

CAMPER INFORMATION

New Returning

Camper First Name _____ Camper Last Name _____ Age on June 1 _____

Camper Address _____ City _____ State _____ Zip _____

School _____ Grade (Fall '23) _____ Gender _____ T-Shirt Size (Youth): S M L Adult S. Adult M

Parent Name _____ Relationship to Child _____ Cell _____ Work Ph. _____

Parent Name _____ Relationship to Child _____ Cell _____ Work Ph. _____

EMERGENCY CONTACTS & AUTHORIZED ADDITIONAL PICK-UP

Name 1 _____ **Phone** _____ **Relationship to Camper** _____

Name 2 _____ **Phone** _____ **Relationship to Camper** _____

If someone else will be authorized to pick-up your child, please notify us at least one day in advance.

MEDICAL INFORMATION

Initial _____ In case of emergency I hereby give permission to any medical personnel selected by P.A.C. staff to secure treatment of my child. I understand and agree that it is my responsibility to provide accident and health insurance coverage for my child while enrolled at P.A.C.

Initial _____ I give permission for camp staff to apply or provide sunscreen to my child if deemed necessary by staff.

Health Insurance Company _____ Policy Number _____

Doctor _____ Phone _____ Dentist _____ Phone _____

List all medications currently taking, any allergies, & dietary restrictions: _____

Please use the Medication Authorization and Liability Release available online if your child requires prescribed medications during camp.

REGISTRATION

- Discounts: 1) Total registration fee for campers attending 3+ weeks is reduced by 10%. 2) Registration fee for the 2nd+ sibling(s) is reduced 10%. 3) Early Registration Discount.
- Extended Care: available from 3:00 - 4:00, based on demand. Please inquire at time of registration. **\$90/week.**
- Registration Instructions: check the week(s) you plan to attend. Complete the fee amount and applicable discounts.

	Session #/Date										
Cost per Week	\$450										
No. of Sessions	1	2	3	4	5	6	7	8	9	10	11
Discount, if applicable	6/10	6/17	6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
Total Registration Fee \$	_____										

Mail completed form and payment to: Pedal Adventure Camp | PO Box 460755 | Denver, CO 80246 **Make checks payable to:** Pedal Adventure Camp. We also accept CC, Venmo, Paypal, Zelle, Apple, Cash App and Square Pay. Please call 303.909.6889 with payment information.

ADDITIONAL INFORMATION

What are your child's strengths, how is she/he best motivated, what discourages her/him, what are her/his interests, etc.? _____

If this is your first time at P.A.C., how did you hear about us? _____

PARTICIPANT AGREEMENT

In consideration of my child being permitted to participate in events and activities (collectively, "Events") conducted and organized by Pedal Adventure Camps, LLC. ("P.A.C."), I hereby agree as follows:

1 RULES: I, and any and all of my participating children, agree to abide by all P.A.C. rules and policies (the "Rules"). Failure to abide by these Rules may result in dismissal from participation in any Events at any time without any entitlement to refund. These Rules may be found on our website www.pedaladventurecamps.com and are hereby incorporated by reference. Upon request, a physical copy of the P.A.C. Rules can also be made available to you. By signing below, you acknowledge you have read the Rules and agree to their terms.

2 REFUND & CREDIT POLICY: After April 15th, written request must be received four or more weeks prior to the registered session for a refund or credit of 60% of the registration fee. Prior to April 15, a \$40 administration cancellation fee is charged. No refunds or credits will be provided for cancellations or withdrawals occurring less than four weeks prior to the registered session. No refunds and/or credits will be granted for absences, dismissal, weather, or voluntary withdrawal from the camp, or for changes to the camp schedule or program deemed necessary by the Director.

3 IMAGES: Photographs and/or videos of my child may be used for promotional purposes by P.A.C., without compensation to me or my child; I may decline to have my child's image used in this manner through a written request.

4 EXPRESS ASSUMPTION OF RISK AND HOLD HARMLESS

AGREEMENT: I, individually and on behalf of any of my participating children, do acknowledge and recognize that camp activities, including but not limited to operating or riding a bicycle, are potentially hazardous and high risk activities that may require strenuous exercise. I understand that participation in these events and activities may expose my child to the inherent risk of injury, death and or property damage. I fully understand that P.A.C. may take my participating children on bicycle routes and paths that could expose my child to automobile and foot traffic that could result in accidents and injuries, and I acknowledge that these risks of injury or death to my child cannot be removed or eliminated with respect to the activities and events. I represent that to the best of my knowledge, my participating children have no medical, physical and/or emotional health condition that could hinder or prevent her/his active participation in the activities or events in any way whatsoever. I, individually and on behalf of my spouse and participating children, acknowledge, understand and accept the risks of bodily injury related to the Events.

