

# 2016 F.I.T. Neighborhood Summer Camp Registration Form

Child's Name: \_\_\_\_\_ Sex: M F

Birth Date: \_\_\_\_\_ Age : \_\_\_\_\_ School your child attends: \_\_\_\_\_

Is your child and/or family members of Quail Ridge Taos: YES NO Member's Name: \_\_\_\_\_

## PARENT OR GUARDIAN INFORMATION:

NAME		EMAIL ADDRESS	
MAILING ADDRESS			
CITY		STATE	ZIP
HOME PHONE	WORK PHONE	CELL/ALT PHONE	

## EMERGENCY CONTACT INFORMATION: REQUIRED

EMERGENCY CONTACT	HOME PH	WORK PH	CELL/ALT PH
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Names of persons other than above who are authorized to pick up your child:

\_\_\_\_\_

Is your child in good health? Yes No

If "no" please explain: \_\_\_\_\_

Does your child have any allergies? Yes No

If "yes" please describe: \_\_\_\_\_

Is your child currently taking any medication(s)? Yes No

If "yes" please list all medications: \_\_\_\_\_

**WE WILL NOT ADMINISTER ANY MEDICATION TO YOUR CHILD**

What is your child's current swim ability?

- Beginning: can briefly put head under water, is comfortable in deeper water with floatation devices, is able to "doggy paddle." PLEASE SUPPLY FLOATATION DEVICE FOR YOUR CHILD
- Intermediate: can tread water, knows some strokes, is able to hold breath under water, comfortable jumping into the water.
- Advanced: knows strokes, can swim length of pool and back (a lap).

Please tell us anything else that may help us in working with your child: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

Print Name

Date

For more information please **call:** (505) 417-1469; **visit:** [fitaos.org](http://fitaos.org) or  
**e-mail:** [neighborhoodcamp@gmail.com](mailto:neighborhoodcamp@gmail.com)

**FIELD INSTITUTE OF TAOS**  
**COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT**  
**AND PHOTOGRAPHIC RELEASE**

In exchange for and in consideration of the Field Institute of Taos making its programs (hereinafter referred to as the "Programs") available to me and my Child, and Taos Ski Valley, Inc. making its facilities available, and recognizing that we may decline these services and choose not to participate in the programs, **THE UNDERSIGNED, FOR MY CHILD, MYSELF, AND ANY OTHER PARENT/GUARDIAN OF MY CHILD HEREBY REPRESENTS TO AND CONTRACTS AND AGREES WITH FIELD INSTITUTE OF TAOS** as follows:

I am a parent and/or guardian of the minor child identified below (herein referred to as "my Child"), I have authority to enter into this release and indemnity contract on behalf of my Child, on my own behalf and on behalf of any other parent or guardian of my Child, and I do so **FREELY, FULLY, AND WITHOUT RESERVATION.**

For myself and my Child, I agree and understand that outdoor activities including hiking, camping, bicycling, and riding chair lifts, contain **INHERENT RISKS** and may be **HAZARDOUS ACTIVITIES** and may result in injury or death to my child during his/her participation in the programs. Trail conditions and weather vary constantly. Further, I understand and agree that Taos Ski Valley, Inc. **DOES NOT PROVIDE**, promote, contribute to, subsidize, support, or sponsor **TRANSPORTATION** of any kind in connection with any Filed Institute of Taos programs, whether bus, van, automobile, or other vehicle.

**I ASSUME ALL RISKS** in connection with my Child's participation in such activities (including all transportation), including, but not limited to, personal injury or death, and **PROMISE NOT TO SUE AND COMPLETELY RELEASE** the Field Institute of Taos, their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "FIT") and Taos Ski Valley, Inc., their representatives, agents, affiliates, officers, directors, servants, and employees (hereinafter collectively "TSV") **FROM ALL LIABILITY** for any injuries, death, or damages and from any claim by me, any other parent or guardian of my Child, my Child, anyone on behalf of my Child and by my Child's estate, heirs, and assigns arising in any way from my Child's participation in the Programs.

**I AUTHORIZE** the FIT or TSV to call for medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of Field Institute of Taos, such medical attention is needed for my Child. **I AGREE TO PAY** all costs associated with medical care and transportation for my Child and indemnify and hold FIT and TSV harmless from any costs incurred therein, or any claims arising therefrom.

**I CONTRACTUALLY AGREE** that any and all disputes between FIT and/or TSV and me and any other parent/guardian of my Child relating to my child's participation in the Programs, and any and all claims for personal injury and/or death, will be **GOVERNED BY THE LAWS OF THE STATE OF NEW MEXICO** and the **EXCLUSIVE JURISDICTION THEREOF** will be in the state or federal courts of the **STATE OF NEW MEXICO.**

I grant FIT, the **ABSOLUTE RIGHT AND PERMISSION** to use, sell, and publish photographs of my Child.

I have carefully read the foregoing **COMPLETE RELEASE OF LIABILITY AND INDEMNITY AGREEMENT** and understand its contents, including the jurisdictional agreement. **I ACKNOWLEDGE AND UNDERSTAND** this is a **COMPLETE RELEASE AND INDEMNITY AGREEMENT**, that it includes any and all claims of my Child, me or any other parent/guardian of my Child for any reason, and is a **LEGALLY BINDING CONTRACT.**

**I AM AWARE THAT THIS LEGALLY BINDING CONTRACT WILL REMAIN IN FULL FORCE AND EFFECT FOR THE YEAR IN WHICH THE RELEASE WAS SIGNED AND THAT BY SIGNING IT I AM RELEASING RIGHTS OF MY CHILD, MYSELF, AND OTHERS.**

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*Minor Child (Print Name)*

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*Parent/Guardian (Print Name)*

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**Parent/Guardian Signature**

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**Date**

