

STUDENT FULL
NAME: _____

STREET ADDRESS:

CITY/STATE/ZIP: _____

EMAIL: _____

HOME PHONE: _____ CELL: _____ BUSINESS: _____

MALE FEMALE DATE OF BIRTH: _____

PARENT/GUARDIAN'S NAME(s) (if under 18):

HOME PHONE: _____ CELL: _____ BUSINESS: _____

EMAIL (if different from above): _____

STUDENT STATUS: FIRST TIME RIEKES CENTER PARTICIPANT RETURNEE

HOW DID YOU HEAR ABOUT THE RIEKES CENTER/SURF CAMP PACIFICA?

SURF CAMP DATES (check one):
 July 12-16, 830-130
 Aug 2-6, 830-130

Cost: \$385 per week (includes gear and travel)
Ages: 6-18yrs

VERY IMPORTANT INFORMATION NEEDED FOR WETSUIT SIZING:

YOUR AGE _____

YOUR HEIGHT _____

YOUR PANT SIZE _____

STUDENT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S SIGNATURE (if under 18): _____ DATE: _____

Surf Camp Liability Waiver

In consideration for permission to participate in the activities listed on the date; I release and discharge the county of San Mateo, the State of California, The city of Pacifica, Greg and Amy Gubser, respective Surf Camp Pacifica LLC agents and employees, and the sponsors therein referred to as "the released parties" from all liabilities, claims, rights or causes of action that I or my executor, administrator, conservator, other legal representative, beneficiaries, or assigns have for my death, and/or injuries or damages occurring to me arising out of my use of the premises.

I agree that I will not sue or make any claims against the released parties for damages or other losses sustained as a result of my participation in surfing/body boarding/body surfing/ organized beach activities, and specifically my use of the premises as a surfing/body boarding/body surfing/ organized beach activities site. I also agree to indemnify and hold harmless from all claims, judgments and costs, including attorney's fees, incurred in the connection with any action brought by any party as a result of the aforementioned activities.

I understand and acknowledge that surfing/body boarding/body surfing/organized beach activities have inherent dangers that no amount of care, caution, instruction, or expertise can eliminate, and I expressly and voluntarily assume all risk of death or personal injury, known or unknown by the released parties, and any consequential damages sustained while participating in surfing/body boarding/body surfing/organized beach activities, and specifically my use of the premises as a surfing/body boarding/body surfing/organized beach activities location, whether or not caused by the negligence of the released parties and or the conditions of the premises.

Furthermore in accordance with chapter 1524, Section 25.8 of the Civil Code of California, I give authorization to any physician or surgeon, licensed under the provision of medical Practice Act, for the said participant to receive medical care.

(Parent or Guardian Name, Please Print)

(Parent or guardian signature)

/

Date

AGREEMENT AND RELEASE FROM LIABILITY

VOLUNTARY ENROLLMENT

I, _____, the undersigned participant or parent or guardian ("Releasor"), acknowledge that I have voluntarily enrolled myself and/or my child _____, (individually or collectively "Participant") in a program that may involve activities that can be considered hazardous and present possible risk including, but not limited to on and off trail hiking, travel in vans, camping, knife use, and remote area travel. Participant is voluntarily participating in any Program with knowledge of the danger involved. Participant understands that it is his/her responsibility to obtain a physical examination from a medical doctor to determine his/her present health and medical condition before beginning program. By placing my initials below, Participant hereby agrees to accept any and all risk of injury or death to Participant relating to any Riekes Center Program or use of the their facilities.

(initials)

RELEASE

As consideration for being permitted by the Riekes Center to participate in any of the Programs and use of facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives or my enrolled child or such enrolled child's assignees, heirs distributees, guardians and legal representatives will not make a claim against, sue, or attach the property of the Riekes Center and any of its affiliated organizations for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of the Riekes Center or any of its affiliated organizations as a result of my participation in any of the Programs. I hereby release the Riekes Center and any of its affiliated organizations, its employees and agents from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives or that my enrolled child or such enrolled child's assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my or my enrolled child's participation in any of the Riekes Center's Programs.

