# LAKESHORE3colorsmall.jpg

# Sports Education Camp

For Youth with Visual Impairments

**Location:** **Lakeshore Foundation,**

 **4000 Ridgeway Drive**

 **Birmingham, AL 35209**

**Eligibility:** **Students with Visual impairments (corrected vision less than 20/60)**

 **Students who are legally blind (corrected vision 20/200 or less)**

## Age: 8-18

**Dates:** **June 3-7, 2013**

**Fee: $100.00 for Lakeshore members, $150.00 for non-members**

**\*Financial assistance available if applicant qualifies**

**Fee**

**includes: 4 nights lodging, meals, 3 full days of activities, T-shirt and awards**

**Registration**

Deadline: Friday, May 3, 2013. Registration cannot be accepted after May 3rd.

This letter is to notify you of Lakeshore’s Sports Education Camp (SEC) occurring June 3-7, 2013. SEC is designed to introduce students with visual impairments to sports and recreational activities.

 SEC participants will be placed in groups with other participants of similar ages. Activities will include: track and field, swimming, kayaking, shooting, rock climbing, judo, goalball, water skiing, and more. Participants will receive instruction from an expert in each respective sport or activity.

Individuals who attend SEC have the unique opportunity to interact with others who have the same challenges in physical education. However, applicants should be aware that the primary focus of these camps is sports. The camp is all about being active and is designed specifically for those who show interest in physical activities.

***Over***

Registration for this camp is limited. The first to register will be given precedence as long as the individual is appropriate. SEC is limited to individuals where their primary disability is low vision or blindness. Participants must be able to work in a group setting. Participants with additional disabilities need to call Cliff Cook at 205-313-7426 to find if SEC is appropriate for the participant’s needs. Vision requirements for SEC include any corrected vision less than 20/60. Also, due to the camp’s activities, participants are required to be ambulatory. Lakeshore offers a variety of other opportunities, including youth camps, for individuals that are not ambulatory. These opportunities can be found at [www.lakeshore.org](http://www.lakeshore.org).

Please complete the registration on the following pages and mail or e-mail it to the address below. Financial assistance is available to those who qualify. Please direct these inquiries to the address listed below. Feel free to make other copies for the parents of interested students. We appreciate your time and effort. If you have any questions call Cliff Cook, 205-313-7426.

**Registration includes: Activities Include:**

1. Non-Member Agreement/ waiver - Goalball
2. Climbing wall waiver - Swimming
3. Transportation waiver - Judo
4. Code of conduct - Climbing
5. Directions to Lakeshore - Kayaking/Canoeing
6. Camp schedule - Water Skiing/ Tubing
7. Allergy/Medication Form - Shooting
8. What to bring checklist - And more

*\*\*Registration must be received by May 3, 2013\*\**

Send applications to:

Cliff Cook

Lakeshore Foundation

4000 Ridgeway Dr.

Birmingham, AL 35209

Phone: 205-313-7426

Email: cliffc@lakeshore.org

Fax: 205-313-7475 Attn: Cliff Cook

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| --- | --- | --- |
|  | LAKESHOREBlackLogoFinal.jpg | March 29, 2012 |

Non-Member Agreement / Waiver

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Age |  | Birthday |  |
| Address |  |
|  | City |  | State |  | Zip Code |  |
| Email Address |  |
| Home Phone |  | Cell Phone |  |
| If under the age of 19, parent or guardian name |  |
| Emergency Contact Name and Phone Number |  |
| Disability/Health Condition *(if applicable)* |  |
| Activity participating in or Guest of | Sports Education Camp | Date(s) | June 3-7, 2013 |

The undersigned, (hereinafter referred to as “Guest”) agrees to abide by the rules of Lakeshore Foundation.

The Guest agrees that all use of Lakeshore Foundation’s facilities, services and programs shall be undertaken at his(her) sole risk and Lakeshore Foundation shall not be liable for any injuries, accidents or deaths occurring to Guest, arising either directly or indirectly out of utilizing Lakeshore Foundation’s facilities, services and programs. The Guest, for himself(herself) and on behalf of his(her) executors, administrators, heirs and assigns, does hereby expressly release, discharge, waive, relinquish, and covenants not to sue Lakeshore Foundation, its officers and agents for all such claims, demands, injuries, damages or cause of action, with respect to use of Lakeshore Foundation facilities, programs and services.

