



R.A.D CAMP

- *Registration Form* -

Child's Name

Grade

Age

M/F

Date of Birth

Parent/Guardian Name

Mailing Address

Email Address

Daytime Phone

Evening Phone

Cell Phone

Employer

Address

Phone

Emergency Contact (s)

Name

Relationship

Phone Number

1.

2.

3.

4.

Approximate pick up time: _____

Other adult(s) other than parent/guardian that may pick up child

Name

Relationship

Phone Number

1.

2.

3.

4.

Parent/Guardian Signature

Date

DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT

Additional Participant Information

Child's Name: _____ M/F _____ Birth Date: _____

Child's Name: _____ M/F _____ Birth Date: _____

1. Does your child have any condition that might require adaptations for activities? ____ Yes ____ No

Explain: _____

2. Is your child subject to any conditions which might limit recreational activities? ____ Yes ____ No

Explain: _____

3. Does your child require ambulatory assistance? ____ Yes ____ No

Explain: _____

4. Does your child have any eating problems or allergies we should be aware of? ____ Yes ____ No

Explain: _____

5. Does your child take medication? ____ Yes ____ No. *If yes, please complete the Medication Authorization form.*

Explain: _____

6. Please give us any further information which you believe will be helpful to staff understanding and caring for your child: _____

DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT

Medication Authorization

Please fill out an individual form for each child in your family that requires medication.

******Note: All medication must be in original labeled container.******

All medication must be turned into staff each day for proper storage.

Child's Legal Name: _____

Name of Medication: _____

Dosage: _____

Time (When taken): _____

Length of prescription (Days): _____

Refrigeration necessary? _____ Yes _____ No

Parent/Guardian Signature: _____ Date: _____



▲ Parks
1325 Waterloo Lane
Gardnerville, NV 89410
(775) 752-9535
Fax (775) 752-5799

▲ Recreation
1327 Waterloo Lane
Gardnerville, NV 89410
(775) 752-9523
Fax (775) 752-9344

▲ Lake Tahoe
Kahle Community Center
236 Kingsbury Grade
Stateline, NV 89449
(775) 556-7271
Fax (775) 556-7273

Director Scott Morgan

Mail P.O. Box 215, Minden, NV 89423

RELEASE FORM AND CONSENT TO TREAT

~Complete Both Sides~

CHILD'S NAME _____ Date of Birth _____

CHILD'S NAME _____ Date of Birth _____

Mailing Address _____

Number/Street _____ City/State _____ Zip _____

Parent(s) Information:

Name: _____ Mother _____ Father _____

Home Phone: _____

Other Phone: _____

1) Is your child subject to any conditions which might limit recreational activities?

2) Please give us any further information which you believe will be helpful:

KAHLE FACILITY USE GUIDELINES AND RULES

Kahle Facility Use Guidelines and Rules

Rules of use will be developed in accordance with Title 13 of the Douglas County code and will be posted at the facility.

- Appropriate and respectful behavior is required at all times within the facility.
 - No loitering, foul language, fighting, spitting, intimidation, discrimination, vandalism, or rough housing.
 - Dunking or hanging on basketball rims or nets is not allowed.
 - Do not bounce balls off walls, windows, or ceilings.
 - Use a spotter when appropriate and do not drop weights.
 - Take children of the opposite sex, who are over 5 years of age and require assistance, to the family restroom.
- Appropriate and respectful attire is required at all times within the facility.
 - Shirts, shorts/pants, and socks/shoes must be worn at all times.
 - Athletic shoes shall be worn in gymnasium during active play.
- Only water and sport drinks in plastic containers permitted in gymnasium and fitness area.
- Equipment checkout available to members and paid guests.
 - Lockers and locks are provided for day use only; locks will be removed at the end of the day at the owner's expense.
 - Lost or broken equipment will be the responsibility of the pass holder/paid guest.
- Animals are not allowed in the facility with the exception of approved programs and service animals.
- Drug use is strictly prohibited and alcohol is not permitted without facility approved documentation.
 - Use of tobacco products and illegal drugs is prohibited. Any person under the influence of drugs or alcohol will be asked to leave immediately.
- Violation of facility rules or any other form of misconduct will lead to ejection from the facility and possible revocation of Kahle Community Center usage.
 - Additional rules posted within the facility or directed by staff will be enforced.

