

## **2022 Camp GAB 2.0 Registration**

### **Child Information:**

Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's Gender: Female/Male or Other

### **Parent/Guardian Information:**

Relationship to Child: \_\_\_\_\_

Contact 1 (Name and Phone Number) : \_\_\_\_\_

Contact 2 (Name and Phone Number) : \_\_\_\_\_

Email \_\_\_\_\_

### **Medical Information:**

Does your child have any allergies/ diet restrictions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child use an inhaler, Epipen, or any other medication? If yes, list medication and initial that you'll pack their medication in their backpack/ lunchbox with specific instructions on how to administer in the event a GAB Supervisor will need to distribute the medication in case of emergency:

Parent/Guardian Initial: \_\_\_\_\_

### **Instructions:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Camp Weeks**

Check or circle each week you would like to sign your child up for: \$185 per week

Week 1 5/30	Week 6 7/5
Week 2 6/6	Week 7 7/11
Week 3 6/13	Week 8 7/18
Week 4 6/20	Week 9 7/25
Week 5 6/27	Week 10 8/1

Your child needs to bring:

- Extra Pair Of Clothes (Understand there will be use of glue, paints, clays, arts and crafts and other outdoor activities, GAB is not responsible for any damages to clothing items or footwear.)
- Jiu Jitsu Gear (GI and NoGI)
- Extra Pair of Sneakers
- Lunch and Snacks
- Reusable Water Bottles
- Body Armor/Gatorade

### **Payment Information:**

I understand that I will be charged weekly for camp; the Friday before the camp starts. I understand that Camp GAB is non-refundable (ALL SALES ARE FINAL REGARDLESS OF ATTENDANCE) and that I will be charged the Friday before the Camp week begins as a weekly transaction for the planned weeks.

Card Issuer Name Signature: \_\_\_\_\_

### **Card Information:**

Circle: VISA/MC/AMEX

Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ exp: \_\_\_\_\_

CVV: \_\_\_\_\_ Zip: \_\_\_\_\_

I am giving Gracie Apollo Beach approval to charge this card for Camp GAB 2.0 (sign below) x \_\_\_\_\_

Date: \_\_\_\_\_

**EMERGENCY CONTACTS:**

Contact #1 Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact #2 Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact #3 Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT If my child,  
\_\_\_\_\_, should become injured or ill at Gracie Apollo  
Beach, I understand that the provider will:

1. Contact me immediately; and/or
2. Contact the person(s) I have designated if I cannot be reached. Should the provider be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Immediate First Aid will be administered by Gracie Apollo Beach staff until medical professional services arrive.

I will accept responsibility for payment of medical services rendered.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SUMMER CAMP LIABILITY WAIVER FOR PARTICIPATION, TRANSPORTATION & FIELD TRIPS

Child's Name: \_\_\_\_\_

ParentGuardianName(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Gracie Apollo Beach Release of Liability, Waiver of Claims, Express Assumption of Risks & Indemnity and Hold Harmless Agreement:

**READ CAREFULLY!** Sign only after reading the entire document. It is the purpose of this agreement to exempt, waive and relieve Releasee from liability for personal injury, property damage, and wrongful death, including if caused by negligence, including for the negligence or otherwise, if any, of Releasees. "Releasees" include Gracie Apollo Beach, Luis Mata, Erin Harpe, their affiliate associates, local associations, other participants, coaches, instructors, officials, sponsors, advertisers, and each of them, their officers, directors, agents and employees.

We are most appreciative of your trust in us, as we undertake to serve your children. For reasons that are apparent we are requesting that you sign this Release of Liability and Consent for Transportation to allow us to have your child participate in our Summer Camp Transportation services for the year. Thank you for your cooperation, and please know that we take our responsibilities most seriously. We will serve your children with the greatest of care.

### **Transportation:**

I understand that whenever my child will be transported by a motor vehicle, that the driver of that vehicle will (1) be an official Gracie Tampa South staff member, or be authorized by Gracie Tampa South to assist, and (2) be at least 18 years of age, and (3) possess a valid and unrestricted drivers license.

I understand that during transportation each passenger will be required and expected to wear a seat belt. It is also clear that the driver has complete authority to monitor and adjust behavior, language and music.

I, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the Releasees and their officers, directors, employees, representatives, agents, and volunteers, from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness,

personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to transportation to Gracie Apollo Beach, to and from any park or field trip location, whether caused by the negligence of Releasees or otherwise.

**Parent's Initial** \_\_\_\_\_

I understand that this release applies to all Summer Camp Transportation.

Field Trips:

In consideration of participating in field trips and park trips (the "Field Trip"), hosted by Gracie Apollo Beach, I hereby agree as follows:

I, for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the Releasees and their officers, directors, employees, representatives, agents, and volunteers from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Field Trip, whether caused by the negligence of Releasees or otherwise.

**Parent's Initial** \_\_\_\_\_

I fully understand that there are potential risks and hazards associated with the Field Trip and its related travel, including, but not limited to, possible injury or loss of life. I further understand that while on the Field Trip, my child/children will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. Despite the potential risks and hazards associated with the Field Trip, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my child/children's participation in the Field Trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or otherwise. I further agree to comply with all applicable laws and ordinances and Gracie Apollo Beach, LLC regulations, rules and policies.

I further hereby agree to indemnify and hold harmless the Releasees from any judgment, settlement, loss, liability, damage, or costs, including court costs and attorney fees for both the trial and appellate levels that Releasees may incur as a proximate result of any negligent or deliberate act or omission on my child's/children's part during participation in the Field Trip.

**Parent's Initial \_\_\_\_\_**

**Facility and Participation:**

For and in consideration of the undersigned participant's registration with the Releasees, their affiliates and local associations, and being allowed to participate in the Releasees' events, participant (and the parent(s) or legal guardian(s) of participant, if applicable) waive, release and relinquish any and all claims for liability and cause(s) of action, including for personal injury, property damage or wrongful death occurring to participant, arising out of the participation in the Releasees' events, the sport of jiu jitsu, wrestling, and mixed martial arts training, and/or activities incidental thereto, whenever or however they occur and for such period said activities may continue, and by this agreement any such claims, rights, and causes of action that participant (and

**Parent's Initial \_\_\_\_\_**

Participant's parent(s) or legal guardian(s), if applicable) may have are hereby waived, released and relinquished, and participant (and parent(s)/guardian(s), if applicable) does(do) so on behalf of my/our and participant's heirs, executors, administrators and assigns. Participant (and participant's parents(s)/guardian(s), if applicable) acknowledge, understand and assume all risks relating to jiu jitsu, wrestling, mixed martial arts and fitness training and understand that jiu jitsu, wrestling, mixed martial arts and fitness training involves risks to a participant's person including bodily injury, partial or total disability, paralysis and death, and damages which may arise therefrom and that I/we have full knowledge of said risks. These risks and dangers may be caused by the negligence of the participant or the negligence or otherwise of others, including the "Releasees" identified above. These risks and dangers include, but are not limited to, those arising from participating with bigger, faster, stronger and more experienced participants, and these risks and dangers will increase if participant participates in jiu jitsu, wrestling, mixed martial arts and fitness training and activities in age, experience and weight groups above that which participant would normally participate in. I/We further acknowledge that there may be risks and dangers not known to us or not reasonably foreseeable at this time. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and agree that all of the risks and dangers described throughout this agreement, including those caused by the negligence of participant and/or Releasees, are included within the

waiver, release and relinquishment described in the preceding paragraph. I/We agree to abide by and be bound by this agreement.

**Waiver of Liability, Release, Assumption of Risk & Indemnity Agreement**  
Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge, understand and assume the risks, if any, arising from the conditions and use of jiu jitsu and wrestling mats including skin infections, and the Releasees' work out premises, and acknowledge and understand that included within the scope of this waiver and release is any cause of action (including any cause of action based on negligence or otherwise against the Releasees) arising from the performance, or failure to perform, maintenance, inspection, supervision or control of said areas and for the failure to warn of dangerous conditions existing at said areas for negligent selection and/or hiring of certain Releasees, or negligent supervision or instruction by Releasees. If the laws in the State of Florida should change and/or render any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent, if any, allowed by the controlling law.

