



General Participant Waiver

For (but not limited to): Risk-Free Trial, Classes, Clinics, Camps, Private Lessons, Birthday Parties, Field Trips, Sensational Saturday, Teen Nite, Fundraising Events, Community Events & General Facility Use.

Step 1. Family Information / Parent / Guardian / Billing Contact

Parent #1 First Name: _____		Last Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: _____		Cell Phone: _____	Work Phone: _____
Parent #2 First Name: _____		Last Name: _____	
Address: _____		City: _____	State: _____ Zip: _____
Home Phone: _____		Cell Phone: _____	Work Phone: _____
Email: _____		How Did You Hear About Us? _____	
100% of our communication regarding class information is via email!			
Emergency Contact Name: _____		Emergency Contact Phone: _____	

Step 2. Participant Information

1st Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
2nd Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____
3rd Participant Information				
First: _____	Last: _____	Nickname: _____	Birth date: _____	Sex: _____

ANYTHING WE SHOULD KNOW ABOUT THE PARTICIPANT(S)?

RELEASE, ASSUMPTION OF RISK and WAIVER OF LIABILITY

As the participant, or as a parent/legal guardian of a minor child under the age of 18 who will be participating in activities at Motion Matrix, I acknowledge and recognize that potentially severe injuries, including permanent paralysis or death can occur in such activities. I am fully aware of these dangers and, on behalf of myself and/or my minor child, I voluntarily consent to the above named participants participating in any and all programs at Motion Matrix, LLC. I agree to notify Motion Matrix, LLC, immediately in the event that I believe an activity or event conditions are unsafe for the participant and agree to immediately discontinue my/my child's participation in the activity. I acknowledge that it is my responsibility to be aware of the potential for injury and to warn my child of the dangers or risks of injury from any activities. I acknowledge that employees of Motion Matrix, LLC may also warn the participant through safety messages, instructions and teaching, but that such warnings shall be in addition to and not a substitute for my obligation to protect myself/my child from injury.

In consideration for allowing me/my minor child to use this facility and participate in Motion Matrix activities, I hereby ASSUME AND ACCEPT ANY AND ALL RISKS associated with that participation. Further, I on my own behalf and/or the behalf of my child and our respective heirs, administrators, executors, and successors, hereby COVENENT NOT TO SUE and FOREVER RELEASE Motion Matrix, LLC, its owners, officers and directors, employees or other representatives, whether paid or volunteer, from all liability for any and all damages or injuries suffered by myself or my child while under the instruction, supervision or control of Motion Matrix, LLC. I hereby assume full responsibility for any and all damages, injuries (including catastrophic injury or death) that I or my child may sustain or incur while participating in any program or event sponsored by Motion Matrix, LLC. In addition, in the event that any claim is asserted against Motion Matrix, LLC, as a result of my participation or my child's participation in any activity, I agree to indemnify and defend Motion Matrix, LLC, from any such claim and agree to hold Motion Matrix, LLC, forever harmless.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT/MEDICAL INSURANCE

I, as the participant and/or parent and legal guardian of the participant, confirm that the above named participants are in good health and proper physical condition for any activities in which the participant will participate. I further confirm that the participant is covered by health insurance, and that the participant will be continuously covered while enrolled in any activities at Motion Matrix, LLC.

I acknowledge that coaches and staff members working for Motion Matrix, LLC, are not physicians or medical practitioners of any kind, and that it does not employ any medical professionals or maintain medical provisions on-site. I hereby consent to Motion Matrix, LLC, and its staff members, providing temporary first aid to the above named participants in the event of any injury or illness, and if deemed necessary by the Motion Matrix, LLC staff, authorize them to request further medical assistance, including, as appropriate, calling of an ambulance or emergency personnel. I hereby agree to be financially responsible for any and all medical expenses, which may be incurred by named participants as a result of any injury sustained while participating at Motion Matrix, LLC.

CONSENT

I hereby give Motion Matrix, LLC absolute and irrevocable rights to use named persons and/or participants name, quotes, photographs, and videos to be used in print, digital or broadcast media as deemed appropriate by administration for the promotion of Motion Matrix, LLC, without any compensation to me. Such materials are property of Motion Matrix, LLC and will not be sold or shared for other purposes.