More than just fun and games!

AGREEMENT. WAIVER AND RELEASE

In consideration for being permitted by Douglas County to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the activity. This release is intended to discharge in advance the County (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in the activity.

PARENTAL CONSENT

I hereby consent that my son/daughter(s) _____, _____
& _____ participate in the above activity and execute the above Agreement, Waiver and Release on his/her behalf. I state that the minor is physically able to participate in the activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of the death or injury or property damage that the minor may sustain while participating in the activity.

I HAVE CAREFULLY READ THE AGREEMENT, WAIVER AND RELEASE SET FORTH ON THIS PAGE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY AND I SIGN IT OF MY OWN FREE WILL.

Signature _____

Date _____

In case of emergency and no one can be reached at the above address and telephone, please notify:

Name _____ Phone _____

CONSENT TO TREATMENT OF MINOR

"In the event of sudden illness, accident, or injury which may occur while the minor is engaged in an activity supervised by Douglas County Parks & Recreation and their representative, agents or assignees, when neither the parents, guardian or designated family physician can be contacted, I hereby give the consent for emergency treatment as shall be necessary under the circumstances by any physician licensed under the Laws of the State of Nevada."

I UNDERSTAND THAT THE DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT DOES NOT PROVIDE MEDICAL INSURANCE ON THIS ACTIVITY AND WILL ADHERE TO ALL OF ITS RULES AND POLICIES.

Signature _____

Date _____

FAMILY PHYSICIAN _____

Phone _____

Medical Insurance Carrier _____

DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT

R.A.D Camp Discipline Policy

******Note: Disciplinary Action Forms carry over to other Douglas County Parks & Recreation sponsored activities******

It is the goal of the Douglas County Parks & Recreation Department's staff and programs to provide a supportive environment in which children can grow and develop. Positive child guidance management methods are used in our programs.

The R.A.D. Camp Guideline Contract is between the participant and the program. If a child abuses the rules or requires constant attention from the staff, the child will be given a verbal warning.

If the child continues to violate the rules, a time out will be given.

The parent's signature on the Disciplinary Action Form is to inform them of the situation and the consequences of any further incidents.

- 1st Disciplinary Action Form: Incident review with parent/guardian
- 2nd Disciplinary Action Form: Incident review with parent/guardian and development of behavioral plan
- 3rd Disciplinary Action Form: Suspension from the program for up to one (1) week at the discretion of the Recreation Department
- Any additional Disciplinary Action Forms: Suspension or expulsion from the program at the discretion of the Recreation Department.

Parent/Guardian Signature: _____ Date: _____

DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT

R.A.D Camp Participant Guideline Contract

****Note: Both child and parent need to read, sign, and return this form.****

As a R.A.D. Camp participant, I _____ agree to the following rules:

- ✓ I will be respectful of other people
- ✓ I will try not to hurt other people's feelings
- ✓ I will not hurt other people on purpose
- ✓ I will put away the things I take out to use
- ✓ I will be patient and wait my turn
- ✓ I will not use bad language
- ✓ I will not damage Douglas County Parks & Recreation property/equipment

If I do not follow these rules I agree to the following consequences:

- 1st : Verbal Warning
- 2nd: Temporary removal from activity (Time Out)
- 3rd: Disciplinary Action Form and parent/staff meeting

Three Disciplinary Action Forms: Suspension from R.A.D. Camp program for up to one (1) week at the discretion of the Recreation Department.

Additional Disciplinary Action Forms: Suspension or expulsion from Club at the discretion of the Recreation Department.

- No refunds will be given if a child is suspended or dismissed from the program.
- Any actions that endanger other children or staff or compromise the quality of the program including, but not limited to: fighting, stealing, destruction of property, running away, inappropriate touching or language, may result in an immediate call to the parent/guardian(s) and possible suspension and/or expulsion from the program.

Child's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

R.A.D. Summer Camp/Adventure Day

REFUNDS, TRANSFERS & CANCELLATIONS

Anytime before 12:00 p.m. the day before camp

Transfer - \$5.00 charge/Per Day

Put on Account - \$5.00 charge/Per Day

Refund - \$5.00 charge/Per Day

Refund Check – Additional \$5.00 processing fee

After 12:00 p.m. the day before camp

NO REFUNDS OR TRANSFERS

100% refund if the Recreation Department cancels a day.

