

PITCAIRN CAMP B

2024 INFORMATION

- CAMP SITE:** LAUREL HILL STATE PARK, **GROUP CAMP #8**, 2329 LAUREL HILL PARK ROAD, SOMERSET, PA 15501
- AGES:** 7 TO 16
- CAMP DATES:** **SUNDAY, JUNE 16, 2024, TO FRIDAY, JUNE 21, 2024**
- ARRIVAL:** SUNDAY, JUNE 16, 2024 - 2:00 P.M. – 3:00 P.M.
[NO EARLY CHECK-IN – Gate Opens at 2:00 P.M. Please, arrive by 3 P.M.]
- COUNSELORS ONLY (Ages 14-16) will be expected to report to camp Saturday, June 15 at 10 A.M. for set-up of camp.**
- DEPARTURE:** FRIDAY, JUNE 21, 2024
[PLEASE REPORT NO EARLIER THAN 5:30 PM FOR PICKUP]
6:00 P.M. – CAMP INSPECTION & CLOSING PROGRAM
7:00 P.M. – CHECK-OUT
PARENTS ARE NOT PERMITTED TO VISIT CAMP DURING THE WEEK!
- DONATION:** WE ARE ASKING THAT THE FAMILY OF EACH CAMPER DONATE:
AT LEAST 24 - 8 OZ. BOTTLES OF GATORADE
- EMERGENCY TELE. NO.'S:** GROUP CAMP #8 – (814) 352-8163
IF NO ANSWER ABOVE – RANGER'S OFFICE – (814) 445-7725
- REGISTRATION:** **[SUNDAY, JUNE 2, 2024, 6:00 P.M. – 7:00 P.M.]**
PITCAIRN ITALIAN CLUB, 620 8TH STREET, PITCAIRN
- QUESTIONS:** CAMP DIRECTOR - J.J. HARTIN - (412) 726-4176
ASST. CAMP DIRECTOR – ZACK HARTIN - (412) 576-1520
SECRETARY - GARRET SCHMIDT - (724) 396-4396
- EARLY REGISTRATION:** CONTACT GARRET SCHMIDT TO MAKE ARRANGEMENTS.
PLEASE RESERVE THIS ONLY IF YOU CANNOT LEGITIMATELY MAKE IT TO REGISTRATION. (FOR EXAMPLE, OUT OF TOWN FOR VACATION.)
- REGISTRATION FEE:** \$150.00 – CHECKS PAYABLE TO: PITCAIRN CAMP “B”, INC.
PLEASE NOTE THAT WE NOW ACCEPT “CREDIT OR DEBIT CARDS”.
IF YOU WOULD LIKE TO USE CREDIT OR DEBIT CARD
PLEASE CALL MICHAEL CONDRASKY (412) 759-6145.
- PHYSICALS:** THE COMMONWEALTH OF PENNSYLVANIA REQUIRES CAMPERS TO HAVE A PHYSICAL EXAMINATION, PLEASE HAVE YOUR FAMILY PHYSICIAN/MEDEXPRESS COMPLETE THE ATTACHED FORMS BEFORE REGISTRATION.
- CAMP LIMIT:** 100 APPLICATIONS!

2024 CAMPER PACKING LIST

1 SLEEPING BAG
1 FOAM MATTRESS

*** TO INCLUDE A BLANKET FOR UNDERNEATH MATTRESS**

*** INFLATIBLE MATTRESSES ARE PROHIBITED!**

*** EVERYONE MUST BRING THEIR OWN MATTRESS!**

1 PILLOW

2 JACKETS OR HOODIES

*** DAILY CHANGES OF CLOTHES TO INCLUDE:**

8 SETS OF SHORTS & T-SHIRTS

2 PAIR OF LONG PANTS

2 PAIR OF SWEATPANTS & SWEATSHIRTS

1 RAINCOAT OR PONCHO

1 SET OF SLEEPWEAR

8 PAIR OF UNDERWEAR

8 PAIR OF SOCKS

2 PAIR OF SHOES PLUS

1 PAIR OF "OLD" SHOES FOR THE CREEKIN'

1 FLASHLIGHT

1 SWIM SHIRT TO PREVENT SUNBURN

1 X-LARGE GARBAGE BAG FOR "DIRTY CLOTHES"

3 TOWELS

1 BEACH TOWEL

2 WASH CLOTHES

CARRY ALL BAG FOR DAILY HYGIENE:

1 TOOTHPASTE

1 TOOTHBRUSH

1 MOUTHWASH OR DENTAL FLOSS

1 BAR OF SOAP/BODY WASH

1 SHAMPOO

1 DEODORANT

1 COMB OR BRUSH

1 SPRAY-ON SUNSCREEN

1 BASEBALL OR MISC. HAT

1 PAIR OF FLIP FLOPS

1 PAIR OF SWIMMING SHOES

1 SWIMSUIT

1 SMALL DAY PACK FOR BUS TRIPS

- PLEASE USE A PERMANENT MARKER TO WRITE YOUR CHILD'S INITIALS ON ALL CLOTHING AND PERSONAL ITEMS.