The Guest declares that he(she) is physically able to participate in physical activity. Furthermore, Guest declares that Lakeshore Foundation has advised him(her) to obtain a medical clearance if he(she) is unsure of his/her physical health, and that Guest has done so if necessary.

The Guest also consents to and authorizes the taking of photographs, movies, films, videotapes, tape recordings, or reproductions *(collectively, “Reproductions”)* and consents to the use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. Guest hereby grants and assigns to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. Guest waives any and all claims for compensation and waives any and all claims related to or arising out of the publication and dissemination of the same for any lawful purposes. Guest further authorizes the communication of information concerning the Guest in connection with the utilization of such Reproductions by Lakeshore Foundation and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waives all claims related to or arising out of the publication and dissemination of the same.

Please sign below. If under the age of 19, must be signed by a parent or guardian.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  |  |  |
|  |  |  |
|  | *(Printed name and relationship if applicable)* |  |  |

Please note that all non-members may receive information from Lakeshore Foundation regarding membership opportunities.



**ASSUMPTION OF RISK AGREEMENT, RELEASE**

**OF LIABILITY and COVENANT NOT TO SUE**

**NOTICE: THIS IS A LEGALLY BINDING, NON-ALTERABLE DOCUMENT. BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE AND AGREE THAT YOU ARE GIVING UP YOUR RIGHT TO BRING COURT ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR INJURIES TO YOURSELF OR YOUR PROPERTY OR FOR YOUR DEATH ARISING OUT OF THE USE OF REALITY CLIMBING, NOW OR ANYTIME IN THE FUTURE.**

**ACKNOWLEDGEMENT OF RISKS**

I, the undersigned user, hereby acknowledge and agree that activities involved in the use of any of the services or facilities of Lakeshore Foundation (hereinafter collectively referred to as “LF”) located at 4000 Ridgeway Drive, Birmingham, Alabama 35209, both climbing and non-climbing related, entail inherent, extreme and significant risks both known and unknown. I further acknowledge that I have full knowledge and understanding of the nature and extent of all of the risks both known and unknown and that **I am solely responsible**, **accept and assume all risks and relieve LF** for any and all injury, loss, damage or death as a result of or associated with the use of said services and/or facilities, including, but not limited to:

**Injuries** in the form of, including but not limited to physical or emotional injury, death and/or paralysis from, slips, trips, falls, painful crashes, falling from the wall, to the ground, on other users, being fallen or by other users, misuse, cuts, abrasions, musculoskeletal injuries, bad decision making, negligence or inattention of belayers, actions of other climbers or visitors or, climbing out of control or beyond ones personal limits and freakish accidents which cannot be foreseen. Failure of or contact with **equipment** or structure whether rented, permanent or temporarily located, including, but not limited to ropes, slings, webbing, harnesses, shoes, climbing hardware, anchor points, ladders, lifts or any part of the climbing wall or building. Additionally, LF **staff** and volunteers have difficult jobs to perform and while they seek safety, they are not infallible. They might be unaware of a participant’s fitness or abilities. They may give incomplete warnings or instructions and the equipment being used might malfunction.

Furthermore, I, the undersigned user, acknowledge that the above information is **not inclusive** of all possible risks associated with the use of said facilities/service and/or the sport of rock climbing, and I agree that said list in no way limits the extend or reach of this Release / Indemnification and Covenant Not To Sue.

