APRF were to provide insurance.

Additionally, I hereby assign and grant to APRF the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me this date, and I hereby release APRF from any and all liability from such use and publication.

I hereby authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of APRF and I specifically waive any right to any compensation I may have for any of the foregoing.

I state that I have carefully read and fully understand the meaning of this waiver and release of all claims, and that I have voluntarily signed below.

Print/Type Participant Name

Today's Date

Participant's Address

City

State

Zip

Participant's Signature

Email Address

TO BE COMPLETED IF PARTICIPANT IS UNDER THE AGE OF EIGHTEEN (18) YEARS:

I am the parent, legal guardian or custodian of the child identified above. I understand and agree to the above waiver and release of all claims, and agree to be bound by its terms, for myself and on behalf of the child named below, and our heirs and assigns.

Child's Date of Birth

Today's Date

Print/Type Parent/Guardian's Name

Parent/Guardian's Signature

Participant Information

Please help Camp Colley apply for grant funding by filling out the information below. Camp Colley relies on community funding in order to offer our programs below cost. By answering the following questions, you are supporting Camp Colley programs! Thank you.

Postal Zip Code: _____

Male

Female

Adult

Child; Age: _____

Number of people in your household: _____

Please mark an "X" next to all items that apply to you.

Ethnicity

- Black or African American
- Asian/Pacific Islander
- Hispanic
- Native American
- White
- Other (please indicate below)

Disability

- Developmental
- Physical
- Other

Household Income

- Under \$10,000
- \$10,000 to \$20,000
- \$20,000 to \$30,000
- \$30,000 to \$40,000
- \$40,000 to \$50,000
- \$50,000 to \$60,000
- \$60,000 to \$70,000
- \$70,000 to \$80,000
- \$80,000 to \$90,000
- \$90,000 to \$100,000
- Over \$100,000

Education

- 8th Grade or below
- Some High School
- High School Graduate/ GED
- Some College
- Trade, Technical, or 2 year Degree
- 4 year college graduate
- Post graduate degree (Master or PhD)