PERMISSIBLE ITEMS:

BOOKS & MAGAZINES
SMALL ELECTRONIC GAMES

CANDY, SNACKS, COOKIES, ETC.
MISC. SWIMMING EQUIPMENT

CAMP "B" SHALL NOT BE FINANCIALLY RESPONSIBLE FOR ANY LOST, STOLEN OR DAMAGED ITEMS BROUGHT TO CAMP!

NON-PERMISSIBLE ITEMS:

POP, JUICE OR ANY OTHER TYPE OF LIQUID BEVERAGE
FIREWORKS
NON-PRESCRIPTION DRUGS
ALL FORMS OF TOBACCO
MONEY (EXCEPT COUNSELORS)
VAPES

MATCHES & LIGHTERS
JEWELRY
ALCOHOL
PORNOGRAPHIC MATERIALS
KNIVES/FIREARMS/HARMFUL WEAPONS
CELL PHONES

PITCAIRN CAMP "B" STAFF SHALL RETAIN THE RIGHT TO CONDUCT RANDOM SEARCHES OF PERSONAL ITEMS. IF YOUR CHILD HAS ANY "NON-PERMISSIBLE ITEMS" ON HIS POSSESSION, THESE ITEMS WILL BE IMMEDIATELY CONFISCATED AND HE MAY BE SENT HOME! CAMP B IS NOT RESPONSIBLE FOR ANY ILLEGAL ACTIVITIES AS A RESULT OF ANY ELECTRONIC DEVICES IN CAMP.

2024 CAMPER REGISTRATION

FIRST YEAR CAMPER REQUEST ONLY:

WE WILL HONOR THE REQUEST OF "FIRST YEAR CAMPERS" IN ASSIGNING A BROTHER AND/OR FRIEND TO THE SAME CABIN. **IF YOUR CHILD HAS ATTENDED CAMP IN THE PAST, DO NOT ASK! REQUEST ONE NAME ONLY!**

NAME _____ / ____ / ____
(FIRST) (MIDDLE) (LAST) (AGE) (D.O.B)

PLEASE CIRCLE ONE OF THE FOLLOWING "T-SHIRT" SIZES:

YOUTH SIZES: SMALL MEDIUM LARGE

MEN'S SIZES: SMALL MEDIUM LARGE XL 2XL

WE WILL HAVE AN ANCIENT GREEK OLYMPICS THEME THIS YEAR. PRIZES WILL BE AWARDED. BRING ITEMS TO DECORATE YOUR CABIN.

- * PITCAIRN CAMP "B" DOES NOT DISCRIMINATE AGAINST ANY CAMPER DUE TO RACE, COLOR, CREED, RELIGION, OR NATIONAL ORIGIN!
- * PITCAIRN CAMP "B" DOES RETAIN THE RIGHT TO REJECT ANY CAMPER REGISTRATION FOR VALID REASONS!
- * PITCAIRN CAMP "B" RESERVES THE RIGHT TO SEND ANY CAMPER/COUNSELOR HOME FROM CAMP DUE DISCIPLINARY PROBLEMS OR RULES VIOLATIONS!
- * PITCAIRN CAMP "B" MEMBERS HAVE COMPLETED THE PENNSYLVANIA STATE CRIMINAL RECORD CHECK & CHILD ABUSE HISTORY CLEARANCE FORMS!

WE WILL HAVE A DAY TRIP OUTSIDE OF CAMP. PLEASE PROVIDE YOUR SON WITH \$20 SPENDING MONEY. THIS WILL BE HANDED IN AT CHECK-IN ON THE FIRST DAY OF CAMP, AND STAFF WILL HOLD IT UNTIL THE TRIP.

