LV CAMPS LLC

Participant Consent and Release Form

Participant Information:						
Name:		Grade:	Age:	Date of Birth: _		
Address:						
Phone Number:	Er	mail:				
mergency Contact: Relationship:						
Primary Phone Number:	Secondary Phone Number:					
Camp Attending (circle one):	Baseball	Agilities	Basketb	all Football	Softball	
	Pre-K Soccer	Pre	e-K Baseball	Pre-K Basketba	ll Pre-K Ag	gility
Shirt Size:						
• I assume all risks of my invol and personal representatives, damages, suits, fees, or expens arising out of or resulting from	release and fore ses, including cla	ver discharge ims for deatl	e the LV Cam h, personal ir	ps LLC, from and	against any liabi	ility, claims,
• I understand that fitness train of benefit that may or may not		actors and th	at no predict	ions or guarantee	e can be made a	bout the level
• I hereby authorize the LV Ca participation. These images ar	· -	•			and videos of m	ne during my
• I understand that I can ask th	nat any photogra	phs and vide	eos can be sto	opped at any time	<u>.</u>	
• I understand the terms of th guardian of the above-named		elease, I cert	ify that I am	18 years of age o	r older or that I	am the legal
Signature:			Date:			
Payment Type Accepted:	Cash Check	Venmo Ze	elle (credit	card coming soon)	
Office Use Only:						
Camp:						
Dates:						
Payment Due:		Pay	yment Type:	Cash Check	Venmo Zelle	
Nate Paid:						