DistinXion Basketball Camp Registration Form

Camps 2017

What: The DistinXion Camp Xperience is a life-changing camp that will shift your perspective on sports and life, inspiring you to be your best in mind, body, and heart, every day.

Who: 2-Day & 3-Day: Co-ed students entering 2nd-8th grade in the 2017-2018 school year.
Overnight: Co-ed students entering 4th-12th grade in the 2017-2018 school year.

Tuition: 3-Day Camp: $129 for first child, Early registration price of $99. Includes a free tshirt!
2-Day Camp: $89 for first child, Early registration price of $69. Includes a free tshirt!
Overnight: $249 for first child, Early registration price of $199. Includes a free tshirt!

Release: Every camper must have a parent/guardian-signed Release/Waiver form before participating in camp. Please submit the release form with your registration.

Registration

Camper Name _____ Grade entering in 2017-2018 _____

Date of Birth _____ Tshirt Size _____

Parent Name(s) _____

Address _____

Email _____ Daytime Phone _____

Parent Signature _____ Date _____

Camp Attending:

☐ Camp: _____

Medical Conditions/Special instructions?

_____

_____

To officially register, please mail the following items to the provided address:

☐ This completed Registration form
☐ Parent-Signed Release/Waiver form
☐ Registration fee (see prices above.)
(Make checks payable to DistinXion.)

Mail all of these items to:
DistinXion
205 N. College Ave.
Bloomington, IN 47404

RELEASE

In consideration of being permitted to participate in any way in activities (the "Activities") offered by DistinXion Incorporated ("DistinXion") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. Acknowledge, agree, and represent that I understand the nature of the Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. Fully understand that: (a) the Activities involve risk and dangers of serious bodily injury, including permanent disability, paralysis and death ("Risks"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or the negligence of the "Releasees" named below; (c) there may be other risk and social and economic losses either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibilities for losses, costs and damages I incur as a result of my participation or that of the minor in the Activity.

3. Hereby release, discharge and covenant not to sue DistinXion, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be cause in whole or in part by the negligence of the "Releasees" or otherwise, including the negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releases from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

4. Acknowledge, agree, and represent that I understand DistinXion, is not responsible for loss or damage to personal possessions and that my/my child's photograph or video may be used in future promotions.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

[Release continues to next page.]

[Release continued from Page 1.]

MINOR RELEASE

I, BEING THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

I hereby grant permission and authorize any Medical or Surgical treatment which may be necessary for the minor, in an emergency, and in my absence, for the well being of the minor. I agree to hold DistinXion as well as the physician or hospital treating the above mentioned minor, harmless.

I grant permission to the DistinXion and any persons responsible for such minor's care to act on my behalf of said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give consent to such medical treatment as deemed necessary including surgery, x-ray examinations, and anesthesia to be rendered to said minor by a licensed physician or nurse.

I have read this agreement, fully understand its terms and have signed it freely and without inducement. Shall any portion of this agreement be held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant Name *(Please print clearly.)*: _____Date: _____

Signature of Participant, or of Parent/Guardian if under 18 years old:

_____

Parent/Guardian Name *(Please print clearly.)*:

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