



185 Robley Rd., Salinas, CA, 93908
 Phone: (831) 484-1135
 Fax: (831) 484-1722 www.chamisal.com

Waiver (all classes require the signature of each registering adult or the parent or guardian of any minor(s).) In consideration for being allowed to participate in Chamisal's summer programs, I, the undersigned, agree to indemnify, hold harmless, and release Chamisal, its employees, agents, independent contractors, volunteers, officials, and officers (collectively the "Club") from negligence, excepting gross negligence, and any and all liability for any injury which may be suffered by me, my minor child(ren), or any member of my household account (hereinafter collectively the "Household Members") arising out of, or in any way connected to participation in any Club sponsored recreational summer program and agree to refrain from bringing any claim, lawsuit or other proceeding against the Club stemming from any such personal injury. I agree to take responsibility to ensure that all Household Members enroll in activities at the appropriate level for their physical abilities and medical conditions and fully understand that I and Household Members assume all risks for any injuries received. I expressly acknowledge that risks, known and unknown, are inherent in recreational summer programs. I authorize the Chamisal's employees and agents to seek emergency medical care, as they deem necessary, for any Household Member participating in any Club sponsored recreational program and agree to be responsible for all costs incurred. I acknowledge that the Club may take publicity photographs and/or recordings of any Club sponsored activity or event and hereby authorize the use of any Household Member's image for this purpose. If any term, clause, or provision of this Release of Liability is held to be illegal, invalid or unenforceable, the remainder of this Release of Liability shall not be affected thereby, and shall be enforceable to the fullest extent permitted by law. **I have read and understand the above agreement and fully assume all risks for any injuries received.**

<input type="checkbox"/> Participant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Print Name	Print Name	Date
Signature (required to register)	Date	Second registrant's signature (if two adults are registering on the same form)	

Primary Adult Contact (Please Print)

Last Name:	First Name:	Home Phone:	Cell Phone:
Address:		City:	Zip:
			Email Address:

Activity Session Information

Participant's Last Name	Participant's First Name	M/F	Date of Birth	Grade	Activity Name	Session #	Fee

Special Medical Instructions (Please specify participant)	Doctor's Name	Phone

Payment Information:

Cancellation and Transfer Requests: No refunds will be given after a session begins. Refunds and transfers given if notified five business days before the session begins. A 25% service charge will be assessed to each activity cancellation. Full refunds will be given if class is canceled by Chamisal.

Choices: Kids Camp (Full) Kids Camp (Half) Kids Camp (Flex Pass) Tennis Camp Swim/Polo Camp

Payment Information: Check # _____ (Payable to: Chamisal) Cash _____ Member Account # _____ **Total Amount: \$** _____

MC/Visa No.:	Exp:	Print Name:	Signature:
--------------	------	-------------	------------

Additional Comments: