

His 956 Facility

Rider Information

Rider Name:	
Rider Birthdate:	
Class:	
Bike Brand:	Bike Size:
Bike #:	Gas Ratio:

Contact Information

Parent/Guardian Name:		
Address:		
City:	State:	Zip:
Email:		
Father's Work #:		
Mother's Work #:		
Health Insurance:		
Policy #:		
Name Of Primary Insured:		

Emergency Contact

Name:	Relationship:
Home #:	Work #:
Cell #:	

Medical Authorization

Rider's Name:
Rider's Birthdate:

Please list any significant health problems of which the chaperones should be aware of:

Does the rider have any allergies to food, prescription drugs, animals, etc? If so, please list them:

Please list all medications/dosage the rider will be taking during camp:

Medical Treatment Consent

Permission is hereby granted for Jerry or Tara Masterpool and/or chaperones who accompany His 956 Facility Camp to administer non-prescription medication for the relief of minor discomfort and/or to administer approved emergency first aid care as necessary.

Signature of Parent/Guardian: _____

Date: _____

I, _____, hereby authorize medical treatment, administration of anesthesia, and surgical treatment(s) for my child, _____, in the event a medical situation occurs and the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, as well as to any physician where treatment is rendered in the physician's office. I release from medical responsibility and liability the hospital, medical authorities, and the physician's acting on authority of this medical treatment consent form to give any care which is deemed necessary for my child.

Signature of Parent/Guardian: _____

Date: _____

Camper Name: _____

Dear Camper:

Your training at HIS 956 FACILITY is fast approaching!! We will be expecting you January 13th or January 14th.

Please print off this form and have your parent or guardian complete the following information and bring this form with you.

WAIVER

In consideration for my child being allowed at HIS 956 CAMP agree to hold harmless and release His 956 Facility, its directors, officers, employees, volunteers and agents from liability for any fault, mistake, negligence, or omission causing damage, loss, injury or death to me or my child (hereinafter referred to jointly as Damage) arising from my child’s attendance at the camps, including any damage arising from the provision of emergency medical treatment.

Parent/Guardian Signature: _____

Date: _____

Student Signature: _____

Date: _____

PHOTOGRAPH/VIDEO/TEXT RELEASE FORM

I _____, hereby expressly grant to His 956, and it’s affiliates, subsidiaries, employees, agents and assigns the right to photograph/videotape me or use any photograph or video created by me and/or use my picture, silhouette, and other form or reproduction of the physical likeness of me, and any text that has been written about me in connection with the advertising or publicizing of any such photograph video or text including the use of such on social media and His 956 website.

I agree to hold His 956 Facility harmless with respect thereto. This release shall be binding upon my agents, representatives, heirs, assignees, and estate. I certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and, intending to be legally bound.

CAMPER SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____