

Martial Arts Summer Camp Registration 2013

MACPHAIL INTERNATIONAL ACADEMY

649 Oak Street

East Bridgewater, MA 02333

508-386-7704

www.macphailacademy.com

FULL NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE 1 _____

PARENT/GUARDIAN _____ EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE _____ ALTERNATE PHONE _____

GENDER: M F DOB _____ T-SHIRT SIZE _____

PARENT'S FULL NAME (IF UNDER AGE 18) _____

ADDITIONAL INFORMATION/TRAINING

- 1 I, for myself and on behalf of my heirs, assigned personal representatives and next of kin, HEREBY RELEASE, IDEMNIFY, and HOLD HARMLESS The MacPhail International Academy, their officials, referees, judges, agents and or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, class, activity ("releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE, to the fullest extent permitted by law.
- 2 I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown of my child's participation with, in, or at The MacPhail International Academy, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for his / her participation; and
- 3 I willingly comply with the stated and customary terms and conditions for my child's participation with, in, or at The MacPhail International Academy programs. If, however, I observe any unusual significant hazard during my or my child's presence or participation, I will remove my child from participation and bring such hazard to the attention of the nearest instructor immediately, and,
- 4 The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist: and,
- 5 Arbitration. In further consideration of allowing my child to participate in the aforementioned activities, I hereby agree to submit to binding arbitration regarding any and all claims which I believe I or my child may have against the

facility arising from my child's activities at the facility. The arbitrators shall apply the Federal Rules of Evidence to all proceedings.

Arbitration shall be commenced within one (1) year from the date of which any alleged claim first arose. Further, the arbitration shall be held in the town the Arena is located, unless otherwise mutually agreed to by all parties. The submission to the American Arbitration Association shall be unlimited and the arbitration award may be enforced in any court of competent jurisdiction.

FOR PARENTS/GUARDIANS OF PARTICIPANTS 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 liabilities incident 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.

IN CASE OF A MEDICAL EMERGENCY:

I UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT PARENTS/GUARDIANS OF PLAYERS. In the event I cannot be reached, I hereby give my permission for the following: the physician selected by The MacPhail International Academy may secure proper treatment for, hospitalized, order and administer medications, anesthesia, perform x-rays, special procedures, or surgery if deemed medically necessary by him/her for my child.

StudentSignature (OR IF UNDER 18 YEARS OF AGE, PARENT/GUARDIAN SIGNATURE) **Date Signed**