This agreement affects your legal rights, and you may wish to consult an attorney prior to signing this agreement. Participant (and participant's parent(s)/guardian(s), if applicable) agree if any claim for participant's personal injury or wrongful death is commenced against the Releasees, the participant shall defend, indemnify and save harmless the Releasees from any and all claims or causes of action by whomever or wherever made or presented for participant's personal injuries, property damage or wrongful death. There is no liability coverage for claims of one player against another player. Participant (and participant's parent(s)/guardian(s), if applicable) acknowledge that they have been provided and have read the above paragraphs and have not relied

**Parent's Initial** \_\_\_\_\_

Upon any representations by the Releasees, that they are fully advised of the potential dangers of jiu jitsu, wrestling, mixed martial arts and fitness training and understand these waivers and releases are necessary to allow this training studio to exist in its present form.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF LUIS MATA, ERIN HARPE, GRACIE APOLLO BEACH, THEIR AFFILIATE ASSOCIATES, LOCAL ASSOCIATIONS, OTHER PARTICIPANTS, COACHES, INSTRUCTORS,**

OFFICIALS, SPONSORS, ADVERTISERS, AND EACH OF THEM, THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM MARK BJJ LLC, MATTHEW ARROYO, GRACIE TAMPA SOUTH, THEIR AFFILIATE ASSOCIATES, LOCAL ASSOCIATIONS, OTHER PARTICIPANTS, COACHES, INSTRUCTORS, OFFICIALS, SPONSORS, ADVERTISERS, AND EACH OF THEM, THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES. IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND GRACIE APOLLO BEACH, THEIR AFFILIATE ASSOCIATES, LOCAL ASSOCIATIONS, OTHER PARTICIPANTS, COACHES, INSTRUCTORS, OFFICIALS, SPONSORS, ADVERTISERS, AND EACH OF THEM, THEIR OFFICERS, DIRECTORS, AGENTS, AND EMPLOYEES HAVE THE RIGHT TO REFUSE TO LET YOU/YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. DO NOT SIGN UNLESS YOU HAVE COMPLETED READING ALL PARAGRAPHS OF THIS DOCUMENT AND YOU AGREE TO ITS CONTENTS.

In signing this agreement, I acknowledge and represent that I have read and understand it and understand that I am giving up substantial rights by signing it. I sign it voluntarily and for full and adequate consideration, fully intending to be bound by it.

CHILD'S FULL NAME: \_\_\_\_\_ PARENT/  
GUARDIAN'S NAME: \_\_\_\_\_ RELATIONSHIP:

\_\_\_\_\_  
Parent/Guardian's  
Name(Print) \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_



## **Assumption of Risk and Waiver of Liability for COVID 19**

### **Initial below**

COVID-19 is extremely contagious and can have serious health consequences including hospitalization and death.

\_\_\_\_\_  
Gracie Apollo Beach Martial Arts has implemented procedures to reduce the spread of COVID-19, but due the nature of transmission of COVID-19, Gracie Apollo Beach cannot guarantee that you or your children will not contract COVID-19 while participating in any activity on the premises of Gracie Apollo Beach.

\_\_\_\_\_  
By **signing** this agreement you voluntarily acknowledge and assume the risk that you or your child may be exposed or be infected by COVID-19, which could result in serious illness, injury or death.

### **(Initial below)**

\_\_\_\_\_  
I understand that the risk of exposure to or being infected by COVID-19 at Gracie Tampa South may result from the actions, omissions, or negligence of myself and others including but not limited to Gracie Apollo Beach, employees, coaches, volunteers, contractors, students and/or their families.)

\_\_\_\_\_  
I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child/children or myself for any damages or expenses from any injury, illness or death in connection to myself or my child/children's participation in any activity at Gracie Apollo Beach.

\_\_\_\_\_  
I also agree to release and covenant not to sue as well as hold harmless Gracie Apollo Beach, its owners, employees, coaches, volunteers, agents and representatives from any and all claims for damages relating to exposure to or infection by COVID-19 while participating in any activities at Gracie Apollo Beach.

\_\_\_\_\_  
**Please hand write on the line below the following:** I have read and understand the above and accept the risks of being infected by COVID-19 at Gracie Apollo Beach.)

\_\_\_\_\_  
\_\_\_\_\_  
or Guardian \_\_\_\_\_ **Signature** of Participant/Parent  
\_\_\_\_\_ **Print** Your Full Name