**RELEASE / INDEMNIFICATION AND COVENANT NOT TO SUE**

In consideration of my being permitted to observe and/or participate in the activities of and use the facilities of Lakeshore Foundation, **I HEREBY DO AGREE TO RELEASE, IDEMNIFY, DISCHARGE AND HOLD HARMLESS** to the fullest extent of the law Lakeshore Foundation at 4000 Ridgeway Drive, Birmingham, Alabama 35209, its owners, officers, shareholders, directors, managers, members, employees, volunteers, agents or any persons acting in any capacity on their behalf (hereinafter collectively referred to as “LF”) on behalf of myself, my spouse, my children, parents, administrators, assigns, heirs, representatives, executors and estate from any cause of action, claims or demands of any nature whatsoever, whether that use is supervised or unsupervised, however the injury or demand is caused, including but not limited to a claims of **NEGLIGENCE, wrongful acts, omissions, breach of warranty or strict tort liability of LF or other parties herein released.** I hereby recognize LF, as provider of services, will operate under a **covenant of good faith** and fair dealing, but may find it necessary to refuse or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of participating in activities offered and I accept your right to take such actions for the safety of myself and/or other participants. I agree that any **film or photographs** taken of me either at or participating in any activity are property of LF and may be used for promotional or commercial purposes with no restitution or compensation given or expected. I hereby certify that I am in good **health** and have no physical limitations which would preclude my safe use of the facilities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. In the unfortunate event that medical services are deemed necessary, I hereby give full consent for facility Policies and Procedures to be followed and ‘best judgment’ to be used on my behalf. To that, I certify that I have appropriate **insurance** or, in its absence, agree to pay all costs of rescue and/or medical services that I may cause, suffer or otherwise would be incurred on my behalf.

I have read, understand and agree to abide by the attached Rules and Procedures Agreement and, in signing this document, hereby acknowledge that I have full knowledge of the information contained within, of the nature and extent of the risks inherent in the use of or participation at any LF facility or event and I am voluntarily assuming the risks and hereby waive my valuable legal right to bring court action to recover compensation or obtain any other remedy for any injury, damage, loss, for my death or for any other claim from which I have released them herein however caused arising out of my participation. Further, I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, of **my own free will**, only after have carefully read, questioned, understood and agree to it.

|  |  |
| --- | --- |
| **Print Participants Full Name (19 YEARS and up):** |  |
| **Participants Signature (19 YEARS and up):** |  | **Date:** |  |
| **Witness Name & Signature** |  | **Date:** |  |

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| --- |
| **\*\*\*\*\*\*\*\*\*\*UNDER 19 MUST HAVE THIS SECTION COMPLETED\*\*\*\*\*\*\*\*\*\*** |
| I, as **Parent or LEGAL Guardian** of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor under 19 years, hereby consent, on behalf of said minor, to the terms and conditions set for in this Assumption of Risk Agreement, Release of Liability and Covenant Not To Sue.**Signature of Parent / Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



##### **Youth Transportation Permission Form**

I, as parent/guardian, hereby give permission for (name of participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in any travel and transportation activities that occur while he / she is in the protection of any staff / employee of the Lakeshore Foundation.

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |
| Comments: |
|  |
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|  |
|  |
| Staff: |  |
| Date: |  |

**Lakeshore Foundation/ USABA Sports Education Camps**

**Athlete Code of Conduct**

The staff and volunteers of Lakeshore Foundation are happy that you are coming to Sports Camp. We look forward to Sports Camp as much as you do. We hold the Camp because we know that some of you have not had a chance to participate in sports in your school. You will have a lot of chances to do so during our camp.

We believe that it is important that you participate in all of our sports and activities offered. We know that all of you will not be superstars, but we do expect you to try as hard as you can. We assume that anyone who is at the Sports Camp is here to concentrate on becoming a better athlete. Occasionally, we have had to send athletes home because of poor behavior. So that you know what is expected of you, you must agree to the following statements.

AS A SPORTS CAMP ATHLETE, I AGREE TO:

1. Conduct myself as an athlete during the camp. That means, I will try my best to do as well as I can in each activity.

2. Treat other athletes as well as staff fairly and with respect.

3. Abide by the following camp rules:

 a. I will not leave my group without permission.

 b. I will not leave the dorm or sports activity without permission.

 c. I will not smoke.

 d. I will not be out of my room after lights out is announced.

 e. I will be a good sport whether I win or lose.

 f. I will report poor behavior of others to the camp director.

