

JOHNNIE LAX Camp Overnight Registration Form

Mail Sign-up Form and Check to:

Minnesota Lacrosse Skills Clinics LLC
3504 Tiffany Lane
Shoreview, MN 55126

*Checks made out to Minnesota Lacrosse Skills Clinics LLC

Cost: \$350 Per Camper

Camper's Name _____

Date of Birth _____

School and Year of Graduation _____

Camper's Cell _____

Years of Experience _____

Guardian's Name _____

Guardian's Phone Number _____

Address, State, Zip _____

E-mail _____

Are there any health conditions that we should be aware of? (i.e. asthma, diabetes...etc)

How did you hear about the Camp? (If referred by a specific person please state a name below)

Discounts (circle those which apply):

1) Early Registration: \$25 off if registered on or prior to May 15th

2) Team Discount:

5 campers from the same team= \$15 off each

10 campers from the same team= \$35 off each

15+ campers from the same team= \$50 off each

3) Goalie discount: goalies pay \$195 for entire camp.

Only Early Registration discounts apply to goalies

****Important**** To receive team discounts, all member's registration forms must be mailed together in one envelope for discount to be allowed. No exceptions, so please do not ask.

Method of Payment: Cash or Check

Wavier Agreement for Release of Liability

My child has permission to attend and participate in the Minnesota Lacrosse Skills Clinics summer camp. I understand, acknowledge, and agree that this lacrosse camp has inherent risks of physical injury to my child and others, including but not limited to serious bodily injury, partial or total disability, paralysis, death and other damages which may arise therefrom and that, I have full knowledge of said risks. I acknowledge that these risks and dangers may be caused by my child's negligence and/or negligence of others. I further acknowledge that there may be other risks and dangers not known to me, my child, Justin Gervais or the Minnesota Lacrosse Skills Clinics LLC entity that are not reasonably foreseeable at this time. I agree to be solely responsible for all medical, and other, costs arising from any injuries that my child may receive while participating in the services of Minnesota Lacrosse Skills Clinics.

I further agree that prior to my child's participation; I/my child will address any unsafe equipment and/or conditions and immediately advise the rest of the participants and camp facilitators of such conditions. Additionally, I/ my child will refuse to participate until the unsafe conditions have been removed. I further understand that Justin Gervais does not warrant any equipment used or supplied by themselves or by the location that the services provided by the Minnesota Lacrosse Skills Clinics LLC is being held. I agree to defend, release, and indemnify Justin Gervais and the Minnesota Lacrosse Skills Clinics LLC entity against and from any and all claims, expenses, costs, damages, loss, accidents, fines, judgments, awards, liabilities, and causes of action by whomever of wherever made or presented which may arise, however caused.

I acknowledge the reading of this agreement and acknowledge the receipt of a copy hereof and acknowledge further that I have not received or relied upon any statements or representations by Justin Gervais or Minnesota Lacrosse Skills Clinics LLC which are not herein expressed.

I grant permission to Justin Gervais, on behalf of Minnesota Lacrosse Skills Clinics LLC and its agents or employees, to use photographs taken of me on the date and at the location listed below for publication in university publications such as recruiting brochures, newsletters, and magazines, and to use the photographs on display boards, websites, and to offer them for publications in other non-university newspapers, magazines and websites, without notifying me. I hereby waive any right to inspect or approve the finished photographs or printed matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown. I hereby agree to release, defend, and hold harmless Justin Gervais, on behalf of Minnesota Lacrosse Skills Clinics LLC and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or in the taking, processing, reduction or production of the finished product, its publication or distribution. I am 18 years of age and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledge acceptance of the terms of this release.

I agree to all terms and conditions herein expressed.

In testimony whereof, I subscribed my signature as the day and year written below.

If 18 years of age:

Camper's signature _____

If under 18 years of age:

Parent Signature _____

On Behalf of _____

(Camper's Name)

Date _____