COMPLIANCE WITH RULES

Participant agrees that he/she will abide by all rules and regulations regarding any of the Programs that may be established by the Riekes Center or its agents. Participant understands and agrees that if the Riekes Center or any of its agents determines that Participant has violated any of the Riekes Center's rules or regulations, Participant may immediately be discharged from any of the Programs and the Riekes Center's facilities without any reimbursement for any payment to the Riekes Center.

KNOWING AND VOLUNTARY EXECUTION

Participant has carefully read this agreement and fully understands its contents. Participant is aware that this is a release of liability and constitutes a contract between Participant and the Riekes Center and/or it's affiliated organizations, and executes it voluntarily. This constitutes the entire agreement between Participant and the Riekes Center regarding the subjects contained in this Agreement, including assumption of risk, release from liability and compliance with the Riekes Center's rules and regulations. This agreement may only be amended in writing, signed by Participant and an executive officer of the Riekes Center.

Executed at _____, California, on _____, 20____.
City Date

RELEASOR

Signature of Releasor (must be over 18) Type or Print Name

Payment Policy

1. All applications must be received with a non-refundable deposit that will not be deposited until the beginning of class. If your participation is revoked for any reason then this deposit can be used for future Riekes Center programs. The remainder of the bill will be sent pending acceptance into the program. If full tuition is not received or a payment plan worked out on or before the beginning of the program then you forgo your reservation and may be replaced with someone from the waiting list.
2. All monies received and retained by the Riekes Center ("Center") are non-refundable.
3. **Returned Check Fee.** A \$25.00 fee will be charged for any returned checks or credit card charges.
4. **Past Due Fee.** Accounts 60 days or more past due are subject to a \$25.00 late fee.

Collection Agency Fees. If a collection agency is commenced to enforce the collection of any fees, the Responsible Party will be required to pay any stated fees deemed by the collection agency. If litigation is commenced to enforce this agreement, the prevailing party shall be awarded court costs and reasonable attorney fees as determined by the court.

Riekes Center for Human Enhancement Medical Information Form

Name: _____ Gender _____
Birth date: ____/____/____ Age _____ Height _____ Weight _____
Address: _____ City _____
State _____ Zip _____ Phone _____ Cell _____

If under 18 years of age list Name of Parent / Legal Guardian(s) _____

If address is different than above please list: _____

Phone: Work _____ Cell _____ Other _____

Name two alternates (relatives/friends) who may be contacted in case you can not be reached in an emergency;

Name _____ Name _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Family Physician _____ Phone _____

Medical Insurance Carrier: _____

Policy Number _____ Phone _____

Type of Coverage _____

Medical History:

1. Chronic or long term illnesses: No [] Yes [] If yes, specify: _____

2. Operations or serious injuries: No [] Yes [] If yes, specify: _____

3. Do you have any dietary restriction? (Vegetarian, lactose intolerant, etc.) No [] Yes [] If yes, specify:

4. Do you have any allergies? List food, drug, plant, animal insect or other allergies. No [] Yes [] If yes, specify

Allergy	Reaction	Medications
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Note: If you have an anaphylactic allergic reaction you must bring your own prescription medication i.e. EpiPen.

5. Give date of last immunization for: Tetanus/TD _____ MMR _____ Other _____

**Note: A tetanus within 10 years is recommended.

6. Are you taking any medications? No [] Yes [] If yes, specify

Medication Condition Dosage (amount/frequency) Side Effects

7. Describe your current level of physical activity? (very active, active, sedentary)

8. Do you wear: contact lenses [] eyeglasses [] hearing aids [] special auxiliary aids []

***Note: If you wear corrective lenses please bring extra contact lenses or glasses to lengthy or remote programs.*

9. Have you had any recent injuries, illnesses, hospitalizations, or surgeries? No [] Yes [] If yes, specify

10. What is your level of swimming ability? [] non-swimmer [] beginner [] intermediate [] advanced

11. Do you have any medical conditions? No [] Yes [] Please complete all of the following questions.

seizure/epilepsy	YES	NO	back problems	YES	NO
diabetes	YES	NO	bladder/ kidney infections	YES	NO
high / low blood sugar	YES	NO	ulcers	YES	NO
asthma	YES	NO	knee/ankle	YES	NO
heart problems	YES	NO	hernia	YES	NO
high blood pressure	YES	NO	sprains/joint problems	YES	NO
respiratory problems	YES	NO	emotional problems	YES	NO
menstrual difficulties	YES	NO	psychological problems	YES	NO
shortness of breath	YES	NO	activity restrictions	YES	NO
recent surgery	YES	NO	other medical problems	YES	NO

If YES, please give a detailed description (symptoms, treatment, and dates). Use separate sheet if necessary.

