

Healthy Body Peaceful Mind Childrens' camp July 8,9,10 2009 For grades K-12

Timing 9:00 - 5:30pm (Arrival between 8:45-9:00, Pickup: 5:30-5:45)

Hindu Center presents to you an excellent opportunity for your children to spend time with their friends in the pious and pure environment of the temple. All activities will be catered according to their age groups and they will have fun and also learn techniques and skills to take care of their health and mind. This is our humble effort to give the children a chance to develop love for their temple and inherit the values of their rich heritage.

Expectations:

1. Do not leave your child without signing in and personally talking to the volunteer.
2. Do not pick up your child without informing the volunteer and signing out.
3. Follow basic rules: Be helpful, Be courteous and Be cooperative.
4. Be sure to bring only a **vegetarian** lunch. (NO EGGS, GELATIN).
5. If you are going to arrive earlier then 8:45 or pick up later than 5:45 pm please inform us in advance.

Complete this registration form, liability release form, and enclose cash or check (Payable to Hindu Center).

Mail to: Anuradha Krishna, 405 Belvedere Ln, Waxhaw: 28173

For information: Anuradha at 704-675-5317 or Email: anuradha_krishna@yahoo.com

Suggested donation of \$20.00/each day, \$50.00 if enrolling for all 3 days.

Registrations after June 15th will have to pay extra \$15.

On site registration extra \$25.

Dates you will attend: _____

Hours you plan to attend: _____

Parent/Guardian's Name: _____

Allergies: _____

Emergency Contact Numbers (1) _____ (2) _____

Total amount of check or cash enclosed: _____

	Child's Name	Grade
1.		
2.		
3.		
4.		



HINDU CENTER

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A Non-Profit Religious Organisation <http://www.hcclt.org>
N.C. State Tax ID# 720016064 Fed. Tax ID# 58-1442185

HINDU CENTER RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT - CROP

Hindu Center of Charlotte is sponsoring **Children's Program**

("the Program") **July 8th 2009, July 9th 2009, July 10th 2009.**

I freely and voluntarily choose to participate in the program. In exchange for being permitted to participate in the Program, I acknowledge and agree to the following:

STATEMENT OF FITNESS TO PARTICIPATE AND INSURANCE COVERAGE: I represent and warrant to Hindu Center that I am in good health and physical condition, and I agree that I will not involve myself in any activity or participate in any activity of the Program unless I am in good health and physical condition. I agree that I will not involve myself in any activity that exceeds my physical capabilities. I understand and acknowledge that Hindu Center does not carry medical insurance for participants in the Program and I represent and warrant that I am fully covered by appropriate personal insurance coverage which may include, but not be limited to, health, life, loss of property, loss of income and liability insurance or can/will personally pay for all such costs that I may incur as a result of my participation in the Program.

UNDERSTANDING AND ACKNOWLEDGEMENT OF RISKS: I understand, acknowledge that my participation in the Program and any and all of the activities in the Program involves certain known and unanticipated risks and dangers that could result in minor injury, serious bodily injury, death, disease, illness, physical and mental damage to myself, my property, to other participants and to third parties.

These risks may include, but are not limited to, cuts, bruises, sprains, breaks, trauma, disease, illness, death, physical and mental damage and/or: 1) partial/complete drowning, hypothermia, from swimming, canoeing kayaking and rafting in pools, lakes and rivers; 2) injury from encounters with wildlife, injury from a fall, various injuries while hiking in varied terrain, including steep high alpine, forested, glacier, flood plains, canyons, river crossings; or from falling objects such as rocks, snow (avalanche), ice and trees; 3) cold injuries such as frostbite from traveling and camping in the widest possible range of weather and extreme temperatures; 4) various injuries such as jammed/pinched limbs, caused from using and operating technical rope systems and equipment on mountains, frozen waterfalls, caves, canyons and rivers; 5) acts of omissions and what may be considered to be negligence by Hindu Center; 6) acts of participants; 7) my own acts of omission. *[NEED TO TAILOR TO PARTICULAR EVENT]*

I understand that these inherent dangers, risks and hazards, as a result of my participation in the Program, may include, but are not limited to, the hazards of traveling in the wilderness or on water, accidents or illness in remote places without medical facilities, the forces of nature, and travel by vehicle. *[NEED TO TAILOR TO PARTICULAR EVENT]*

ACCEPTANCE AND ASSUMPTION OF RISK: I am fully aware of the risks, dangers and hazards inherent in the Program and I hereby knowingly and voluntarily assume any and all risks of any physical injury, serious bodily harm or property damage, including all risks listed above, as well as those associated but not specified, anticipated or unanticipated, which may result or arise out of my participation in the Program in any way.

ACCEPTANCE OF PERSONAL RESPONSIBILITY: I understand and agree that my safety is my own responsibility. I also understand that I am responsible for furnishing my own proper clothing and equipment and that I am responsible for the safety and good operating condition of all equipment that I may use, regardless of its source. I understand and agree that it is my responsibility to be equipped adequately in good health, and in adequate physical condition.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

a) I hereby expressly agree to release, Hindu Center and all of its officers, administrators, employees, trustees, representatives, students and/or agents and their heirs successors, and assigned (collectively "the Released Parties") from any and all actions, causes of action, claims, demands, costs and expenses for injury, damage or loss of property or otherwise that I may have or suffer as a result of my participation in the Program in any way.

Form ROL-CROP-010105 Rev.0