(Sign for yourself here if over 18 years old)

Participant PRINTED: _____

Participant SIGNED: _____

Date: _____

(Sign for your child here)

Parent/Legal Guardian PRINTED: _____

Parent/Legal Guardian SIGNED: _____

Date: _____



Summer Camp Policies **OFFICE COPY**

- **DROP-INS & EXTENSIONS:** Drop-ins are welcome and are limited to the availability of coaching staff. Please call first to confirm availability: 541-956-4985
- **PAYMENTS, REFUNDS, AND CREDITS:** Camp payments are due in full on the first day of camp for day or week campers. Full 10 week campers must follow the divided payment schedule. (Dep. June 1st, payment #1 June 15th, payment #2 July 13th, payment # 3 August 3rd.)
- **RESCHEDULING/CANCELLATIONS:** Scheduled camp dates may be changed (when space is available) up to 7 days prior to that week's camp. A full refund, less 10% processing fee, will be granted if written cancellation is received 30 days or more before the first day of the camp week; a 25% fee will be charged if made 15-29 days prior to the first day of the camp week (NOTE: Campers attending individual days are considered a camper during the weeks that their individual days fall within for cancellation purposes.) **NO REFUNDS ARE GRANTED FOR 14 DAYS OR LESS.**
- **DISCIPLINE MEASURES:** Motion Matrix expects all campers to show respect to other campers, staff, and the facility. If a camper chooses to not follow camp rules, camp coaches will use redirection & time-outs for disciplinary measures. If it becomes a larger issue, extended time-outs will follow. If this does not resolve the problem, the parent or guardian may be called and asked to pick up the child from camp.
- **LATE PICK UP:** ANY CHILD NOT PICKED UP BY 5:30 PM WILL BE CHARGED A \$5 LATE FEE FOR THE FIRST 10 MINUTES, PLUS \$1 FOR EACH MINUTE PAST 5:10 PM. **DO NOT BE LATE!**
- **MONEY/ITEMS OF VALUE:** Please do not send items of value (cell phones, CD players, I-Pods, trading cards, etc) with your child. MOTION MATRIX WILL NOT BE RESPONSIBLE FOR ANY LOST OR STOLEN ITEMS. Campers are allowed to purchase snacks at our front desk but CHARGING OF SNACK ITEMS WILL NOT BE PERMITTED.
- **MAKE-UP CAMPS:** Make up days are only available for illness or injury. Please contact the Front Office to set up a make-up day.

PAYMENT AND INSTALLMENT BILLING INFORMATION

This is a binding agreement:

I will pay my account balance on or before the **CAMP DUE DATE** at the Motion Matrix office. I understand that if payment is not received on or before the **CAMP DUE DATE**, a \$10 late fee will be assessed.

I HAVE READ AND UNDERSTAND THESE POLICIES AND AGREE TO ABIDE BY THE CAMP POLICIES OUTLINED ABOVE. A CREDIT CARD IS REQUIRED TO BE ON FILE REGARDLESS OF YOUR PAYMENT METHOD.

SIGNATURE _____ **DATE** _____

-----**(For Office Use Only)**-----

	Amount Due	Due By
<i>June:</i>		
<i>July:</i>		
<i>August:</i>		
TOTAL DUE:		

<i>Prior to camp registration:</i>	<i>Add camper to camp sheet(s)</i>
<i>Customer copy given</i>	<i>Verify amounts due</i>
<i>Verify all waiver info</i>	<i>Enter cc info / Shred</i>
<i>Email provided?</i>	<i>Run payment</i>
<i>Tag "MARKETING"</i>	<i>Send welcome email</i>
<i>Tag "SUMMER CAMP"</i>	<i>File</i>
<i>Verify signatures present</i>	
STOP IF INCOMPLETE	

Name on Card _____

Billing Address for card: _____

Credit Card Number _____ Expires ____ / _____

(For security reasons this portion of the document will be destroyed once the data is entered in our secure encrypted database.)





Camp Fees

Office – Please Copy for Customer

Weeks Attending: Mark the dates on the calendar(s) below that your child will be attending.

Please fill out one Camp Fees form PER CHILD.

June 2018

Su	Mo	Tu	We	Th	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Deposit? \$_____ Due 6/1/18

1/2 Days Qty__ Total \$__

3/4 Days Qty__ Total \$__

Full Day Qty__ Total \$__

Full Wk Qty__ Total \$__

June Camp Cost \$_____

July 2018

Su	Mo	Tu	We	Th	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

1/2 Days Qty__ Total \$__

3/4 Days Qty__ Total \$__

Full Day Qty__ Total \$__

Full Wk Qty__ Total \$__

July Camp Cost \$_____

August 2018

Su	Mo	Tu	We	Th	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

1/2 Days Qty__ Total \$__

3/4 Days Qty__ Total \$__

Full Day Qty__ Total \$__

Full Wk Qty__ Total \$__

August Camp Cost \$_____

Camp payments are due in full on the first day of camp for day or week campers. Full 10 week campers must follow the divided payment schedule. (Deposit June 1st, payment #1 June 15th, payment #2 July 1st, payment # 3 August 1st.)



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CUSTOMER COPY

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- **MAKE-UP CAMPS:** Make up days are only available for illness or injury. Please contact the Program Manager to set up a make-up day.

If dropping off in person:

(We're on the corner of NW Hawthorne & NW Morgan Avenues)
2051 NW Hawthorne Avenue
Grants Pass OR 97526

If mailing:

Send pages 1 – 3 to:
1630 Williams Hwy, PMB #50
Grants Pass, OR 97527