



Staff Name: _____

Date: ____/____/____

Paid Unpaid

ADVENTURE CAMP APPLICATION

Member \$60.00 Non-member \$75.00 \$5.00 Discount Per/Multiple Children _____

****PARTICIPANTS MUST BRING THEIR OWN LUNCH****

Youth Information		Member Scan Code:	
Name:			
Address:			
City:	State:	Zip Code:	
Phone:	Alt. Phone:	Age:	
DOB:	Health Conditions:		

Emergency Contact Information		
Name:		
Phone:	Alt. Phone:	Relationship:
Name:		
Phone:	Alt. Phone:	Relationship:

WAIVER OF LIABILITY RELEASE

In consideration of being permitted to utilize the facilities, services, and programs of the City of Bluefield Fitness and Recreation Center (“the Facility”), I, on behalf of myself, any child member identified on the reverse, and all of our heirs, personal representatives, and assigns, do hereby agree to the following:

I understand that the equipment I will be using, and the activities I will be engaged in as a member of the Facility, are inherently dangerous. present a risk of serious injury up to and including death. I hereby accept full responsibility for, and risk of, any injury to myself or damage to my property that may occur as a result thereof. I hereby release, waive and covenant not to sue the City of Bluefield, its employees, independent contractors, agents, officers or directors, and their heirs, successors, and assigns, (collectively referred to as “the Releases”) from any and all claims, damages, losses, and causes of action arising from or in any way related to my presence in or on the Facility, the use of the equipment at the Facility, or any programs offered by or through the Facility. I hereby indemnify and hold harmless the Releases from any and all loss, liability, claim, or cause of action that they may incur due to my presence in or on the Facility, or my use of, or participation in, any Facility equipment or programs. In the event that I sustain an injury or suffer serious illness while I am at the Facility, I authorize the City of Bluefield, its employees, agents, independent contractors, officers, and/or Directors, to contact any person listed on the reverse as an “emergency contact”, to provide such emergency medical assistance as they may deem reasonably necessary under the circumstances, and to call for emergency medical assistance and/or transportation. I understand that I will be responsible for all costs incurred for such medical treatment and transportation. I further understand that if I or any person claiming to receive a membership pursuant to this application fails to abide by the Code of Conduct for the Facility set forth below, and as the same may be changed from time to time, I and any such person is subject to removal from the Facility and possible termination of membership benefits, without a refund of any membership fees.

Signature

_____/_____/_____
Date