Parent/Guardian Signature:

I, the above signed, have read and understand all policies regarding the refunds, transfers and cancellations.

***Refund checks at the end of summer for money on account will be charged a five dollar processing fee.**

RAD CAMP
PERMISSION TO RELEASE INFORMATION

Date: _____

I understand that during the time my child, _____, is in the care of any Douglas County Parks and Recreation Department's program, that the director or coordinator may be asked for information regarding my child.

I hereby give permission to release information to official person(s) only, which identifies themselves, such as schools, health care personnel, welfare or other governmental officials.

Signature of Parent or Guardian

I do not give permission to release information about my child as set forth in the aforementioned statement. I realize that the Bureau of Services for Child Care has access to my child's records as the licensing agent.

Signature of Parent or Guardian

.....
FIELD TRIP PERMIT

I understand that during the year my child _____ may take part in field trips and educational excursions, either by county van, bus or on foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the facility.

Should an accident or illness occur while my child is away from the facility on the aforementioned trip or excursion, I shall hold harmless any member of Douglas County Parks and Recreation Department and its employees, or any participating adult volunteer.

Signature of Parent or Guardian

I do not want my child to participate in the aforementioned field trip or educational excursion and will therefore make arrangements for my child on that day.

Signature of Parent or Guardian

Photo Advertising Release Form

I, the undersigned, do hereby release the Douglas County Parks & Recreation Department from all liability of any nature on the use of my name, property, or any photo for new and/or promotion purpose(s) in which I or those I am releasing are subjects. This release shall be binding on my heirs, administrators and assigns.

Print Child/Children's Full Name(s): _____

Parent/Guardian Signature: _____ Date: _____

Jump Man Jump

WAIVER OF LIABILITY, ASSUMPTION OF RISK, & INDEMNITY AGREEMENT

In consideration for myself, my child or ward ("Releasees") being permitted to use the facilities or participate in any activity at JMCT Inc, doing business as Jump Man Jump, for myself, my child and or my ward and on behalf of my or their heirs, assigns, personal representatives and next of kin:

1: a). I agree to follow the safety instructions stated or posted and acknowledge that failure to do so may result in expulsion from Jump Man Jump. b). I acknowledge and understand that there are known and unknown dangers and risks associated with the activities at Jump Man Jump which may result in personal injury, including the potential for paralysis and death. c). I voluntarily consent to participate in the activities and d). I hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of the Releasees named below.

2: I agree to fully and forever waive, indemnify and hold harmless, release and discharge JMCT Inc., its affiliates and all of its respective officers, trustees, employees, agents, successors and assigns (collectively "Releasees"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of attendance at or use of the Jump Man Jump Facilities or Jump Man Jump activities, whether related to use of the inflatable amusement devices or not. Further, Releasor hereby waives any and all such claims, damages, demands, rights of action or causes of action, for any injury, including, but not limited to personal, bodily, or mental injury, economic loss or any damage to releasor, releasor's spouse, guest, unborn child or relative. In addition, Releasor hereby agrees to release and forever discharge the Releasees from any and all liability for any loss or theft, or damages to personal property. Releasor acknowledges that he/she has carefully read this Waiver and Release and fully understands that it is a waiver and release of any and all liability.

3: I agree that if, despite this release, I, my child or ward, or anyone on either's behalf, makes a claim against any of the Releasees, I AGREE TO INDEMNIFY, DEFEND, SAVE AND HOLD HARMLESS THE RELEASEES and each of them from ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE, OR COST THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE RELEASEES NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4: I have read this consent, release and waiver of liability, assumption of risk, and indemnity agreement, and understand that by signing it I give up substantial rights I and/or the minor or ward would otherwise have to recover damages for losses occasioned by the releasees' fault, and sign it voluntarily and without inducement.

PARTICIPANT	DATE OF BIRTH	PARTICIPANT	DATE OF BIRTH

If signing for or on behalf of a minor child, I attest that I am the parent or legal guardian of the minor child. I agree this authorization may be used for future events should I fail to send an authorization on the day of the event. My, my child's or my ward's picture may be used in publications. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND JMCT Inc. doing business as JUMP MAN JUMP. I SIGN IT OF MY OWN FREE WILL.