2024 PARENTAL APPROVAL & ZERO TOLERANCE POLICY

I/WE HEREBY CERTIFY THAT I/WE KNOW AND APPROVE OF PITCAIRN CAMP "B" INC., ITS CAMPING PROGRAM, ACTIVITIES, AND DAY BUS TRIPS FROM CAMP. I/WE HEREBY AGREE TO PERMIT MY/OUR SON TO ATTEND CAMP UNDER THE SUPERVISION OF THE PITCAIRN CAMP "B", INC. AND ITS STAFF WHICH INCLUDES OFFICERS, LIFE, ACTIVE, PROBATIONARY & JUNIOR MEMBERS AND GUESTS.

I/WE INTEND TO BE LEGALLY BOUND AND HEREBY AGREE TO RELEASE AND HOLD HARMLESS PITCAIRN CAMP "B", INC., IT'S OFFICERS AND MEMBERS IN THEIR OFFICIAL CAPACITY AND AS INDIVIDUALS & THE COMMONWEALTH OF PENNSYLVANIA-DCNR FROM ANY AND ALL CLAIMS, LAWSUITS AND MEDICAL COSTS ARISING OUT OF INJURY OR ILLNESS TO MY/OUR SON. I/WE HEREBY AGREE TO RELEASE AND HOLD HARMLESS ANY STAFF MEMBER AS AN INDIVIDUAL THAT MAY ADMINISTER "FIRST AID" TO MY/OUR SON.

I/WE CURRENTLY HAVE ENFORCE AND WILL CONTINUE TO MAINTAIN THROUGHTOUT THE CAMP WEEK AN ADEQUATE MEDICAL INSURANCE POLICY TO COVER MY/OUR SON IN THE EVENT OF INJURY OR ILLNESS. I/WE HEREBY AGREE TO SUBMIT ANY INJURY OR ILLNESS MEDICAL CLAIMS OF MY/OUR SON TO MY/OUR INSURANCE PROVIDER LISTED BELOW. I/WE HEREBY AGREE TO ASSUME ANY DEDUCTIBLE AND ALL COSTS PERTAINING TO THIS INJURY OR ILLNESS FROM THIS MEDICAL INSURANCE CO. I/WE HEREBY AGREE TO ASSUME THE COST OF MEDICATION PURCHASED ON BEHALF OR MY/OUR CHILD.

I/WE HEREBY CONSENT TO PERMIT OUR SON TO BE TRANSPORTED TO THE NEAREST MEDICAL FACILITY IN THE EVENT OF OUR SON NEEDING MEDICAL TREATMENT.

IF I/WE ARE UNABLE TO BE IMMEDIATELY NOTIFIED OF MY/OUR SON NEEDING EMERGENCY MEDICAL TREATMENT DURING THE CAMP WEEK, I/WE HEREBY INTENDING TO BE LEGALLY BOUND DO HEREBY CONSENT TO PERMIT MY/OUR SON TO BE TRANSPORTED TO THE HOSPITAL, ALLOW THE HOSPITAL TO RENDER SUCH MEDICAL TREATMENT NECESSARY TO INCLUDE ADMISSION, MEDICATION, SURGERY, ANESTHESIA, ETC. THIS MEDICAL TREATMENT WILL HOWEVER BE WITH THE CONSENT OF A DOCTOR AT THE HOSPITAL.

I/WE HEREBY PERMIT OUR SON TO BE PHOTOGRAPHED AT CAMP AND THAT THESE PHOTOS MAY APPEAR ON THE CAMP "B" WEBSITE AND PROMOTIONAL MATERIALS.

PITCAIRN CAMP "B", INC. WILL IN FORCE A "ZERO TOLERANCE POLICY" THROUGHOUT THE CAMP WEEK THAT IS APPLICABLE TO ALL COUNSELORS & CAMPERS, PARENTS PLEASE READ AND EXPLAIN TO THE FOLLOWING TO YOUR SON!

ZERO TOLERANCE MEANS: ABSOLUTELY NO OFFENSIVE LANGUAGE, NO OFFENSIVE BEHAVIOR, NO BULLYING, NO HAZING, NO BEHAVIOR THAT THE OFFICERS FEEL MAY BE DEEMED HARMFUL TO ANY CAMPER OR COUNSELOR WILL BE TOLERATED! IF YOU ARE FOUND IN VIOLATION OF THIS POLICY OR ANY OTHER CAMPER OR COUNSELOR RULES YOU WILL RECEIVE A PENALTY FROM THE OFFICERS. THE OFFICERS WILL DETERMINE THE SEVERITY OF THE PENALTY WHICH MAY INCLUDE IMMEDIATE EXPULSION FROM CAMP AND IN FUTURE YEARS. PITCAIRN CAMP "B", INC. STRIVES TO PROVIDE A FUN-FILLED WEEK FOR ALL CAMPERS/COUNSELORS. IF YOU COMPLY WITH THIS POLICY AS WELL AS THE OTHER CAMPER/COUNSELOR RULES, YOU WILL ENABLE US TO HAVE A GREAT WEEK.

SON'S NAME

GUARDIAN'S SIGNATURE

Zero Tolerance Policy CAMPER'S SIGNATURE:

DATE:

2024 EMERGENCY MEDICAL INFORMATION

NAME _____ / ____ / ____
(FIRST) (MIDDLE) (LAST) (AGE) (D.O.B)

ADDRESS _____
(NO. & STREET) (TOWN/CITY) (STATE) (ZIP CODE)

PRIMARY CONTACT: _____
(PHONE #) (NAME) (RELATIONSHIP TO CHILD)

2ND CONTACT: _____
(PHONE #) (NAME) (RELATIONSHIP TO CHILD)

3RD CONTACT: _____
(PHONE #) (NAME) (RELATIONSHIP TO CHILD)

**CHECK THE NAME OF YOUR MANAGED CARE PLAN AND FILL IN THE ID NUMBERS:
PLEASE BE SURE TO COMPLETE!**

- Gateway (United Concordia) ID # _____
- UPMC for You (AVESIS) ID # _____
- United Healthcare Community Pla/Unison ID # _____
- Highmark Blue Chip ID # _____ Group # _____

PARENTS – PLEASE ANSWER THE FOLLOWING QUESTIONS

DOES YOUR CHILD HAVE ANY ALLERGIES? YES OR NO
(IF YES, PLEASE LIST ALL ALLERGIES AND WHAT TYPE OF REACTION OCCURS)

ALLERGY: _____ REACTION: _____
ALLERGY: _____ REACTION: _____

IS YOUR CHILD IN GOOD HEALTH? YES OR NO

DOES YOUR SON SUFFER FROM? (PLEASE CIRCLE ANY THAT APPLY)

DIABETES ----- HEART DISEASE ----- CANCER ----- SEIZURE DISORDER ----- COMMUNICABLE DISEASES ----- ASTHMA
STOMACH PROBLEMS ----- MENTAL DISORDER ----- SOCIAL DISORDER ----- PULMONARY DISORDER

**IF YOU CIRCLED ANY OF THE ABOVE, PLEASE GIVE A BRIEF EXPLANATION TO INCLUDE YOUR CHILD'S
DIAGNOSIS, MEDICATION AND ANY SPECIAL NEEDS WHILE AT CAMP:**

IS YOUR CHILD AT HIGH RISK FOR ANY OF THE FOLLOWING? (PLEASE CIRCLE ANY THAT APPLY)

SUNBURN POISON IVY SORE THROAT
STOMACH CRAMPS HOMESICKNESS

DOES YOUR CHILD HAVE ANY PHYSICAL OR SENSORY LIMITATIONS? (PLEASE CIRCLE ANY THAT APPLY)

POOR EYESIGHT HEARING LOSS SPRAIN, STRAIN OR FRACTURE TO ANY
OTHER _____ EXTREMITIES

**WILL YOUR CHILD BRING EYEGASSES/CONTACTS, HEARING AIDS, SPLINTS OR ANY OTHER NECESSARY
DEVICES TO CAMP? _____**

WILL YOUR CHILD NEED TO TAKE ANY MEDICATIONS WHILE AT CAMP? YES OR NO
(IF YES, PLEASE HAVE THE PHYSICIAN LIST THEM ON THE BACK OF THIS FORM)

PLEASE LIST ANY CONDITION THAT WILL LIMIT YOUR CHILD FROM PARTICIPATING IN ACTIVITY WHILE AT CAMP:

2024 PHYSICAL EXAMINATION
TO BE COMPLETED BY PHYSICIAN ONLY!

NAME _____

THE ABOVE-NAMED CHILD WILL BE ATTENDING A WEEKLONG CAMP CONSISTING OF
PHYSICAL & SPORTS ACTIVITIES, SWIMMING, ETC.

PLEASE GIVE THIS CHILD A PHYSICAL EXAMINATION. LIST ANY ABNORMALITIES OR
SPECIAL NEEDS THAT THE CAMP MEDICAL STAFF SHOULD BE MADE AWARE OF TO PROVIDE
PROPER CARE AND TREATMENT.

