

Summer Camp 2022 REGISTRATION FORM

“How to Become a Hero in Five Days”

Child's name: _____

DOB: _____ Age: _____ Grade: _____

Parent/Guardian Name _____

Address: _____

Contact phone number: _____

Email: _____

Primary emergency contact name: _____

Primary emergency contact phone number: _____

Secondary emergency contact name: _____

Secondary emergency contact phone number: _____

Is your child allergic to any medications and/or foods? Yes _____ No _____

If yes, please list:

Does your child require any special accommodations? If yes, please describe:

I authorize the camp management to act as the agent of the parents/guardians in any emergency situation or to administer basic first aid for the health and welfare of the camper involved. I am responsible for the expenses involved if the services of a physician or hospital are required.

Parent/Guardian's Signature: _____

Date: _____

Do you give permission for your child to be included in photographs during the event? The photographs may be used in advertisements, brochures, or newspaper articles.

Yes, I _____ give my permission for _____ to be included in photographs at the event.

Parent/Guardian Signature: _____

Date: _____

Cost of camp is \$150.00. \$50.00 non-refundable deposit is required to hold the child's placement in the camp. The remainder of \$100 is due by July 15, 2022.

**American Police Hall of Fame & Museum
6350 Horizon Drive
Titusville, FL 32780**





Waiver of Liability, Release Assumption of Risk & Indemnity Agreement

In consideration of participant's registration with the American Police Hall of Fame Museum ("APHF"), and being allowed to participate in APHF events and activities, the parent(s) and/or legal guardian(s) of participant relinquish any and all liability for, and cause of action against personal injury, property damage or wrongful death occurring to participant arising out of participation in APHF events/activities, whenever or however they occur and for such period said events/activities may continue, and by this agreement any such claims, rights, and causes of action that participant may have, are hereby relinquished and the participant, and/or parent(s) or legal guardian(s) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns.

Participant and/or participant's parent(s) and/or legal guardian(s) acknowledge, understand and assume all risks associated with participating in events/ activities, and understand that said events/activities may involve risks to participant's person, including bodily injury. These risks and dangers may be caused by the negligence of the participant or the negligence of others. APHF will not be held liable for cross contamination of allergy related agents such as nut allergies or any other allergy related agent. It is further acknowledged that there may be risks and dangers not known to us or are not reasonably foreseeable at this time. I/ We agree to abide by and be bound under the rules of the APHF and its events/activities. It is the purpose of this agreement to exempt, waive and relieve APHF from liability for personal injury, property damage, and wrongful death caused by negligence.

_____ PARTICIPANT NAME (PRINT)
_____ Print Parent/Legal Guardian Name
_____ Signature Parent/Legal Guardian Name
_____ Date