

# REGISTRATION FORM



WHERE - Cedar Springs Camp, Lake Stevens, WA

WHEN - October 16th-18th

WHO - All gamers 13 + (Ages 13-15 must be accompanied by an adult)

**HOW MUCH** - \$75 for the weekend includes meals (dinner Friday through lunch on Sunday), snacks, lodging, entry for prizes and gaming! (\$35 for Saturday only)

## HIGHLIGHTS -

Tons of gaming - 100's of games to choose from

Great food all weekend long

Special Speaker - TBA

#### www.cedarspringscamp.net

425.334.6215

Settlers of Catan Tournament

(free and optional)

Prizes

New and Used Game Auction

### <u>questservices@cedarspringscamp.net</u>

FAX 425.397.7511

NAME	BGG USERNAME	BGG USERNAME	
ADDRESS	CITY	ZIP	
EMAIL	PHONE		
GAMES I'D LIKE TO PLAY			
GAMES I'D LIKE TO LEARN			
GAMES I'D LIKE TO TEACH			

# WAIVER AND RELEASE FROM LIABILITY

(TO BE COMPLETED BY PARTICIPANT)

	•		,	
	This agreement is made this	day of	, 2014 between Cedar Springs Camp	
	and		("Participant")	
	-of-doors is an inherently dangerous activi	ty. Further, Participant r	ating in any adventure, sport or activity associated with ecognizes that certain safety precautions must be see nor does Cedar Springs Camp guarantee Participant's	
the acti Camp for and ind injury (in conduction	s that Participant may sustain, a) as a resuvity, c) as a result of another participant's acilities, field, and/or equipment in connectemnify Cedar Springs Camp and it director including loss of life) and all other losses or	It of Participant's physica or third person's actions ction with this activity. The rs, officers, employees and r damages (except those	Cedar Springs Camp assumes no responsibility for injuries of al condition, b) resulting from Participant's participation in s, or d) as a result of participant's use of Cedar Springs the Participant releases and agrees to hold harmless, defend agents from and against any and all claims for personal caused entirely by the gross negligence or intentional at of his or her participation and /or enrollment in Cedar	
otherwi Particip procedu	Medical Consent. Participant grants permission to Cedar Springs Camp and its employees and agents to take the Participant a licensed physician for medical treatment, emergency surgery, or hospitalization if Participant becomes ill, sustains an injury, or therwise requires medical treatment or attention and Cedar Springs Camp is unable to contact the Emergency Contact listed by articipant. The Participant gives consent to any licensed physician to administer drugs or medicine or to perform such medical rocedures as that physician determines necessary for the relief of pain and to preserve the Participant's life or health. Participant rther authorizes Cedar Springs Camp to give first aid, CPR or other treatment by a qualified staff member to Participant.			
4 lost, da	Property Loss. Participant understands as maged, or stolen in connection with this ac		rings Camp is not responsible for personal property that is	
5 represe	Binding Effect. This Agreement shall be bontatives.	inding upon Participant,	his or her heirs, estate, successors, and legal	
6 modifie	Entire Agreement. This Agreement repre d or amended except by an agreement in		ent between the parties. This Agreement shall not be arties.	
			be invalid, Participant agrees the remaining terms shall grees that this Waiver and Release is binding upon me and	
publicat activitie special	adults involved in camp activities. Such ph tions or advertising materials to let others es or events, and Cedar Springs Camp may interest features. Participant agrees to the	otographs and audio/vis know about our ministr invite or allow them to p use of any such audio c	r makes an audio or video tape recording of children sual recordings may be used in Cedar Springs Camp y. In addition, local news organizations may hear about ou photograph or record our events for news reporting on or visual recordings to be used, distributed or displayed as ted to: photographs, videotape, and audio recordings.	
	PLEASE READ CAREFULLY. THIS I	DOCUMENT CONTAIN	NS A RELEASE AND WAIVER OF LIABILITY.	
	I have read and volu	ntarily signed this W	aiver and Release of Liability.	
Signatı	ure		Date	
Parent	Signature		Date	

(if participant is a minor)