



**UNCONDITIONAL AND FULL GENERAL RELEASE AND COVENANT NOT TO SUE**

This form must be completed and returned with registration of electronically read and signed off for prior to the camp enrollment date in order for the camper to be permitted to participate in any camp activities. This form is to be filled out by a Parent or Legal Guardian. PLEASE READ THIS CAREFULLY. IT AFFECTS CERTAIN RIGHTS YOU AND/OR YOUR CHILD MAY HAVE IF YOU AND/OR YOUR CHILD IS INJURED OR OTHERWISE SUFFERS DAMAGES PARTICIPATING IN THE CAMP.

I agree, and state, on behalf of myself, my heirs, assigns, executors and others, as follows:

1. I state and that I am the Participant/Participant's Parent/ Guardian, and am fully competent to read and sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant (if I am signing on behalf of my child), and for my/Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.
2. That I understand that I/Participant am/is participating in the camp freely and voluntarily and the camp is not required by GDAY Camps Inc., or any professional athlete affiliated with the camp.
3. I/Participant am/is familiar with and will obey, any and all of the rules established for the Camp.
4. I/Participant and I understand and appreciate the inherent risks and dangers of participating in the camp that could result in property damage and/or personal injury, including aggravation of pre-existing health conditions, including, but not limited to heart-related conditions, and I/Participant and I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/Participant's participation in this camp.
5. That I/Participant and I WILL HOLD HARMLESS AND INDEMNIFY GDAY Camps Inc., and its officials, professional; athletes, administrators, employees and all sponsors and individuals assisting in the camp, for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my/Participant's participation in this camp.
6. I agree to assume all risks and costs related with my/Participant's participation in this camp.
7. I have read/understand this "Unconditional and Full General Release and Covenant Not To Sue."

X \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



# GREATER DEVELOPMENT OF ALL YOUTH CAMPS INC:

*"Where every child is an All-Star"*

## CAMP REGISTRATION FORM

NAME OF EVENT \_\_\_\_\_ SESSION \_\_\_\_\_ CAMP AMOUNT \_\_\_\_\_

CAMPER'S NAME: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ / \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

SCHOOL ATTENDING: \_\_\_\_\_ GRADE \_\_\_\_\_

DOB: \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ / \_\_\_\_\_ Wt. \_\_\_\_\_

SHIRT SIZE: Small \_\_\_\_\_ Med \_\_\_\_\_ Large \_\_\_\_\_ X large \_\_\_\_\_ XX Large \_\_\_\_\_ YOUTH SIZE: YES \_\_\_\_\_ NO \_\_\_\_\_

PARENT or GUARDIAN \_\_\_\_\_

Emergency Numbers: WORK \_\_\_\_\_ / \_\_\_\_\_ CELLULAR \_\_\_\_\_ / \_\_\_\_\_

**PLEASE MAKE ALL CHECKS PAYABLE TO: Greater Development of All Camps Inc.  
126 Independence, Suite 2, Rochester NY 14611**

### HOLD HARMLESS AND MEDIA RELEASE AGREEMENT

Required for Participation:

I agree to hold harmless **GDAY Camps Inc**, and all their employees, officers, and agents in the event of an injury occurring to my child during the selected camp session.

I understand that my child will be participating in a program of physical activity. I recognize that participating in these activities has a certain amount of risk and that injuries are always possible. Injuries may include, but are not limited to, cuts, fractures, sprains, and abrasions. I certify that my child is physically able to participate in the sports/activities.

I promise to provide **GDAY Sports Camps Inc.** with any other relevant medical information about my child. I assume full financial responsibility for medical expenses arising out of such injury in excess of any insurance provided by the camp. I hereby authorize the event director to act for me according to his best judgment in any emergency.

I agree to let my child be photographed or video recorded for the purposes of **GDAY Sports Camps Inc.** I waive any right or obligation to any media generated with the image of my child for the purposes of **GDAY Camps Inc.** I recognize and agree **GDAY Camps Inc.** may use the media generated for any purpose, including but not limited to Internet, Photo, Video or Newspaper, or other applicable media source.

X \_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date