I, INDIVIDUALLY AND ON BEHALF OF MY SPOUSE AND PARTICIPATING MINOR CHILDREN, DO KNOWINGLY AND FREELY ASSUME ALL RISKS, BOTH KNOWN AND UNKNOWN, AND HEREBY AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS P.A.C., ITS OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS, OWNERS OF PROPERTY USED OR LEASED BY P.A.C. AND ANY OF ITS REPRESENTATIVES OR AGENTS (COLLECTIVELY, THE "PAC AFFILIATES"), FROM AND AGAINST ALL LIABILITIES, DEMANDS, CLAIMS, COSTS, LOSSES, DAMAGES, RECOVERIES, EXPENSES OR SETTLEMENTS, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY (INCLUDING, BUT NOT LIMITED TO, DAMAGE TO THE BICYCLE AND OR EQUIPMENT I PROVIDE TO MY CHILDREN FOR USE IN THE EVENTS) ASSOCIATED WITH THE PRESENCE OR PARTICIPATION OF MY CHILDREN IN THE EVENTS, AND ARISING FROM ANY ACTION OR OMISSION OF P.A.C. AND/OR PAC AFFILIATES, WHETHER OR NOT ARISING FROM THE NEGLIGENCE OF P.A.C. AND/OR PAC AFFILIATES, AND WHETHER OF NOT DUE TO (A) USE OF ANY P.A.C. FACILITIES OR EQUIPMENT, WHETHER OR NOT SUCH FACILITIES AND EQUIPMENT MAY BE IMPROPERLY MAINTAINED OR MAY MALFUNCTION OR BREAK, (B) IMPROPER MAINTENANCE, OR (C) P.A.C.'s INSTRUCTION OR SUPERVISION.

5 LIMITATION OF LIABILITY, SMALL CLAIMS, ARBITRATION:

Notwithstanding any other provision hereof, neither P.A.C. nor any PAC Affiliate shall be liable for any loss, damage, or liability incurred by me or my children in connection with participation by my children in the Events, whether due to the negligence of P.A.C. or PAC Affiliates or otherwise, unless said claim is solely caused by P.A.C. or PAC Affiliates' gross negligence or willful misconduct. **IN NO EVENT WILL P.A.C. OR ANY PAC AFFILIATE BE LIABLE FOR ANY FORM OF SPECIAL, INCIDENTAL, INDIRECT, CONSEQUENTIAL, OR PUNITIVE DAMAGES OF ANY KIND (WHETHER OR NOT FORESEEABLE), EVEN IF INFORMED IN ADVANCE OF THE POSSIBILITY OF SUCH DAMAGES.** In no event shall P.A.C.s' liability exceed the amount paid to P.A.C. for participation by my child in the Event, irrespective of the cause of the loss, damage or liability. The parties agree that any and all disputes, claims or controversies arising out of or relating to this Participant Agreement, and or the participation of my children in any P.A.C. Events of \$5,000 or less (hereafter referred to as a "Controversy") shall be resolved in the small claims court in the City and County of Denver, Colorado. In the event of any Controversy in excess of \$5,000, said dispute will be resolved by way of binding arbitration pursuant to the terms of the Rules, which are hereby incorporated by reference.

6 EQUIPMENT AND PREPARATION:

I understand that while the state Colorado does not have helmet law, P.A.C. rules requires that children must wear an approved helmet at all times while riding a bicycle. The helmet must meet ASTM or CPSC standards ("Standards"). P.A.C. reserves the right to prohibit participation in any Event any registrant whose helmet does not appear to be in compliance with these standards or is in any way deficient, and that there will be no entitlement to refund or credit. I assume full responsibility for providing my child with a helmet that corresponds with P.A.C. and ASTM or CPSC standards; if P.A.C. personnel determine that my child's helmet is not in compliance with the Standards or is in any way deficient, I authorize P.A.C. to provide a new helmet for my child for which I will reimburse P.A.C. the full purchase price plus a \$10 convenience fee within five business days. P.A.C. will incur no liability if it does not provide a helmet pursuant to this Section or if my child's helmet does not comply with applicable law.

7 ACKNOWLEDGEMENT OF UNDERSTANDING:

I HAVE READ THIS PARTICIPANT AGREEMENT INCLUDING THE P.A.C. RULES AND THE EXPRESS ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT, FULLY UNDERSTAND ALL TERMS AND PROVISIONS OF THE AGREEMENT, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO A JURY IN THE EVENT OF ANY DISPUTE. I ACKNOWLEDGE THAT I AM SIGNING THIS PARTICIPANT AGREEMENT FREELY AND VOLUNTARILY, AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

I have read and agree to all the terms and conditions set forth above.

Parent/Guardian Signature: _____

Date: _____

PLEASE SIGN AND DATE THIS PAGE.

Mail with a check to Pedal Adventure Camp at the following address:

Pedal Adventure Camp LLC | PO Box 460755 | Denver, CO 80246

staff use

Date Rec'd _____ Amt Due \$ _____ Amt Rec'd \$ _____ Due Date: _____ Check # _____