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Шайка-Лейка Волчий Хвост

Volchij Hvost

Michael Protsenko

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Blue Trolley

Delaware Water Gap KOA, 233 Hollow Road, East Stroudsburg, PA 18301

June 7, 2013 - June 9, 2013.

INFORMED CONSENT / LIABILITY RELEASE

- I understand and am fully aware of the fact that participation in the Event involves potential risk of injury.
- I understand and acknowledge that all of the program activities in this Event are strictly voluntary. I will participate in these activities to whatever degree I deem appropriate of my own free choice and only after due consideration of my own health, physical abilities and medical condition.
- I agree that I am solely responsible for my own participation and emotional well-being.
- I agree that I am fully responsible for well-being of all persons, whom I am the legal guardian for during the Event.
- I willingly and knowingly assume for myself and all persons whom I am responsible for, all risk of physical injury and emotional upset, which may occur during or after participating in any aspect of the Event.
- I agree to hold the Venue and the Event organizers harmless of any liability arising out of my participation in the Event.
- Should the Venue, Event organizers or any party acting on their behalf be required to incur attorney's fees, or any other costs to enforce this agreement, I agree to indemnify and hold the Venue, the Event organizers or any party acting on their behalf, harmless for all such fees and costs

On this day of _____, 2013, I, _____, of my own free will, have read, understand and acknowledge the risks and liability for myself and on behalf of all persons for who I am the legal guardian during the Event.

Participant Signature

Parent/Guardian Signature

Printed Parent/Guardian Name

31 Gadsen Place Apt 1F STATEN ISLAND, NY 10314 US

Address

City

State

Zip