



OPERATED BY *StudentsofLife.net*

525 GRANT ST.
CLARKESVILLE, GA 30523

Registration and Release of Liability Summer of 2020

EMAIL: beachedwhaleadventures@gmail.com
PHONE: 706.968.5879

PURPOSE: We seek to offer opportunities for local kids to find local adventures by exploring nature, expanding community, and discovering a deeper sense of self awareness in a fun, interactive environment.

Name of Participant _____

Birthday _____ Age _____

Address _____

COST: \$300 PAID _____ BY _____

Week of camp: _____

PARENT/LEGAL GUARDIAN (PRIMARY) CONTACT

Name _____ Relationship _____

Mobile Phone _____ Email _____

SECOND CONTACT

Name _____ Relationship _____

Mobile Phone _____

THIRD CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____

Mobile Phone _____

OTHERS WHO ARE ALLOWED TO DROP OFF OR PICK UP YOUR CHILD:

Name _____ Relationship _____

Mobile Phone _____

Name _____ Relationship _____

Mobile Phone _____

Name _____ Relationship _____

Mobile Phone _____

WHAT DO WE NEED TO KNOW ABOUT YOUR CHILD?

ALLERGIES _____

MEDICATIONS _____

LEVEL OF COMFORT/EXPERIENCE WITH OUTDOORS _____

ANY OTHER MEDICAL ISSUES? _____

INTERESTS _____

CONCERNS _____

TALENTS _____

PASSION(S) _____

Experience/Comfort level with water activities such as kayaking, canoeing, swimming, snorkeling, etc. _____

WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in River Explorer Intensive (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Students of life.net located at 525 Grant St, Clarkesville, Georgia 30523, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Students of Life .Net. against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Students of Life .Net incurs any of these types of expenses, I agree to reimburse Students of Life .net.

I acknowledge that Students of Life .net. and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Students of Life .net.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Students of life.net . AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Students of Life .net. FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Students of Life .net., its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Students of Life .net. agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

Informed Consent of COVID-19

Thank you for your trust in our mission. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus", at any time or in any place. Be assured that we are following the new guidelines for day camps set by the state on top of what we already do. Our activities are outside for the most part, however there is still a chance of exposure just like if you go to the grocery store etc. Any measures that you would like for your child to follow on top of what we do such as wearing a mask are welcome. When possible we practice social distancing, but it not always possible. By signing below, you accept the risk of exposure and release all liability.

Parent/ Legal Guardian Signature

Date _____