

BLUEGRASS RUNNING CAMP CONSENT & RELEASE FORM

Camper Name: _____ (“Camper”) DOB: _____ Age: _____

I understand that distance running is an active, physical sport and that injuries can take place during participation at Bluegrass Running Camp (“BRC”). I also understand that there will be more campers than camp staff and that Camper cannot receive individualized attention and individualized supervision all of the time. I further understand, recognize and acknowledge that there are certain risks of physical injury to runners with respect to intense athletic training, and I agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that Camper may sustain as a result of said participation, whether foreseeable or not. I understand that there is an element of risk inherent in running on tracks, trails, paths and roads, including, but not limited to, overuse injuries, twisted ankles and or knees, falling, being struck by vehicles while running, attacked by or struck by dogs or other animals (domesticated or wild), struck by lightning, and/or other risks and dangers, both known and unknown.

I hereby warrant and represent that Camper has been examined by a licensed medical doctor and has been deemed physically able to participate in BRC, and that Camper has no medical conditions or allergies that will affect Camper’s ability to participate in BRC. I hereby give permission for BRC staff to seek appropriate medical attention for Camper during the BRC, for the medical attention to be given to Camper, and for Camper to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment needed for Camper.

GENERAL RELEASE

In consideration of Camper’s acceptance for participation in Bluegrass Running Camp, I do, for myself, my heirs, executors, administrators, legal representative, assignees, and successors in interest HEREBY AND FOREVER WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, PROMISE NOT TO SUE AND PROMISE TO INDEMNIFY Bluegrass Running Camp, LLC, its owners, members, agents, employees, officers, affiliates, contractors, successors, and directors (collectively the “Released Parties”) FROM ANY AND ALL CLAIMS INCLUDING CLAIMS ARISING FROM THE RELEASED PARTIES’ OWN NEGLIGENCE, whether ordinary or gross, which I have or which may accrue to me, and from any and all damages which may be sustained by me in connection with, and arising out of, Camper’s participation in the Bluegrass Running Camp.

Image and Statement Release

I grant BRC permission to use any statements and/or images (photographs or video) of Camper in any website, social media, marketing materials, publications and other media in perpetuity. I will make no monetary or other claim against BRC for the use of the statements and/or images described herein.

I agree that any action filed to enforce or interpret this agreement must be filed in the state courts of the Commonwealth of Kentucky.

I AM OVER 18 YEARS OF AGE. I HAVE READ, UNDERSTAND, AND CONSENT TO THIS CONSENT & RELEASE FORM IN ITS ENTIRETY.

Name (print) Signature Date

TO BE SIGNED BY PARENT/GUARDIAN IF THE CAMPER IS UNDER 18 YEARS OF AGE.

Parent/Guardian Name: _____ Relationship: _____

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (“Camper”), who is attending BRC and my signature below indicates that **I HAVE READ, UNDERSTAND, AND CONSENT TO THIS CONSENT & RELEASE FORM IN ITS ENTIRETY.**

Name (print) Signature Date

BLUEGRASS RUNNING CAMP CONTACT INFORMATION AND TERMS/CONDITIONS

Camper Name: _____ (“Camper”) DOB: _____ Age: _____
Address: _____ City: _____ State: _____ Zip Code : _____
Mobile Phone #: _____ E-Mail Address: _____ Gender: Female Male
Parent/Guardian Name: _____ Relationship: _____
Mobile Phone #: _____ E-Mail Address: _____
Emergency Contact: _____ Phone #: _____

Please list any medical conditions, allergies, or medications for Camper that BRC should be aware of:

INSURANCE INFORMATION

Ins. Co. Name _____ Policy # _____ Group # _____
Policy Holder’s Name _____ Relationship to Camper _____
Insurance Co Phone # for Pre-Authorization # _____

TERMS AND CONDITIONS. I, the undersigned, hereby certify, acknowledge, understand, and agree that:

- I am the parent or legal guardian of the Camper named above and who is attending Bluegrass Running Camp, LLC (“BRC”);
- The staff of BRC, *in their sole and complete discretion*, has the power and authority to immediately dismiss Camper from BRC should Camper engage in behavior which includes, but is not limited to, the following:
 - behavior that is illegal (for example, possession of and/or under the influence of drugs and/or alcohol);
 - behavior which presents a danger to Camper and/or to others;
 - behavior which is disruptive and/or detrimental to the other campers and/or BRC staff; or
 - behavior which is deemed inappropriate, *in the sole and complete discretion*, of BRC staff.
- Should Camper be dismissed from the camp for the reasons stated herein, BRC is under no obligation to refund any of the fees paid for Camper’s enrollment, nor is BRC responsible for any costs incurred by me as a result of Camper’s dismissal; and
- No failure or delay of BRC to in any instance to exercise any remedy or power given it herein shall constitute a waiver or a modification of the terms hereof by BRC or any right it has herein to demand strict compliance with the terms hereof by Camper in any other instance.

My signature below indicates that I have provided true information on this form and have read, understand, and agree to all statements on this form.

Name (print) Signature Date

TO BE SIGNED BY PARENT/GUARDIAN IF THE CAMPER IS UNDER 18 YEARS OF AGE.

Parent/Guardian Name: _____ Relationship: _____

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ and my signature below indicates that I have provided true information on this form and have read, understand, and agree to all statements on this form.

Name (print) Signature Date