

# Renaissance Adventures Contact Information and Waivers

Please fill out this form and return it with registration form, payment form, health form, and vaccination records. Please remember to give us your email address so that we can send you a confirmation letter and Parent guide. Thank you!

Participant's Name: \_\_\_\_\_ Gender: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age at start of camp: \_\_\_\_\_  
Child lives with: Both parents together: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_  
Mother or Guardian's Name: \_\_\_\_\_  
Home Address (Street, City, State, Zip): \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Father or Guardian's Name: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_  
Home Address (Street, City, State, Zip): \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Has your child attended before? Y N Child's School: \_\_\_\_\_  
If possible, put my child in a group with these friends: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Renaissance Adventures? (Check all that apply)

<input type="checkbox"/> Friends	<input type="checkbox"/> Colorado Parent	<input type="checkbox"/> McLeod Phone Book	<input type="checkbox"/> Kids Pages
<input type="checkbox"/> School	<input type="checkbox"/> Coloradokids.com	<input type="checkbox"/> Boulder County Kids	<input type="checkbox"/> Saw us Questing
<input type="checkbox"/> Festival	<input type="checkbox"/> Quest Phone Book	<input type="checkbox"/> Boulder Creek Festival	<input type="checkbox"/> Picked up Flyer
<input type="checkbox"/> Birthday Party	<input type="checkbox"/> Family Connection	<input type="checkbox"/> Rocky Mountain News	<input type="checkbox"/> Daily Camera
<input type="checkbox"/> Boulder Weekly	<input type="checkbox"/> Denver Post	<input type="checkbox"/> Pocket Coupon Directory	<input type="checkbox"/> Business Card
<input type="checkbox"/> RA Website	<input type="checkbox"/> Other _____		

## Image and Likeness Release and Waiver

I hereby give permission to Renaissance Adventures to use my child's name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes. You do not have to agree to this to attend camp.

Print Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature (if over 18): \_\_\_\_\_

**If Child is under 18:** I, \_\_\_\_\_, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Child's Name: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### ***Note to families:***

We are using pictures mainly in our flyers, poster board displays, and websites. We take pictures at our camps frequently to find the right images that represent the mission and vision of Renaissance Adventures. Please call us with any questions.

# Renaissance Adventures Participant Agreement, Release and Assumption of Risk

In consideration of the services of Renaissance Adventures, L.L.C, their agent, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "RA"), I hereby agree to release, indemnify, and discharge RA, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in a guided day hike, martial arts, outdoor survival classes, and/or indoor/outdoor adventure quest act entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects, snow, rocks, and/or ice; water hazards; accidental drowning; exhaustion, extreme temperature exposure which could lead to hypothermia, sunstroke, sunburn, and heat exhaustion; dehydration; possible encounters with wild animals, insects, and hazardous plants.

Furthermore, RA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of RA's equipment or facilities, including any such claims which allege negligent acts or omissions of RA.
4. Should RA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against RA, I agree to do so solely in the state of Colorado, and I further agree that the substantive laws of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RA on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ DATE (Month: \_\_\_\_\_)(Day: \_\_\_\_\_)(Year: \_\_\_\_\_)

### **Parent's or Guardian's Additional Indemnification (must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by RA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless RA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by minor.

Parent or Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ DATE (Month: \_\_\_\_\_)(Day: \_\_\_\_\_)(Year: \_\_\_\_\_)