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

CIRCLE IF ABNORMAL:

GROWTH DEVELOPMENT	EARS	NOSE	HEART	SKIN
MUSCULO SKELETAL	TEETH	TONSILS	GLANDS	EYES
THROID	LUNGS	HEAD	NECK	HERNIA
GENITALIA	G.I.			
OTHER:	_____			

EXPLANATION OF ABNORMALITY: _____

DIET OR ACTIVITY RESTRICTIONS: _____

MEDICATIONS:

NAME:	DOSAGE:	SCHEDULE:
_____ /	_____ /	_____
_____ /	_____ /	_____
_____ /	_____ /	_____

PHYSICIAN'S COMMENTS _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME _____

ADDRESS _____

TELE. NO. _____ **DATE** _____

Knockerball Customer Release of Liability, Assumption of Risk and Indemnity and Hold Harmless Agreement

In consideration of being permitted by Knockerball Run, LLC hereby referred to as "Knockerball" to participate in its activities and to use its equipment and facilities ("Knockerball Activities") to the fullest extent allowed by law, I hereby agree to fully release, defend, indemnify and hold harmless Knockerball its/their agents, employees, volunteers, owners, managers, members, shareholders, directors, partners, manufacturers, participants, lessors, franchisors, affiliates, parent companies, subsidiaries, suppliers, related and affiliated entities, successors and assigns, including but not limited to AFN Sports, LLC, an Illinois limited liability company and Fan Sports, LLC, an Illinois limited liability company, and all other participants in Knockerball Activities (collectively, "RELEASED PARTIES") on behalf of myself, my spouse, my minor children, wards, relatives or other persons under my care, and/or other persons brought with me to participate in Knockerball Activities ("persons under my care") and my parents, next of kin, my heirs, assigns, personal representatives and estate (collectively "RELEASING PARTIES").

To the fullest extent allowed by law, I, on my own behalf and on behalf of the RELEASING PARTIES release the RELEASED PARTIES from any claim brought against any or all of the RELEASED PARTIES by me or by any of the RELEASING PARTIES and I agree to defend, indemnify and hold harmless the RELEASED PARTIES for all costs and expenses, including but not limited to all legal fees incurred by the RELEASED PARTIES in defending any claim brought against any or all of the RELEASED PARTIES by me or by any of the RELEASING PARTIES arising out of my use, or the use of any of the Releasing Parties, of Knockerball equipment or arising out of my participation or the participation of any of the RELEASING PARTIES in Knockerball Activities and further agree to pay the full amount of any judgment, award or verdict that might be entered against any of the RELEASED PARTIES and/or in favor of any or all of the RELEASING PARTIES.

I understand and acknowledge that participation in Knockerball Activities and/or use of Knockerball equipment entails known and unknown risks that could result in physical or emotional injury, paralysis, death, or damage to myself or to other persons or to property. I fully understand that the risks inherent in engaging in Knockerball Activities cannot be fully eliminated without compromising the essential qualities of the activity associated with Knockerball Activities.

These risks of engaging in Knockerball Activities include, without limitation, the risk of cuts and bruises, and far more serious risk of injury, paralysis or death including without limitation the following: participants sometimes bump into each other or to objects in or near the area of play, sprain or break wrists and ankles, and can suffer debilitating permanent injuries, including partial or complete paralysis, head and brain injury and death. Serious injury and death can occur to those standing and observing Knockerball Activities. Traveling to and from Knockerball Activities locations raises the possibility of accidents. Multiple Knockerball players playing at the same time can create a rebound effect and increase the risk of serious injury or death. Flipping and/or running and/or bouncing off other participants or other objects are dangerous and can cause serious injury or death and must be done at the participant's own risk. Spectators who are not participating directly in Knockerball Activities can cause or contribute to incidents or accidents and serious personal injury or death. I acknowledge that I, or my minor child, ward, spouse, or other persons under my care could require substantial medical assistance at significant expense to me or to others responsible for medical care and treatment of me or my child, ward, spouse, or other persons under my care.