1. If there are disciplinary problems and/ or medical issues the athlete must be picked up by the parent immediately upon contact.

Athlete's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Teacher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Directions to Lakeshore Foundation

## I-65 North

* Take Exit 255 (Lakeshore Drive). Distance from here is approx. 2.4 miles.
* From the exit, take a right at the red light.
* Stay on Lakeshore Drive. You will drive through six red lights. At the seventh red light you will see a stone sign for Lakeshore Rehabilitation Hospital and Lakeshore Foundation on the left.
* Take a left here onto Old Montgomery Highway.
* You will see another stone sign on the left (approx. .2 of a mile).
* Take a left into campus.
* Once on campus, take a right at the first stop sign.
* Drive past the Hospital.
* Follow this path up the hill and around the curve to the Lakeshore Foundation office building. Parking is available in the upper parking lot.

**I-65 South**

* Take Exit 255 (Lakeshore Drive). Distance from here is approx. 2.5 miles.
* From the exit, take a left at the red light.
* Stay on Lakeshore Drive through seven red lights. At the eighth red light, you will see a stone sign for Lakeshore Rehabilitation Hospital and Lakeshore Foundation on the left.
* Take a left here onto Old Montgomery Highway.
* You will see another stone sign on the left (approx. .2 of a mile).
* Take a left into campus.
* Once on campus, take a right at the first stop sign.
* Drive past the Hospital.
* Follow this path up the hill and around the curve to the Lakeshore Foundation office building. Parking is available in the upper parking lot.

**Medication Form**

Please list all food allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any other allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications as well as medication instructions:

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional instructions or comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Climbing Wall Waiver

**ASSUMPTION OF RISK AGREEMENT, RELEASE**

**OF LIABILITY and COVENANT NOT TO SUE**

**NOTICE: THIS IS A LEGALLY BINDING, NON-ALTERABLE DOCUMENT. BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE AND AGREE THAT YOU ARE GIVING UP YOUR RIGHT TO BRING COURT ACTION TO RECOVER COMPENSATION OR OBTAIN ANY OTHER REMEDY FOR INJURIES TO YOURSELF OR YOUR PROPERTY OR FOR YOUR DEATH ARISING OUT OF THE USE OF REALITY CLIMBING, NOW OR ANYTIME IN THE FUTURE.**

**ACKNOWLEDGEMENT OF RISKS**

I, the undersigned user, hereby acknowledge and agree that activities involved in the use of any of the services or facilities of Lakeshore Foundation (hereinafter collectively referred to as “LF”) located at 4000 Ridgeway Drive, Birmingham, Alabama 35209, both climbing and non-climbing related, entail inherent, extreme and significant risks both known and unknown. I further acknowledge that I have full knowledge and understanding of the nature and extent of all of the risks both known and unknown and that **I am solely responsible**, **accept and assume all risks and relieve LF** for any and all injury, loss, damage or death as a result of or associated with the use of said services and/or facilities, including, but not limited to:

**Injuries** in the form of, including but not limited to physical or emotional injury, death and/or paralysis from, slips, trips, falls, painful crashes, falling from the wall, to the ground, on other users, being fallen or by other users, misuse, cuts, abrasions, musculoskeletal injuries, bad decision making, negligence or inattention of belayers, actions of other climbers or visitors or, climbing out of control or beyond ones personal limits and freakish accidents which cannot be foreseen. Failure of or contact with **equipment** or structure whether rented, permanent or temporarily located, including, but not limited to ropes, slings, webbing, harnesses, shoes, climbing hardware, anchor points, ladders, lifts or any part of the climbing wall or building. Additionally, LF **staff** and volunteers have difficult jobs to perform and while they seek safety, they are not infallible. They might be unaware of a participant’s fitness or abilities. They may give incomplete warnings or instructions and the equipment being used might malfunction.

Furthermore, I, the undersigned user, acknowledge that the above information is **not inclusive** of all possible risks associated with the use of said facilities/service and/or the sport of rock climbing, and I agree that said list in no way limits the extend or reach of this Release / Indemnification and Covenant Not To Sue.

