

Splash Camps – General Permission & Release Form



PARTICIPANT INFORMATION			
Name:	<small>Last</small>	<small>First</small>	Age:
Address:	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Phone #:	Alternate Phone #:		
PARENT/GUARDIAN INFORMATION			
Name:	<small>Last</small>	<small>First</small>	
Address:	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Phone #:	Alternate Phone #:		
EMERGENCY CONTACT INFORMATION			
Name:	<small>Last</small>	<small>First</small>	
Address:	<small>Street</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Phone #:	Alternate Phone #:		
RELEASE			
<p>I give permission for my son/daughter to participate in the _____.</p> <p>I hereby waive and release any and all rights, release on claims or damages which I may have against Roaring Springs Waterpark, all of their agents, and employees, for any and all injuries which my son/daughter may incur while taking part in the camp program. This release also encompasses all injuries which may be sustained while traveling to and from participation in the program.</p> <p>In the event of an emergency, I authorize officials of Roaring Springs to secure from any licensed hospital, physician, and/or medical personnel including Roaring Springs EMTs any treatment deemed necessary for my or minor child/ward's immediate care, and agree that I will be responsible for payment of any and all medical services rendered.</p> <p>I also understand that my son/daughter must follow all rules and regulations throughout the park and as stated on the back of the receipt. Failure to abide by these rules may result in immediate expulsion from the camp without refund. As a parent, I understand it is my responsibility to pick up my son/daughter at the predetermined time. I also understand that if my son/daughter becomes ill or destructive, the parent/guardian or emergency contact will be called to take my son/daughter home.</p> <p>Lastly, I authorize Roaring Springs to distribute sunscreen to my child if my child is without for any given reason.</p> <p>Parent/Guardian Signature: _____ Date: / /</p>			

Splash Camps – Snorkeling and Skin Diving

(needed only for Summer Sports)

Liability Release and Assumption of Risk Agreement



Please read carefully and fill all blanks before signing.

I, _____ hereby affirm that I am aware that snorkeling and skin diving has inherent risks which may result in serious injury or death.

I understand and agree that neither my guide(s)/instructor(s), Jim Cole, Charlie Stirling, and Roaring Springs Waterpark employees, the facility through which this program is offered, Roaring Springs Waterpark, not International PADI, Inc. nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (herein referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs, or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heir, or assigns, arising out of my enrollment and participation in this program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history or seizures, dizziness or fainting, nor a history of heart condition (e.g. cardiovascular disease, angina, and heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of lawful age and legally competent to sign this liability release or that I have acquired the written consent of my parent or guardian.

I understand the terms herein and contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY GUIDE (S)/INSTRUCTORS, JIM COLE, CHARLIE STIRLING, AND ROARING SPRINGS STAFF, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTIONS, ROARING SPRINGS WATERPARK, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY HEIRS AND MYSELF.

Participant Signature

Date (Month/Day/Year)

Participant Signature

Date (Month/Day/Year)



Tumble Time Gymnastics

Happy Healthy Families



RELEASE OF LIABILITY

TUMBLE TIME GYMNASTICS, INC.

I understand that in enrolling my child in the Tumble Time Gymnastics program, my child will be involved in many activities intended to challenge and advance my child's motor skill and social development, including physical exercise and activities involving physical interaction with other children. I understand that Tumble Time Gymnastics, Inc. and its employees cannot provide any guarantee that my child will not be injured in the course of these activities. I further understand that Tumble Time Gymnastics, Inc. cannot provide any assurance that my child will achieve a particular benchmark of progress. I hereby recognize and assume the foregoing risks.

As partial consideration for the enrollment of my child in the Tumble Time Gymnastics program, I hereby, for myself, each member of my family, my and their heirs, administrators, and assigns, release and discharge Tumble Time Gymnastics, Inc. and its respective agents, officers, directors, staff, and employees from all claims, demands, actions and causes of action of any sort, for injury sustained to my child's person and/or property, including the loss or theft of property, while participating in, preparing to participate in, and following participation in programs and activities offered by Tumble Time Gymnastics, Inc..

I represent that all of the reference to "my child" in this release are intended to refer to the child whose name and age are entered hereunder and I hereby further represent that I am the child's () Parent / () Guardian and that I have full authority to authorize my child's participation in Tumble Time Gymnastics programs and activities without the consent or approval of any other person or organization. I hereby agree to indemnify and hold Tumble Time Gymnastics, Inc. and its agents, officers, directors, staff, and employees harmless from any cost, loss, liability or expense arising out of or in any way related to the injury or death of my child as a result of his or her participation in Tumble Time Gymnastics programs and activities. I further agree to hold Tumble Time Gymnastics, Inc. harmless from any loss, liability, expense or claim asserted by any person other than Tumble Time Gymnastics, Inc.'s staff and employees who transports my child, accompanies my child, myself, or otherwise assists my child in participating in Tumble Time Gymnastics activities and programs.

Parents: Please be advised that any activity involving motion or height creates the possibility of accidental injury and even death. Parents assume all responsibility for any injury or death due to participation in these activities.

If my child requires emergency care, I hereby authorize Tumble Time Gymnastics, Inc., its officers, staff and employees to obtain care and treatment for my child without further authorization.

For purposes of this agreement, "my child" shall refer to each of the following:

[Print Child's Name] _____ [Date of Birth] _____

[Print Child's Name] _____ [Date of Birth] _____

[Print Child's Name] _____ [Date of Birth] _____

I have read and understand and agree to the terms. I have signed this release.

Today's Date _____

Signature: _____

In the event of an emergency, if I cannot be reached please contact:

Name: _____ PhoneNo: _____



Riverroots Ltd.
WAIVER AND RELEASE OF LIABILITY
Please read carefully

Date: _____ Time: _____ Trip: _____

In consideration of Riverroots, Ltd. furnishing services and/or equipment to enable me to participate in whitewater paddling, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers, and hazards and such exists in my use of paddling equipment and my participation in paddling activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owner, employees, officers or agents of the United States of America, United States Forest Service, Boise Parks and Rec, and Riverroots, Ltd.; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature, or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe, or kayak and such other risks and hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor, or recreational environment; (d) and by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or part by the negligence or other conduct of the owners, agents, officers, or employees of the United States of America, United States Forest Service, Boise Parks and Rec, and Riverroots, Ltd., or by any other person.

I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify the United States of America, United States Forest Service, Boise Parks and Rec, and Riverroots, Ltd., and its owners, agents, officers, and employees from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of paddling equipment or my participation in paddling activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of the United States of America, United States Forest Service, Boise Parks and Rec, and Riverroots, Ltd.

I hereby authorize Riverroots, Ltd. and its photographic agents to take and utilize photographs of me for the purpose of promotion and advertising.

I understand that I and anyone for whom I sign as a Parent or Guardian must be the required age or weight.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE RIVERROOTS, LTD. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Signature of Participant

Age (if under 18)

Printed Name

Street Address

City, State, Zip

Signature of Parent or Guardian (if under 18)

Printed Name

Address of Parent or Guardian (if different from participant)

City, State, Zip