Medical Authorization

I verify that the above information is complete and accurate. I understand measures will be taken to safeguard the health and safety of all participants; however, in the event of need I hereby grant permission of the Riekes Center or its authorized representatives to arrange for such medical care that I (or my child) may require. This includes minor medical care in the field by Riekes Center staff members, which may include the administration of over the counter medications if needed. I also authorize Riekes Center staff to administer prescription medications provided by the parent or guardian as needed by the child/ward during the program. In the event of serious injury or illness or the need for hospitalization and/or surgery, Riekes Center will use all reasonable efforts to contact the parent, guardian and/or people listed as emergency contacts. In the event contacts cannot be reached in an emergency I authorize the Riekes Center in arranging emergency treatment that may be necessary. I am aware that the Riekes Center assumes no liability for the costs or provision of evacuation and medical care in the event that care is needed during or after this program. If I (or my child) have a medical condition, I (or my child) have been seen by a physician who is aware of my present condition, health history, and trip details and recommends that I (or my child) be able to fully participate.

Participant Full Name _____

Participant Signature _____ Date _____

Parent / Guardian Signature (if under 18) _____ Date _____

Photo release _____

By signing below I hereby grant free permission for The Riekes Center to use images of myself participating in their programs or events for outreach purposes, including but not limited to electronic or print materials or media.

No, I do not wish to grant a photo release.

(please consider granting this release to us if at all possible, as our ability to successfully share our programs with new participants depends on having representative photographs.)

Environment Policy

1. The Riekes Center exists as a classroom in the guise of creative arts studios, weight room, basketball courts, therapy offices or outdoor areas. No one is allowed to participate at the Center without prior scheduling. Visitors and parents are welcome and encouraged to schedule guided tours through the Center, however, all non-participants must remain in the waiting areas during student participation.
2. Center property willfully lost, destroyed, or damaged by a student must be replaced or repaired at the expense of the party responsible for the student's tuition payment ("Responsible Party").
3. In the event that a student violates any of the rules, regulations, or conditions of enrollment herein contained or posted on the Center premises, or conveyed by Center staff or management, the Center may suspend or terminate the enrollment without tuition refund.

I understand and agree to adhere to these policies.

Signature

Date

Trip Authorization (only applies to specific programs)

Whereas I, the student, or the parent or other legal guardian of the student, participating in a Riekes Center event, trip, or program, understand that the Riekes Center is unable to provide transportation for the student, and therefore such transportation will be supplied by entities other than the Riekes Center, including, but not limited to, parents of the students and adult students. Whereas I, the student, or the parent or other legal guardian of the student, have fully considered and weighed the risks involved in having transportation provided as described herein, with the benefits of having the student participate in the activities, consent to the transportation of the student named below by entities other than the Riekes Center, including, but not limited to, parents of the students and adult students. Therefore, the undersigned shall indemnify and hold harmless the Riekes Center, its officers, employees, and agents from and against any and all liability claims, suits, and demands by whomsoever brought damages, costs, losses, expenses, judgments, and settled sums including, but not limited to, attorney's fees, caused in whole or in part by any negligent act or omission of the Riekes Center, its officers, employees, and agents or anyone directly or indirectly employed by them, or anyone for whose acts any of them may be liable, arising out of, or resulting from, the transportation of the student named below provided for as described herein, which is attributable to bodily injury, sickness, disease, or death, or damage to or destruction of tangible property, including the loss of use resulting there from.

Student Name (please print) _____

Student signature _____ **Date** _____

If student is under 18 years of age:

Parent or guardian's name (please print) _____

Parent or guardian signature _____ **Date** _____

Please return this completed form as soon as possible with your check made payable to RIEKES CENTER:

**SURF CAMP APPLICATIONS
Riekes Center
3455 Edison Way
Menlo Park, CA 94025**