

# GRIC Summer Youth Camp Registration Form

**2019 Camper Information:**

**Camp:** \_\_\_\_\_

Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

GRIC Tribal # \_\_\_\_\_ District: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\*\*Physical address is required\*\*

**Parent/Guardian and Emergency Contact:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Main Number: \_\_\_\_\_ Alt. Number: \_\_\_\_\_

Email (Required for camp confirmation): \_\_\_\_\_

**Additional Emergency Contact if Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**Camper Medical Information:**

Please list any allergies, disorders, or medical ailments that may require special maintenance, attention, or medication (ie. Diabetic, asthmatic, A.D.H.D, Autism, etc.) or

Medical Diagnosis: \_\_\_\_\_

Prescribed Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Is there anyone that is not able to pick up your child? Y/N If answered yes please provide name of person or persons.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I verify that all the above information is accurate. In the event of a serious/or life threatening illness or injury occurring to my child, I hereby give my consent for medical or dental care deemed necessary by attending physician or dentist.

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

\_\_\_\_\_  
Date



## Gila River Indian Community

Office of the Treasurer  
Finance Department  
Post Office Box # 2160  
Sacaton, Arizona 85247-2160  
(520) 562-2500  
(520) 562-1070 (fax)

The person signing below hereby:

1. Acknowledges that the Gila River Indian Community (the "Community") is a federally recognized Indian tribe and that the seven (7) Districts (the "Districts") within the Community are tribal governmental bodies of the Community;
2. Acknowledges that the Community the Districts are protected by the doctrine of tribal sovereign immunity, are not subject to suit by the undersigned, and that the Community and Districts have not waived their immunity from suit with respect to any claims, demands, or causes of action asserted by the undersigned;
3. Acknowledges that the person participating in the trip (the "trip") described below either is not employed by the Community or any of the Districts or is participating in the trip for reasons unrelated to such employment;
4. In consideration and acceptance of the planned trip to and from designated camp location and Sacaton, AZ and all places in between the trip, the undersigned hereby releases, waives, and discharges the Community and the Districts, their officers, elected officials, employees, authorized agents, and representatives from any and all responsibility, claims, demands, and causes of action, including those causes of actions arising directly or indirectly from personal injuries or property damage sustained or incurred in connection with the trip.
5. The foregoing release, waiver, and discharge shall be effective and enforceable: (a) notwithstanding the fact that the Community or the Districts may pay all or part of the undersigned travel expenses or reimburse the undersigned for all or part of such expenses and; (b) notwithstanding any negligent acts or omissions of the part of the Community, the Districts, their officers, elected officials, employees, or authorized agents or representatives.
6. The person signing below acknowledges that he/she has carefully read this Acknowledgment and Release, that he/she understands all of its terms, and the he/she signs below voluntarily on his/her own behalf or on behalf of his/her minor child or ward for whom he/she signs as lawful guardian.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

If applicable, print name of your child or  
Ward participating in the trip.

\_\_\_\_\_  
Name of child or ward

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witness

**PARTICIPANT RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK, WAIVER OF CLAIM AND COVENANT NOT TO SUE AGREEMENT**

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I am the parent or legal guardian of the above named minor child, and on behalf of myself, marital community and my child, hereby enter this PARTICIPANT RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK, WAIVER OF CLAIM AND COVENANT NOT TO SUE ("AGREEMENT") with Revolution Cheer Company, LLC, Revolution All Star, RCC, and any subsidiary and affiliated entities and HOLD the directors, staff, and officials HARMLESS from any claims of NEGLIGENCE or FAULT that we might have against the above named individuals and entities.

**I have voluntarily registered my child to participate.**

I recognize that my child's participation in any cheerleading, dance, or gymnastic practice, competition and events is a HAZARDOUS ACTIVITY, which is dangerous and poses known and unknown risks of serious personal injury and/or death. I have voluntarily registered my child to participate in the event named above despite the recognized and inherent dangers existing and despite the known and unknown risks of serious personal injury and/or death presented by practicing for and participating in cheerleading and dance competitions.

