

Extreme Mobility Camps, Inc.
3578 Claridge Court
Simi Valley, CA 93063
805-501-7231
xmocamps@gmail.com

CONSENT & RELEASE:

Please read the following carefully prior to signing. Your application will not be accepted without your signature and/or that of your legal guardian or parent.

TRANSPORTATION TO/FROM DENVER INTERNATIONAL AIRPORT IS YOUR RESPONSIBILITY.

I release Extreme Mobility Camps, Inc., its management, staff & volunteers from liability in case of accident or illness and do further indemnify and hold harmless such entities and persons from such claim.

In case of a medical emergency, I hereby give permission to the physician selected by the director or healthcare personnel to secure proper treatment and/or to hospitalize as deemed necessary.

I understand that the participant may be photographed, videotaped, and/or interviewed for use in news media, publications, website, or promotional. I consent for Extreme Mobility Camps, Inc. to use all photographs, quotes, and recordings.

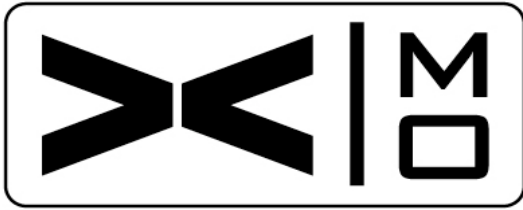
My primary care medical person has signed the medical information.

All information is correct to the best of my knowledge.

If I am accepted to camp, I agree to cooperate with the staff & volunteers at Winter XMOGames at all times.

I agree to comply with all rules and regulations. I also agree that I will not engage in any illegal or prohibited activities.

I understand that use of tobacco products; illegal drugs, alcohol, firearms, explosives and sexual promiscuity are not permitted.



Extreme Mobility Camps, Inc.
3578 Claridge Court
Simi Valley, CA 93063
805-501-7231
xmocamps@gmail.com

CONSENT & RELEASE CONTINUED:

Further, I understand that failure to comply with any and all rules of camp will be reason for expulsion from camp at the discretion of the camp directors. Any additional expense will be charged to the participant.

Signature: _____ Date: _____
Participant

Printed Name: _____

If participant is a minor (under 18):

Signature of parent/guardian: _____