

PLEASE COMPLETE APPLICATION AND RETURN WITH YOUR DEPOSIT

Money Order or Cash for Deposit and Balance.

NOTE: Send all correspondence to Camp Office

Payable To: Karolyi's Gymnastics World Camps
454 F.S. 200 • Huntsville, TX 77340 • (936) 291-0007

Camp Session
you want to attend: _____ / _____ /2010

Resident Commuter
Gymnast Coach Group Organizer

Last Name (please print or type) _____ First _____ Middle _____ Male Female Age _____ Home Phone _____

Address of Applicant _____ City _____ State _____ Zip Code _____

Father Name / Mother Name _____ Work Phone _____ Cell Phone _____

Work/Business Address _____ Company Name _____

A \$75.00 deposit per person is required with every application. However, you may enclose full payment if you wish. IF YOU DO NOT ENCLOSE FULL PAYMENT, the balance is due in the KAROLYI'S GYMNASTICS WORLD CAMPS office prior to your arrival date or can be paid upon arrival.

List any Medical Problems, Medications, Allergies, Exceptions: _____

RELEASE AND CONSENT AGREEMENT FOR SUMMER CAMP 2010

THE UNDERSIGNED STUDENT AND/OR PARENT OR LEGAL GUARDIAN OF A STUDENT OF KAROLYI'S GYMNASTICS WORLD CAMPS, BY SIGNING THIS CONTRACT, EXPRESSLY ACKNOWLEDGES THAT THIS CONTRACT CONTAINS RELEASE AND OTHER RISK-SHIFTING PROVISIONS WHICH MAY OPERATE TO SHIFT RISK FROM KAROLYI'S GYMNASTICS WORLD CAMPS TO THE UNDERSIGNED STUDENT AND/OR PARENT OR LEGAL GUARDIAN OF A STUDENT OF KAROLYI'S GYMNASTICS WORLD CAMPS AND THE STUDENT AND/OR PARENT OR LEGAL GUARDIAN OF A STUDENT OF KAROLYI'S GYMNASTICS WORLD CAMPS EXPRESSLY ACCEPTS THE RESPONSIBILITIES RESULTING FROM SUCH PROVISIONS. THE INDIVIDUAL(S) SIGNING THIS AGREEMENT ADMIT(S) READING AND UNDERSTANDING THE TERMS CONTAINED IN THIS AGREEMENT.

I (We) the undersigned student and/or parent or legal guardian of a student of KAROLYI'S GYMNASTICS WORLD CAMPS, for and in consideration of enrollment and/or the enrollment of my child or a student for whom I have been granted legal custody hereby voluntarily and knowingly execute this release with the express intention of effecting the extinguishment of and complete release from any and all claims, actions, demands or rights to monetary judgement whatsoever arising from any and all injury or physical harm which may occur to the student, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act(s) or omission(s) of KAROLYI'S GYMNASTICS WORLD CAMPS, its officers, agents, employees or servants during the student's attendance at and participation in any activities associated with KAROLYI'S GYMNASTICS WORLD CAMPS both on and off the KAROLYI'S GYMNASTICS WORLD CAMPS premises. Transportation between housing, gym, competitions and other activities associated with KAROLYI'S GYMNASTICS WORLD CAMPS may be required. In this event my child and/or legal ward has my express ~permission to use camp transportation and I (we) hereby express the intention to completely release and hold harmless KAROLYI'S GYMNASTICS WORLD CAMPS, its officers, agents, employees or servants from any and all claims, actions, demands or rights to monetary judgment whatsoever arising from any and all injury or physical harm which may occur to the student, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act(s) or omission(s) of KAROLYI'S GYMNASTICS WORLD CAMPS, it's officers, agents, employees or servants associated with such transportation.

MEDICAL CONSENT AND RELEASE

I, the undersigned parent or legal guardian of the above named student do hereby expressly grant authority to the staff of KAROLYI'S GYMNASTICS WORLD CAMP to render a judgment concerning medical assistance in the event of an accident, injury or illness during my absence, and execute this consent and release provision with the express intention of effecting the extinguishment of and complete release from any and all claims, actions, demands or rights to monetary judgment whatsoever arising from any and all injury or physical harm which may rise from the rendering of such judgment, including specifically those that may arise out of, or be occasioned by, directly or indirectly, any negligent act(s) or omission(s) of KAROLYI'S GYMNASTICS WORLD CAMPS, its officers, agents, employees or servants involved in the rendering of such judgment. Furthermore, in the case of an emergency I consent and expressly grant the staff of KAROLYI'S GYMNASTICS WORLD CAMPS the authority to obtain medical assistance and treatment as they deem necessary. I understand that neither KAROLYI'S GYMNASTICS WORLD CAMPS, Its officers, agents, employees nor servants shall be responsible for any medical expenses incurred on behalf of the above named student, and that I am responsible for all payment of medical expenses so incurred.

I give my express permission and consent for a licensed doctor or physician to administer the necessary aid immediately to my child or legal ward _____ should she become injured or sick while in attendance at or while participating in any activity associated with KAROLYI'S GYMNASTICS WORLD CAMPS and to do so without having to wait until I (we) are contacted.

I HAVE READ, UNDERSTAND, AND EXPRESSLY AGREE TO THE ABOVE STATEMENTS.

Medical Insurance Co. _____

Policy # _____ Medical Insurance Co. Phone # _____

By the execution hereof I do further bind myself, my child or legal ward and all heirs, executors, administrators, successors or assigns of same.

EXECUTED THIS _____ DAY OF _____, 2010

OR

Signature of Student

Signature of Parent/Legal Guardian*