LEARN AND PLAY ON THE CHESAPEAKE BAY!
Come kayak, fish, crab, make bay-crafts, play fun games and more - while gaining a new and exciting appreciation for the Chesapeake Bay!

FULL DAY KAYAK CAMP
Ages 9-12       July 11-15

MARINE SCIENCE CAMP
Ages 15-18      July 18-22

Funded in part by:
NOAALMRCSC

Visit chesapeakeexperience.org to sign up today!
Kayak Camp Registration Form - Summer 2016

I am registering my child for the week of _______________________

Location of camp I am registering for _____________________________

*If you are registering for a half day camp that has morning and afternoon sessions, please circle: AM or PM

Camper’s Name _______________________________ Age ________

Birthdate ___________________ Gender ________ Grade entering fall 2016 _________

Mailing Address ________________________________

______________________________

Parent(s)/Guardian(s) Name__________________________

Home Phone Number _______________ Work Phone Number _______________________

Cell Phone Number(s) ________________________________

Email Address(es) ______________________________________

Name/Phone of Pediatrician or Family Doctor ________________________________

Emergency Contact and Phone Number (other than parent) _______________________

Names and Contact Phone Numbers for any other adults who are authorized to pick up your child from camp:

Name ___________________________ Number ___________________________

Name ___________________________ Number ___________________________

List any allergies and/or other medical conditions that camp personnel should be aware of or will prevent your child from participating in camp activities:

________________________________________

T-shirt size (indicate Youth M, L, XL or Adult S, M, L) ____________________________

Chesapeake Experience Staff will take photos during camp week. Do we have your permission to use your child’s photo on promotional materials that may be developed in the future? Yes  No

Signature of Parent/Guardian ___________________________ Date __________________

To reserve your space, please print and mail this completed registration form and camp deposit-$110 for full day and $70 for half day programs. Early registration discount of 10% applied to participants who turn in this completed registration form and deposits prior to 3/1/16. Invoices with remaining balances due will be mailed after this registration form and deposit are received. Tuition balance must be paid in full by 5/20/16. CE reserves the right to unregister any student with a balance after this date.

Mail To:  Chesapeake Experience
PO Box 5384
Williamsburg, VA 23188

Important
Chesapeake Experience, Inc.

Participation Release of Liability and Assumption of Risk Agreement

***Read Before Signing***

Participant Name __________________________ Email ___________________________

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.

2. I KNOWINGLY AND FREELY_ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Chesapeake Experience, Inc. its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARIY WITHOUT ANY INDUCEMENT.

X ___________________________________________ __________________________
Participant's Signature/Date Age

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X ______________________________ ____________________________
Parent/Guardian Signature Date Emergency Phone Number(s)