

RI Silent Camp

Registration Form

Full Name (As you want it to appear on your Certificate)

Mailing Address

Phone Number: _____

Email Address: _____ **Add me to the mailing list**

Shirt Size: _____

ASL Level: _____

The cost is \$65.00. This is non-refundable. Please make a Check or Money Order payable to RI Silent Camp.

- All participants of RI Silent Camp must sign the Release and Waiver forms.
- All information given will remain confidential. RI Silent Camp will not give out or sell any personal information.

Please remember that all forms must be completed in full.

- Registration form
- Emergency medical release form
- YMCA Release and Waiver of liability form
- Silent Camp release and Waiver of liability form
- A \$65.00 non-refundable check or money order made out to RI Silent Camp

RJ Silent Camp
**Release & Waiver of liability Agreement
For Adults (18 and Over)**

The undersigned hereby releases, waives, discharges and covenants not to sue the Co-Directors, Staff and Agents of the Rhode Island Silent Camp from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for the loss or damage, and any claim of demands therefore on account of injury to the person or property or resulting in death of the undersigned, weather caused by the negligence of the releases or otherwise while the undersigned is in, upon or about the premises of Rhode Island Silent Camp.

The undersigned hereby agrees the indemnify and save and hold harmless the release and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Rhode Island Silent Camp (Held at YMCA campgrounds camp Watchaug) or in any way observing or using any facilities or equipment of the Rhode Island Silent Camp whether caused by the negligence of the releases or otherwise.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of release of otherwise while in, about or at Rhode Island Silent Camp and or while using the premises or any facilities or equipment there on.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I have read and understand this release.

Signature of Participant: _____ Dated: _____

Printed Name: _____

YMCA
Release and Waiver of Liability & Indemnity Agreement
For Adults (18 and Over)

IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, the undersigned, for himself or herself and any personal representatives, heirs, and next to kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OF EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

- THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in upon, or about the premises of any facilities.
- THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost the may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using and facilities of equipment of the YMCA whether caused by the negligence of the releases of otherwise.
- THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon.
- THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS RELEASE

Date: _____

Signature of Participant

Print Name

RI Silent Camp
Emergency Medical Release Form

Name: _____ SS#: _____
Address: _____
City/State: _____ ZIP: _____
Date of Birth: _____ Gender: Male Female Home Phone: _____
Medical Insurance Co.: _____
Plan #: _____
Group #: _____

Glasses or Contacts?: Glasses Contacts Neither
Date of most recent tetanus shot/booster: _____

Allergies to Medications: _____

Other Allergies? _____
Is emergency medication required for this allergy? _____ If so, what?: _____

What medication, if any, do you take on a regular basis? (list amount, times, etc.): _____

Emergency Contact Person:

1. _____ N
Name: _____
Relation: _____
Phone #: _____ Voice OR TTY

2. _____ N
Name: _____
Relation: _____
Phone #: _____ Voice OR TTY

MEDICAL AND SURGICAL CONSENT. Permission is hereby given to and physician, surgeon, and/or medical staff to perform any medical or surgical treatment or diagnostic procedure, including x-ray examination, lab procedure injection, immunization, anesthetic, operation or any medical service deemed necessary.

Signature: _____ Date: _____