**RELEASE / INDEMNIFICATION AND COVENANT NOT TO SUE**

In consideration of my being permitted to observe and/or participate in the activities of and use the facilities of Lakeshore Foundation, **I HEREBY DO AGREE TO RELEASE, IDEMNIFY, DISCHARGE AND HOLD HARMLESS** to the fullest extent of the law Lakeshore Foundation at 4000 Ridgeway Drive, Birmingham, Alabama 35209, its owners, officers, shareholders, directors, managers, members, employees, volunteers, agents or any persons acting in any capacity on their behalf (hereinafter collectively referred to as “LF”) on behalf of myself, my spouse, my children, parents, administrators, assigns, heirs, representatives, executors and estate from any cause of action, claims or demands of any nature whatsoever, whether that use is supervised or unsupervised, however the injury or demand is caused, including but not limited to a claims of **NEGLIGENCE, wrongful acts, omissions, breach of warranty or strict tort liability of LF or other parties herein released.** I hereby recognize LF, as provider of services, will operate under a **covenant of good faith** and fair dealing, but may find it necessary to refuse or terminate the participation of any person judged to be incapable of meeting the rigors or requirements of participating in activities offered and I accept your right to take such actions for the safety of myself and/or other participants. I agree that any **film or photographs** taken of me either at or participating in any activity are property of LF and may be used for promotional or commercial purposes with no restitution or compensation given or expected. I hereby certify that I am in good **health** and have no physical limitations which would preclude my safe use of the facilities, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. In the unfortunate event that medical services are deemed necessary, I hereby give full consent for facility Policies and Procedures to be followed and ‘best judgment’ to be used on my behalf. To that, I certify that I have appropriate **insurance** or, in its absence, agree to pay all costs of rescue and/or medical services that I may cause, suffer or otherwise would be incurred on my behalf.

I have read, understand and agree to abide by the attached Rules and Procedures Agreement and, in signing this document, hereby acknowledge that I have full knowledge of the information contained within, of the nature and extent of the risks inherent in the use of or participation at any LF facility or event and I am voluntarily assuming the risks and hereby waive my valuable legal right to bring court action to recover compensation or obtain any other remedy for any injury, damage, loss, for my death or for any other claim from which I have released them herein however caused arising out of my participation. Further, I understand that the terms of this agreement are legally binding and I certify that I am signing this agreement, of **my own free will**, only after have carefully read, questioned, understood and agree to it.

|  |  |
| --- | --- |
| **Print Participants Full Name (19 YEARS and up):** |  |
| **Participants Signature (19 YEARS and up):** |  | **Date:** |  |
| **Witness Name & Signature** |  | **Date:** |  |

|  |
| --- |
| **\*\*\*\*\*\*\*\*\*\*UNDER 19 MUST HAVE THIS SECTION COMPLETED\*\*\*\*\*\*\*\*\*\*** |
| I, as **Parent or LEGAL Guardian** of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor under 19 years, hereby consent, on behalf of said minor, to the terms and conditions set for in this Assumption of Risk Agreement, Release of Liability and Covenant Not To Sue.**Signature of Parent / Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Lakeshore Foundation/ USABA Sports Education Camps**

**Athlete Code of Conduct**

The staff and volunteers of Lakeshore are happy that you are coming to Sports Education Camp. We look forward to SEC as much as you do. We hold the camp because we know that some of you have not had a chance to participate in sports in your school. You will have many chances to do so during our camp.

We believe that it is important that you participate in all of our sports and activities offered. We know that all of you will not be superstars, but we do expect you to try as hard as you can. We assume that anyone who is at SEC is here to concentrate on becoming a better athlete. Occasionally, we have had to send athletes home because of poor behavior. So that you know what is expected of you, you must agree to the following statements.

AS A SPORTS CAMP ATHLETE, I AGREE TO:

1. Conduct myself as an athlete during the camp. That means, I will try my best to do as well as I can in each activity.

2. Treat other athletes as well as staff fairly and with respect.

3. Abide by the following camp rules:

 a. I will not leave my group without permission.

 b. I will not leave the dorm or sports activity without permission.

 c. I will not smoke.

 d. I will not be out of my room after lights out is announced.

 e. I will be a good sport whether I win or lose.

 f. I will report poor behavior of others to the camp director.

