



ENTREPRENEURIAL TALENTED TEEN CAMP APPLICATION

APPLICANT INFORMATION

Name:

Current address:

City:

State:

ZIP Code:

Cell Phone:

E-mail:

Home Phone:

Male Female *(circle one)*

Date of birth:

HIGH SCHOOL

H.S. Name:

Grade level for 2011-2012:

EMERGENCY CONTACT

Name::

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

BIOGRAPHY

Please list any extra-curricular activities or community service in which you have been involved. Include any awards or honors that you may have received. Tell us about your dreams and plans.

Extra-curricular activities:

Community service:

What are your plans for the future? Dream jobs?

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WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ANY WAY, I hereby:

1. Acknowledge that I am familiar with and understand the rules governing the weekend activities at Mensch Mill Conference Center, hosted by SIFE of Kutztown University and Pacem In Vita Institute. I will follow the rules and focus on safety at all times.
2. Acknowledge and fully understand that videotaping and photographing will be taking place throughout the weekend event at all activities. I give permission for any videotape or photograph to be shown and used for promotional purposes in any format; print, electronic, posters, etc.
3. Acknowledge and fully understand that I may be engaging in activities that might result in serious injury; including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction, or negligence of others. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the event, I assume risk and accept personal responsibility for the damages following such injury, permanent liability or death. I will know engage in activities that are beyond my capabilities or that might in any way be injurious to my health.
5. Release, waiver and discharge and covenant not to sue any of the organizing members or sponsoring organizations, their affiliated clubs, their respective administrators, directors, agents, teachers, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent injury and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY AGREEING TO IT, AND KNOWING THIS, AGREE TO IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON MY OWN FREE WILL .

SIGNATURES

Signature of applicant:

Date:

Signature of parent or guardian:

Date:

Application form must be received before March 15, 2012. Form may be faxed to (610) 689-8083, or sent in the postal mail to Pacem In Vita/SIFE KU, PO Box 564, Douglassville, PA 19518.

Application may also be hand delivered to Dr. CJ Rhoads, 204F deFrancesco Building, Kutztown University, Kutztown, PA 19530. Call 610-683-4703 with questions.