SIGNATURE Parent/Legal Guardian and/or Participant: _____ Date: _____

Printed Name _____ Emergency Contact Number: _____

Email address if you'd like to receive special notices or offers: _____

THE SIGNED WAIVER MUST BE RETURNED TO JUMP MAN JUMP ON THE DAY OF THE PARTY IN ORDER TO PARTICIPATE.

**SKI AREA AND SUMMER ACTIVITY
WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

PLEASE READ CAREFULLY. THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

1. I understand that each person participating in the Activity is a "Participant." I am signing this on my own behalf and, if a Participant is under the age of 18, I am signing as the minor Participant's parent or legal guardian.
2. I understand that certain recreational activities, including but not limited to zip lines, Segways, off-road vehicle tours, road or mountain biking, water sports (including boating, canoeing, fishing, and swimming), simulated skiing, tubing, sledding, roller or ice skating, climbing/rock walls, ropes/challenge courses, alpine slides, alpine coasters, rebound trampolines, hiking, slack lines, bounce houses, laser tag, orienteering, disc golf, golf, archery, geocaching, merry-go-round, and other recreational activities, whether guided, self-directed or otherwise, including use of the ski area facilities or chair lifts for any reason (the "Activities"), **CAN BE HAZARDOUS AND PRESENT A RISK OF PHYSICAL INJURY OR DEATH.**
3. I understand that all Activities carry certain risks, inherent and otherwise, including injury or death caused by equipment failure or improper use, the natural rugged environment, and the negligence or the activity operator, instructor, or other participants. In addition, each Activity carries certain unique risks, which include may include, but are not limited to, injuries or death caused by: (a) collisions or entanglements with other people, ropes/cables, or equipment, (b) rugged, steep or otherwise dangerous terrain, (c) extreme weather, (d) open water, capsizing, swimming, drowning, and cold water immersion, (e) vehicle collisions, driver error, and rollovers, (f) other natural or constructed features, such as bridges, ramps, berms, and bumps, (g) misloading, entanglements, or falls from ski lifts, and (h) other risks related to travel on rugged, mountainous terrain on unimproved roads. I understand that the Activities carry these and other risks and **EXPRESSLY ASSUME ALL RISKS ASSOCIATED WITH EACH ACTIVITY.**
4. I agree to accept any rented equipment "AS IS" and **WITH NO WARRANTIES**, express or implied. I agree that the Participant listed on this form will be the only person using the equipment and will not use it until Participant has received and understands instructions on its use and function.
5. **IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE, I AGREE TO DEFEND, INDEMNIFY, RELEASE AND NOT TO SUE** the Activity operator, Vail Resorts, Inc., The Vail Corporation, each of their respective parent, affiliated, and subsidiary companies, the United States, the land owner, equipment manufacturer, and each of their respective insurance companies, successors in interest, sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") **FROM ANY AND ALL LIABILITY** and/or claims for injury or death to persons or damage to property arising from the Participant's participation, **INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY.** I agree to pay all costs and attorneys' fees incurred by any Released Party in defending a claim or suit brought by me, on my behalf, or on behalf of the minor Participant.
6. I represent that Participant is in good health and that there are no special problems associated with Participant's physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any associated costs.
7. I agree that **ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE** or federal court sitting in the district where the alleged incident occurred (except that all claims arising at Heavenly shall be governed by California law and exclusive jurisdiction shall be in a California court of competent jurisdiction).
8. If a minor Participant is participating in the Activity, I represent that I am the minor Participant's parent or legal guardian and that I **VOLUNTARILY GRANT PERMISSION FOR THE MINOR PARTICIPANT TO TAKE PART IN THE ACTIVITY.** I acknowledge that I am signing this release on behalf of the minor and that **THE MINOR SHALL BE BOUND BY ALL THE TERMS OF THIS RELEASE.** By signing this agreement without a parent or guardian's signature, I represent that I am at least 18 years of age. **I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.**

MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete and Sign Below

MINOR #1 - Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #2 - Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)
MINOR #3 - Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #4 - Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)

ADULT INFORMATION - Requires Parent/Guardian to Complete and Sign Below

ADULT/GUARDIAN #1 - Last Name, First Name, M.I. (please print)	Date of Birth (MM-DD-YYYY)	X	SIGNATURE	DATE
<hr/>				
EMERGENCY CONTACT	RELATION	PHONE NUMBER		