

Signatures Required On This Document

POLICIES & WAIVERS FORM 2009
Monmouth College All-Sports Camp

DEPOSIT: A deposit of \$100 per week is required at the time of registration and is a part of total payment.

REFUND AND CANCELLATION POLICY: For cancellations prior to June 1, 2009, the total registration deposit, less a \$50 processing fee is refundable. For cancellations after June 1, the \$100 Registration Deposit is forfeited. If cancellations occur within 3 weeks prior to session start date the entire tuition, including deposit, will be forfeited except for cancellations due to medical reasons verified by the attending physician. Medical cancellations must be verified within 30 days of cancellation to receive full refund (less a \$50 processing fee). After 30 days, only half tuition (less a \$50 processing fee) will be refunded.

The Camp Director reserves the right to dismiss any camper whose behavior affects his/her ability to participate or is detrimental to the members of the camp. No refund will be made for absences, dismissals or withdrawals before the end of the session. In cases of withdrawal during camp based on medical reasons verified by the attending physician within 30 days of withdrawal, remaining tuition may be refunded less a \$50 processing fee.

There will be a \$25 fee for all returned checks.

BALANCE DUE DATES: July 17, 2009. *If full payment is not received within 10 days after the due date, a late fee of \$25 (per camper) will be assessed and the application will be placed on the waiting list for that session. All fees must be paid prior to camp arrival.*

PROGRAM CANCELLATION: Where health and safety are at issue, at the discretion of the Camp Director, programs and activities may be cancelled or postponed at any time due to inclement weather or other unanticipated circumstances of a serious matter as they arise with no refund provided.

WAIVER/RELEASE AND INDEMNIFICATION AGREEMENT

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for Monmouth College REQUIRES the execution of the following Waiver, Release, and Indemnification Agreement Your cooperation is greatly appreciated.

Please read this form carefully and be aware that in registering your minor child/ward for participation in the Monmouth All-Sports Camp July 26-31, 2009, you will be waiving and releasing all claims for injuries your child/ward might sustain arising out of this program.

As a participant in the Monmouth All-Sports Camp at Monmouth College, I, on behalf of myself and on behalf of my child/ward, agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, which may be sustained by us arising out of, connected with, or in any way associated with this event.

(Over)

I, on behalf of myself and on behalf of my child/ward, agree to waive and relinquish all claims we may have as a result of participating in the Monmouth All-Sports Camp against Monmouth College and its directors, officers, trustees, agents, servants and employees and do hereby fully release and discharge Monmouth College and its directors, officers, trustees, agents, servants and employees from any and all claims for injuries, including death, damage or loss, regardless of severity sustained by us arising out of, connected with, or in any way associated with this event.

I, on behalf of myself and on behalf of my child/ward, further agree to indemnify and hold harmless and defend Monmouth College and its directors, officers, trustees, agents, servants and employees from any and all claims for injuries, including death, damages and losses regardless of severity sustained by us or arising out of, connected with, or in any way associated with this event.

PERMISSION TO SECURE TREATMENT AT MY EXPENSE

In the event of an emergency I authorize Monmouth College to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child/ward and I agree that I will be responsible for payment of any and all medical services required.

I understand that Monmouth College does not carry health insurance for injuries sustained by participants in this event. Therefore, participants in this event should look to their own health insurance policy for any injuries sustained in connection with or arising out of this event. The absence of health insurance coverage does not make Monmouth College responsible for payment of medical expenses.

PERMISSION TO OBTAIN AND USE IMAGES

I hereby grant Monmouth College permission to photograph/video my child and use such as part of any promotion (video, print, web-based or otherwise) for the camp or for Monmouth College.

I have read, fully understand and agree to be bound, on my behalf and on the behalf of my child/ward, by the foregoing. I further agree that all information supplied by me is accurate and current to the best of my knowledge.

(PLEASE PRINT)

Participants Name: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

MONMOUTH ALL-SPORTS CAMP * 700 East Broadway * Monmouth, IL 61462
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