I understand that this Agreement is a general release barring me, my child or any of our representatives, executors, heirs, next of kin, successors, and assigns from bringing any claim (other than claims willful or wanton conduct) against Revolution Cheer Company LLC, staff or officials for injury and/or death if such a claim that in any way relates to my child's practice for or participation of.

**I know my child's capabilities and limitations regarding the events that I have entered or my child has entered and my child will not attempt to exceed those capabilities.**

THEREFORE, in consideration of being permitted to participate in practice and competitions with Revolution Cheer Company, LLC, I expressly and freely agree:

1. To ASSUME ALL RISK of serious personal injury and/or death arising from my child practicing for and/or participating in all Revolution Cheer Company activities.
2. To WAIVE any and all claims that I or my child now have or in the future may have against Revolution Cheer Company, LLC, its officers, agents, employees, directors, volunteers, consultants, shareholders, venues, affiliated entities, and subsidiaries, for any and all loss, damage, injury or expense that my child may suffer, or that my next of kin may suffer, as a result of my child's practice for or participation in any of the events related to cheerleading and dance, due to NEGLIGENCE or FAULT of the above named event, its officers, agents, employees, directors, volunteers, consultants, shareholders, affiliated entities, parent entities, and subsidiaries, and any entity or person(s) hired to perform any function with respect to the cheerleading and dance competition. Additionally, I WAIVE any and all other claims, other than claims for willful, wanton conduct that I now have or in the future may have against its officers, agents, employees, directors, volunteers, consultants, shareholders, affiliated entities, parent entities, and subsidiaries, for any and all loss damage, injury, or expense that I or my child may suffer, or that my next of kin may suffer, as a result of my child's participation in any events relating to the cheerleading and dance company.
3. TO RELEASE FROM LIABILITY AND HOLD HARMLESS Revolution Cheer Company, LLC, its officers, sponsors, agents, employees, directors, shareholders, affiliated entities, parent entities, subsidiaries from any and all loss, damage, injury or expense that my child may suffer, or that my next of kin may suffer, as a result of my child's practice for or participation in any of the events related to cheerleading and dance, due to NEGLIGENCE or FAULT on the fault of the competition directors, its officers, agents, employees, directors, volunteers, consultants, shareholders, affiliated entities, parent entities, and subsidiaries, and any entity or person(s) hired to perform any function with respect to the cheerleading and dance competition other than willful or wanton conduct on the part of the company.
4. That I hold a valid personal health insurance policy sufficient in amount to cover any and all circumstances which may arise from participation in the cheerleading and dance company.
5. That my child is in good health and has no physical condition that would prevent my child from participating in the cheerleading and dance company.
6. That this agreement shall be interpreted in accordance with the laws of the State of Arizona.
7. That if one portion of the Agreement is found unlawful by a court of law, it shall be severed from the remaining terms and all remaining terms shall remain binding upon the parties.
8. That I understand and agree that that Revolution Cheer Company LLC may use my child's name, lines, video, or photos of my child's participation at or with Revolution Cheer Company. These rights will in no terms be extended beyond the purpose of promoting these event(s) or series, and will not imply endorsement of any products of the sponsored companies.
9. That the terms and conditions contained in this Agreement shall inure to the benefit of, and be binding upon, me, my child, my agents, heirs, successors, assigns, and personal representatives.
10. That this Agreement may not be amended or otherwise changed except by in writing signed by all parties hereto.
11. The photocopies of this document will be accepted as the original.
12. That the signature affirmation and date listed below apply to all events listed in this Agreement.

**PARTICIPANT RELEASE OF LIABILITY, VOLUNTARY ASSUMPTION OF THE RISK, WAIVER OF CLAIM AND COVENANT NOT TO SUE AGREEMENT**

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I have read and understood the terms of this Agreement, accept this Agreement freely and of my own accord, realizing that it is binding upon me, my child, my heirs, assigns, and next of kin.

I understand that I am giving up legal rights and do so of my own free will.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date