

Mission Oaks Recreation and Park District

February Gymnastics Camp

February 16 - 19, 2010

AGREEMENT, WAIVER, AND RELEASE

Unsigned Form Will Not Be Processed

In consideration for being permitted by the above district to participate in the above activity. 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 activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves 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 is 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 expense, which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if applicant is under 18 years of age) I hereby consent that my son/daughter, _____ to participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DISTRICT AND I SIGN IT OF MY OWN FREE WILL.

Signature: _____ Date: _____

Name(Printed): _____

Signature of: Parent _____ Guardian _____ Participant over 18 years _____

****PLEASE WRITE PARTICIPANT'S NAME IN BOX PROVIDED ABOVE****

Mission Oaks Recreation and Park District and Pozsar's

Gymnastics Present:



February Gymnastics Camp

This is not a program of the San Juan Unified School District and San Juan accepts no liability or responsibility for this program.



www.morpd.com

Program Information

Who: Boys and girls between the ages of 6 -12

Dates: Feb. 16 - 19, 2010

Time: 9:30 am to 1:30 pm

Location: Pozsar's Gymnastics
2709 El Camino Ave
Sacramento, CA 95825



Cost: \$90 / participant

Description: Participants will enjoy games, balance beams, a trampoline, a tumble track, and various indoor play structures, all while receiving quality gymnastics instruction! Come sign up and enjoy all that Pozsar's Gymnastics has to offer.

Refunds: Refunds will not be given after the first day of the program. Request for refunds must be submitted a minimum of seven (7) working days prior to the first day of the program. This is subject to a \$5 or 10% administrative fee. To request a refund call (916) 488-2810 or visit our website at www.morpd.com.

ADDITIONAL INFORMATION

- All participants must provide their own transportation to and from the program site.
- Registration will not be accepted at the program site.
- A minimum of 8 participants is required in order to run the camp. Registration deadline: 2/12/10.
- Participants should be dressed accordingly as this is an active camp; sandals, slippers or any open toed shoes should not be worn.
- Participants should bring a water bottle to maintain hydration throughout the camp.

For more information, phone Rodney at 488-7276 ext. 3017.

Registration Form

When: Registration begins January 15, 2010, between the hours of 8:30 a.m. and 4 p.m., and ends February 11, 2010. Registration is on a first-come, first-serve basis, as spaces are limited.

Where: Registration will be accepted online at www.morpd.com; faxed, mailed or in person at the District Office located at 3344 Mission Avenue, Carmichael, CA 95608. Forms may be faxed to (916) 488-4349; credit card number and expiration date must accompany fax. Payment must accompany mailed registration forms. Cash, check, money order or Visa will be accepted. Make checks payable to MORPD; checks must contain a work and home phone number. A \$44 returned check fee will be charged on all returned checks.

Fee: \$90 Receipt # _____

Name _____ Home Phone _____

Participant DOB ___/___/___ Email _____

School Attending _____ Age ___ Gender: M F

Mother's Name _____ Day Phone # _____

Father's Name _____ Day Phone # _____

Address _____

City _____ Zip _____

Emergency Contact _____ Phone # _____

PLEASE COMPLETE WAIVER ON BACK

(Unsigned waivers will not be processed and participant will not be able to participate.)

Please Check One: Check ___ Cash ___ Money Order ___ MasterCard ___ Visa ___
Card Number _____ Exp. Date _____
Signature of Cardholder _____