

Intrepid Leadership Group, LLC

Teen Leadership Camp Registration

Camper Information

First Name: _____ Middle Initial: _____ Last Name: _____ DOB _____

Meds/Allergies/Injury Concerns: _____

Physician: _____ Physician Phone: _____ Preferred Hospital _____

Shirt Size: _____ Waist Size: _____ Inseam: _____

Parent/Guardian Information

Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Primary Email: _____ Secondary Email (optional): _____

Emergency Contact (other than parent/guardian)

Name: _____ Relationship to Camper: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Number: _____ Secondary Contact Number: _____

Indemnification and Liability Waiver: I acknowledge that participating in leadership camp activities is potentially hazardous, including both known and unknown risks to the camper and that I have evaluated my child's physical and mental condition and deem him/her fit for participation in this camp. Risks associated include but are not limited to the following: falls, contact with other participants, effects of weather (heat, cold, humidity, rain), effects of terrain (poison ivy/oak, uneven surfaces, tripping hazards), effects of wildlife/insects (snakes, ticks, bees) and risks associated with paintball activities. I understand activities of the camp could include but are not limited to: land navigation, first aid, ropes and knots, weapons safety, paintball, leadership reaction courses, combatives, and games of strategy. For additional details on activities and the camp, visit the website at: LeadIntrepid.com. I consent and agree to a waiver of liability on the part of Intrepid if any injury should occur to my child even if due to negligence so long as it is not the result of willful misconduct on the part of Intrepid. I acknowledge that there are many risk factors outside of the control of Intrepid. I agree to indemnify and hold Intrepid harmless should any injury occur. This release extends to not only myself, but my heirs, assigns, and next of kin.

Emergency Treatment: I consent to allowing emergency medical personnel to be summoned for my child if needed and/or for my child to be transported to the hospital or other urgent care facility if deemed necessary by Intrepid. I agree that I am responsible to pay for all costs incurred for such treatment.

Photography: I understand that Intrepid will take pictures during the activities and that Intrepid retains the rights to the pictures including the option to use them for marketing purposes.

By signing below, I affirm that I am the parent or legal guardian of the child identified on this form and that I assume the risks associated with this camp and agree to the waiver of liability described herein. I also agree to pay the remaining tuition fee in full NLT 7 days prior to start date or risk forfeiting the training slot and payments received to date.

Signature of Parent/Guardian: _____ Date: _____

Please return to: Intrepid Leadership Group, LLC., 10906 Sun Ridge Road, Goshen, KY. 40026
Or email to: BullerK@LeadIntrepid.com