I acknowledge that Employees of Knockerball ("Employees or Agents or Volunteers") cannot ensure or guarantee my safety or the safety of any participant in Knockerball Activities. Employees or Agents or Volunteers may be unaware of a participant's fitness or ability. Further, some participants may not heed the safety precautions provided to all participants. Further, equipment may become loose, out of adjustment, or malfunction and that may not be known or observed by Employees or Agents or Volunteers prior to the occurrence of an injury or death. There is also the risk that Employees or Agents or Volunteers may not observe behavior of participant(s) that increases the risk of injury or death to the participant(s) or to others, including me, my minor child, ward or other persons under my care. I acknowledge and understand that engaging in Knockerball Activities is strenuous and may not be appropriate for all participants. This Release, Assumption of Risk and Indemnity and Hold Harmless agreement, to the fullest extent permitted by law, shall include without

limitation claims arising out of allegations of negligent, willful and wanton and/or reckless acts or omissions by Knockerball and/or its Employees or Agents or Volunteers or participants or spectators including without limitation allegations of inadequate supervision by Employees or Agents or Volunteers.

After being fully informed of the above, I, on my own behalf and, to the fullest extent allowed by law, on behalf of all RELEASING PARTIES expressly agree and promise to accept and assume all of the risks inherent to and existing in engaging in Knockerball Activities including without limitation risks involving the use of Knockerball equipment and other equipment provided by Knockerball or others; and I voluntarily elect to participate and/or to allow my minor child, ward or other persons under my care to participate in all activities and use all equipment offered or provided by Knockerball.

As further consideration of being permitted by Knockerball to participate in Knockerball Activities and to use Knockerball equipment and facilities, and/or to allow my minor child, ward or other persons under my care to participate in Knockerball Activities and to use its equipment and facilities, I hereby grant to Knockerball the irrevocable right and permission to photograph or video tape (or to use any similar medium) to record me and/or my child, ward or other persons under my care for all purposes, including advertising and promotional purposes, in any manner and in any and all media now or hereafter known, in perpetuity,

throughout the world without restriction as to alteration. I waive the right to inspect or approve the use of any such photograph or recording.

To the extent that any portion, clause or aspect of this Release of Liability, Assumption of Risk, Indemnity and Hold Harmless Agreement is found to be invalid, void or unenforceable, all other portions, clauses or aspects of this Agreement shall remain in full force and effect.

In the event a lawsuit or counterclaim is filed on my own behalf or on behalf of my minor child, ward or other persons under my care, I expressly agree that venue shall be proper exclusively and only in DuPage County, Illinois or in the Federal Court of the Northern District of Illinois, Eastern Division. I further agree that Illinois law shall apply to any lawsuit or counterclaim brought on my own behalf or on behalf of my minor child, ward or other persons under my care, without consideration of choice of law or conflict of law rules. I HEREBY WAIVE ANY RIGHT TO A TRIAL BY JURY AND AGREE THAT ANY ACTION IN THE STATE COURT OR FEDERAL DISTRICT COURT SHALL BE TRIED BY A JUDGE IN A BENCH TRIAL.

I have read the above and fully understand the terms of this Release of Liability, Assumption of Risk and Indemnity and Hold Harmless Agreement and I have either consulted an attorney or elected not to do so. By signing this document, I acknowledge that if anyone is injured or killed, or if property is damaged during my participation in any Knockerball Activities or during the participation of my minor child, ward or other persons under my care, I may be or will be found by a court of law to have waived all right to maintain suit against Knockerball or any of the RELEASED PARTIES and/or that I may or will be found to be fully responsible for all attorney fees and all other costs incurred by Knockerball and/or any of the RELEASED PARTIES and/or that I may or will be found personally liable for any judgment, award or verdict entered against Knockerball and/or any of the RELEASED PARTIES.

UNDERSTANDING THAT THERE EXIST KNOWN AND UNKNOWN DANGERS OF SERIOUS INJURY AND DEATH ASSOCIATED WITH THE ACTIVITIES PROVIDED BY KNOCKERBALL, SOME OF WHICH ARE REFERENCED ABOVE, I CHOOSE TO PARTICIPATE IN ALL ACTIVITIES OFFERED OR PROVIDED BY KNOCKERBALL AND/OR TO ALLOW MY MINOR CHILD, WARD OR OTHER PERSONS UNDER MY CARE TO PARTICIPATE IN ALL KNOCKERBALL ACTIVITIES OFFERED OR PROVIDED BY KNOCKERBALL AT MY OWN RISK PURSUANT TO THE TERMS OF THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AND HOLD HARMLESS AGREEMENT.

Participant Name

Birth Date

IF THE PARTICIPANT IS A MINOR, Print Name of Parent or Legal Guardian of Minor

Signature

Today's Date

WE ARE NOT RESPONSIBLE FOR DAMAGE TO PERSONAL ITEMS NOT REMOVED BEFORE PLAYING INCLUDING GLASSES, JEWELRY, PHONES, ETC.,