

The Achievement Adventure: June 4-8, 2018
PARTICIPANT REGISTRATION FORM

(Please Print)

Today's date:							
PARTICIPANT INFORMATION							
Participant's last name:		First:	Middle:			Grade Level (circle one): Elementary / Middle / High	
Do you have allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergies:		Other Allergies:		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				Home phone no.: ()			
P.O. box:		City:		State:		ZIP Code:	
County:		School attended most recently:			T-Shirt Size: Youth S M L Adult S M L XL XXL		
Referred to The Achievement Adventure by (please check one box):				<input type="checkbox"/> Dr.		<input type="checkbox"/> Resource Fair	<input type="checkbox"/> Therapist
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Web Site		<input type="checkbox"/> Flier		<input type="checkbox"/> Other	
Other family members attending:							

PARENT/GUARDIAN INFORMATION					
(Please fill out completely.)					
Name(s):		Address (if different):		Home phone no. / Cell phone no.: ()	
				()	
Occupation:	Employer:	Employer address:		Employer phone no.: ()	
IN CASE OF EMERGENCY					
Name of local friend or relative (not living at same address):			Relationship to participant:	Home phone no.: ()	Work phone no.: ()
<p>The above information is true to the best of my knowledge. I agree that the staff of The Achievement Adventure, or any agents of such shall not be held responsible in any way for damage or injury to my person or property or my child's person or property. I also grant my permission to the staff of The Achievement Adventure or agents of such to render first aid or seek medical attention as may be deemed necessary in the event I or my child become ill or injured.</p>					
<hr/> <i>Parent/Guardian signature</i>				<hr/> <i>Date</i>	

Horse Time, Inc.
Covenant Not To Sue, Waiver of Liability, Release,
INDEMNIFICATION AGREEMENT, AND CONSENT FORM

Under Georgia Law, an equine activity sponsor or equine professional is not liable for any injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

I, the participant or legal guardian of a participant in Horse Time, Inc. hereby give consent and approval to the participation of myself or the participation of my legal ward in any and all activities of the program (the "Activities"). I fully understand that my participation (or the participation of my legal ward) in the Activities poses risks of personal injury, property damage, death and/or other loss that may arise while I participate (or my legal ward participates) in the Activities. I assume all risk and hazards incidental to the conduct of the activities as well as transportation to and from all activities.

In consideration of my (or my legal ward) being allowed to participate in the Activities, I agree, on behalf of myself, my heirs, executors and administrators, not to sue and instead to release, indemnify, absolve and hold harmless Horse Time, Inc., Falconwood Farms, its owners, officers, employees, contractors, volunteers, representatives, and successors for all manner of claims, demands, and damages of every kind and nature whatsoever, expenses, settlements, losses, or expenses paid on account of, that arise as a result of, or in any way growing out of participation in the Activities, even if such liability or damage results from the sole negligence of Horse Time, Inc. or from any other cause.

The undersigned does hereby authorize Horse Time, Inc. and its staff and representatives to act on behalf of the undersigned client in providing and authorizing the provision of emergency medical services as deemed necessary by Horse Time, Inc. and its staff and representatives in their discretion. The undersigned acknowledges full responsibility for any charges associated with the rendering of such emergency services. I understand and agree that this document shall be construed according to the laws of the State of Georgia, and that the above-described covenant not to sue, waiver of liability, release, indemnification agreement and consent shall be as broad and inclusive as is permitted by the laws of the State of Georgia. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This release/authorization shall be effective during the period beginning on _____ and continuing through the period that the participant (client, student, or volunteer) is involved with Horse Time.

I, the undersigned, have read and understand the above statement.

If participant is a minor, parent/guardian must sign below:

Participant's Signature

I am the legal guardian of _____,
(Participant) and I hereby consent to his/her participation.
I have read, understand and hereby agree on behalf of
myself and Participant to the terms set forth above.

Printed Name

Parent/Guardian's Signature

Date: _____

Printed Name

Date: _____

Horse Time Photo Release

Please check/complete one or more of the options below:

____ I hereby give consent for _____
to be photographed, audiotaped, and/or videotaped in conjunction with official Horse Time
publicity, marketing, or academic presentations. I understand that I may withdraw consent for any
further photographs or taping but that photos or tapes already in existence may continue to be in
circulation for an indefinite period of time.

____ I hereby give consent for _____'s name to be
released for publicity, marketing, or academic presentations. I understand I may withdraw consent at
any time but that existing articles may still be in circulation for an indefinite period of time.

____ I hereby request that _____'s name not be
photographed or have their name released as described above.

Signature of client/volunteer: _____

Signature of parent or guardian, if applicable: _____

Date: _____

KARATE PARTICIPATION WAIVER



PARTICIPANT NAME: _____ DATE OF BIRTH: _____

PARTICIPATION WAIVER

I AGREE THAT KALEY MAXSON, LLC (DBA WORLDCLASS AMERICAN KARATE), THE FACILITY IN WHICH THEY TEACH, OR ANY AGENTS OF SUCH SHALL NOT BE HELD LIABLE OR RESPONSIBLE IN ANY WAY FOR DAMAGE OR INJURY TO MY PERSON OR PROPERTY.

I UNDERSTAND THAT THE MARTIAL ARTS ARE A CONTACT SPORT AND THAT ALL PARTICIPANTS MUST BE AWARE OF SAFETY FOR THEMSELVES AS WELL AS FOR OTHER PARTICIPANTS, INSTRUCTORS, OR BYSTANDERS.

I ALSO GRANT MY PERMISSION TO KALEY MAXSON LLC., THE FACILITY IN WHICH THEY TEACH, OR ANY AGENTS OF SUCH TO RENDER FIRST AID OR SEEK MEDICAL ATTENTION AS MAY BE DEEMED NECESSARY IN THE EVENT I OR MY CHILD BECOMES ILL OR INJURED.

PARTICIPANT (18 OR OLDER), PARENT, OR LEGAL GUARDIAN:

PRINT: _____ SIGN: _____ DATE: _____

Achievement Adventure 2018 Checklist

June 4-8, 9 am-12 pm

Please make checks payable to Horse Time, Inc.

Total due \$150 for first child, + \$75 for siblings
Deposits due upon application
Balance due by Sunday 5/27/2018

Mail Completed registration packet to:
3155 Mill Street
Covington, Georgia 30014

For Staff use only

-----Deposit, Check #, name, and amount

-----Paperwork checked and complete

-----Balance, check #, name, and amount