1. If there are disciplinary problems and/ or medical issues the athlete must be picked up by the parent immediately upon contact.

Athlete's signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Teacher signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Directions to Lakeshore Foundation

## I-65 North

* Take Exit 255 (Lakeshore Drive). Distance from here is approx. 2.4 miles.
* From the exit, take a right at the red light.
* Stay on Lakeshore Drive. You will drive through six red lights. At the seventh red light you will see a stone sign for Lakeshore Rehabilitation Hospital and Lakeshore Foundation on the left.
* Take a left here onto Old Montgomery Highway.
* You will see another stone sign on the left (approx. .2 of a mile).
* Take a left into campus.
* Once on campus, take a right at the first stop sign.
* Drive past the Hospital.
* Follow this path up the hill and around the curve to the Lakeshore Foundation office building. Parking is available in the upper parking lot.

**I-65 South**

* Take Exit 255 (Lakeshore Drive). Distance from here is approx. 2.5 miles.
* From the exit, take a left at the red light.
* Stay on Lakeshore Drive through seven red lights. At the eighth red light, you will see a stone sign for Lakeshore Rehabilitation Hospital and Lakeshore Foundation on the left.
* Take a left here onto Old Montgomery Highway.
* You will see another stone sign on the left (approx. .2 of a mile).
* Take a left into campus.
* Once on campus, take a right at the first stop sign.
* Drive past the Hospital.
* Follow this path up the hill and around the curve to the Lakeshore Foundation office building. Parking is available in the upper parking lot.

**Camp Schedule (Subject to change)**

**June 3**- 4:00-5:00PM Check-in at Lakeshore Dorms

 5:00PM Dinner

 6:15-8:00PM Goalball/Swimming

**June 4**- 8:45-12:00PM Track and Field Clinic (off site)

 2:00-4:15PM Judo, Shooting, Archery, Climbing

 6:15-8:00PM Goalball/Swimming

**June 5**- 8:45-12:00PM Soccer (off site)

 1:15-5:00PM Kayak/Canoe (off site)

 6:15-8:30PM Goalball Tournament

**June 6**- 8:00-4:00PM Water Skiing, Kayaking, Swimming, Fishing (off site)

 7:00-8:30PM Mobility/Independence Skill Clinic

 8:30PM Awards

**June 7**- 9:00AM Pick up from Lakeshore Dorms

**Lakeshore Foundation Programs - Authorization to Administer Medication Form**

*(This form is required only if your child is under 19 years old and will be taking any medication while attending a Lakeshore Foundation Program)*

All medication must be labeled and stored in the original prescription container. At the conclusion of the program any remaining medication will be returned to the parent or guardian. If the medication is not picked up at the conclusion of the program or after the participants last day, it will be destroyed within 3 working days. No medication will be returned via mail regardless of the circumstance.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_

Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescription Medication #1**

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Taking Medicine:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prescription Medication #2**

Medication Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Taking Medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Over the Counter Medicine:**

My child may take the following ***OVER THE COUNTER*** medicine as follows:

Medicine Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for taking: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Lakeshore Foundation, the undersigned parent or guardian hereby agrees to defend, indemnify, and hold harmless the Lakeshore Foundation, its officers, agents, employees, and volunteers from any and all claims which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the participant.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What to Bring Checklist**

Note: this list is just a guide. Please feel free to add other items you believe would be necessary for this camp.

🞎 Eyeshades

 🞎 T-Shirts

 🞎 Shorts

 🞎 Athletic Pants

 🞎 Athletic Close-Toed Shoes

 🞎 Water friendly shoes or sandals

 🞎 Swimsuit

 🞎 Towel

 🞎 Goggles

 🞎 Toiletry Items

 🞎 Sunglasses

 🞎 Hats

 🞎 Sunscreen

 🞎 Water Bottle

 🞎 Any other sun protection items

\*Participants will be staying overnight in Lakeshore’s onsite dormitories. Linens will be provided.