

Davis Mountains Fitness & Training Camp

August 4 – 10, 2019

Each camper must complete all three pages of this form and mail with a \$100 non-refundable deposit to:

Davis Mountains Fitness and Training Camps, Inc., Post Office Box 13311, Austin, TX 78711

email registration questions to Sandy Raphael at registrar@fitnesscamp.org

Personal Information

Legal First Name: _____ Last Name: _____

First Name for Camp Badge (if different from above): _____

Email Address: _____

New Camper (yes or no): _____ Gender: _____ Age on August 1, 2019: _____

Address: _____

City, State, Zip Code: _____ Primary Phone Number: _____

Emergency Contact (Person NOT at Camp): _____ Emergency Contact's Phone: _____

Accommodations, Shirt & Camper Roster

Rates are per-person and include lodging, meals and activities.

If you were a 2018 camper, would you like the same cabin you were assigned last year (yes or no): _____

If you answered “yes,” please list your cabin and roommate(s) for 2019: _____

If you answered “no,” or if you were not a 2018 camper, please circle your preferred housing assignment below.

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Tent</td><td style="text-align: right;">\$755</td></tr> <tr><td>Off-site option</td><td style="text-align: right;">\$755</td></tr> <tr><td>RV</td><td style="text-align: right;">\$815</td></tr> <tr><td>Group Cabin</td><td style="text-align: right;">\$840</td></tr> </table> <p>Group Cabins: if you do not have a group of 3 or more, you will be assigned to a cabin with same gender roommates. Roommate(s): _____ _____ _____</p>	Tent	\$755	Off-site option	\$755	RV	\$815	Group Cabin	\$840	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Family/Ranch Cabin</th></tr> <tr><th style="text-align: center;">Number of People</th><th style="text-align: center;">Cost per Person</th></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1105</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$905</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$854</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$830</td></tr> </table> <p>Roommate(s): _____ _____ _____</p>	Family/Ranch Cabin		Number of People	Cost per Person	1	\$1105	2	\$905	3	\$854	4	\$830	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Hilltop/Motel Cabin</th></tr> <tr><th style="text-align: center;">Number of People</th><th style="text-align: center;">Cost per Person</th></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">\$1255</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">\$975</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">\$880</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">\$860</td></tr> </table> <p>Roommate(s): _____ _____ _____</p>	Hilltop/Motel Cabin		Number of People	Cost per Person	1	\$1255	2	\$975	3	\$880	4	\$860
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Cabins fill up quickly. Please describe your second choice housing assignment: _____

Email Registrar for details on Off- Site Housing Option @ registrar@fitnesscamp.org

A shirt is included with registration. Please select the style and size you would like. Style and size not guaranteed after July 1, 2019.

Style: ___ Men's ___ Women's **Size:** ___ Small ___ Medium ___ Large ___ XLarge ___ XXLarge

I would like my name, city, state, phone number and email address published in the camper roster: ___ Yes ___ No

Registration and Cancellation Policy

\$100 non-refundable deposit is due with registration. **BALANCE IS DUE IN FULL BY JUNE 30, 2019.** You will receive an invoice via email upon receipt of registration. Ensure your final payment is postmarked by June 30, 2019 to avoid forfeiture of your deposit and cabin. More detailed registration and cancellation information may be found at: <http://fitnesscamp.org>

This section is for Camp use only.					
Deposit #	Check #	Amount	Date	Received	Notified
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I understand and accept the Registration and Cancellation Policy.

Signature

Date

Davis Mountains Fitness & Training Camp

August 4 – 10, 2019

Acknowledgment of Fitness Camper Responsibility, Express Assumption of Risk and Release of Liability

In consideration for the payment of the fees for and my acceptance as a participant at the Davis Mountains Fitness & Training Camp (“DMFTC”) OR The Prude Ranch Races, and the services, activities and amenities to be provided by DMFTC in connection with the Camp, I confirm my understanding of the following.

1. I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in attending and participating in activities and events at DMFTC and cannot be eliminated without destroying the unique character of the DMFTC. These inherent risks include, but are not limited to, the dangers of serious personal injury, property damage, and death (Injuries and Damages).
2. I understand that Injuries and Damages can occur by natural causes or activities of other persons, animals, trip members, trip leaders and assistants or other third parties, either as a result of negligence or because of other reasons. I understand that risk of such Injuries and Damages are involved in participating in a camp such as the DMFTC and I appreciate that I am responsible for myself and may have to exercise extra care for my own person and for others around me in the face of such hazards.
3. I further understand that there may not be rescue or medical facilities or expertise necessary to deal with the Injuries and Damages to which I may be exposed.
4. I have read any rules and conditions applicable to the Camp made available to me and I will pay any costs and fees for the Camp.
5. I acknowledge that my participation in any activity is at the discretion of the leader(s).
6. The DMFTC officially begins and ends at the location(s) and at the times designated by the DMFTC. It does not include carpooling, transportation or transit to and from the DMFTC location, and I am personally responsible for all risks associated with this travel.
7. If I decide to leave early and not to complete the DMFTC as planned, I assume all risks inherent in that decision to leave and waive all liability against the DMFTC arising from that decision.
8. If at any time any one of the leaders has concluded a DMFTC activity, and I decide to go forward without the leader, I assume all risks inherent in that decision to go forward and waive any and all liability against the DMFTC arising from that decision.
9. This Waiver is intended to be as broad and inclusive as is permitted by Texas law. This Waiver is to be construed under the laws of the State of Texas and the venue of any action relating to this Waiver is to be held in the State courts in Austin, Travis County, Texas. If any provision or any part of any provision of this Waiver is held to be invalid or legally unenforceable for any reason, the remainder of this Waiver shall not be affected thereby and shall remain valid and fully enforceable.
10. I have read, I understand and I agree to the DMFTC Registration and Cancellation Policy.
11. I hereby authorize the reproduction, sale, copyright, exhibition, broadcast and/or distribution of any event videotape or photographs without limitations.

THEREFORE, to the fullest extent allowed by law, I agree to **WAIVE, DISCHARGE CLAIMS, AND RELEASE FROM LIABILITY, DMFTC, Inc.** its officers, directors, employees, agents and leaders from **any and all liability** on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of DMFTC, its officers, directors, employees, agents and leaders, in any way connected with the DMFTC.

I **FURTHER** agree to **HOLD HARMLESS** DMFTC, its officers, directors, employees, agents and leaders from any claims, damages, injuries or losses caused by my own negligence while a participant at the DMFTC. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me to the DMFTC.

I have read this document in its entirety, and I freely and voluntarily assume all risks of such Injuries and Damages and notwithstanding such risks, I agree to participate in the DMFTC.

I further certify that I am physically fit to participate in this DMFTC or event. This entry (or participation) is invalid unless signed by participant. I certify that I am 18 years of age or older and if participant is under 18 years of age, parent or legal guardian must sign below.

Name _____

Signature _____ Date _____

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Medical Information

Name: _____ **Date of Birth:** _____

Current Medical Issues: _____

Other Health Concerns/Risks: _____

Current Prescribed and Other Medications/Supplements: _____

Allergies

Medications: _____

Plants: _____

Foods: _____

Past/Current/Surgical Treatments: _____

Primary Doctor

Name: _____

Telephone Number: _____

City, State: _____

Medical/Health/Health Risk Topics of Interest to You (for possible camp discussions):

Dietary Restrictions:

Vegetarian _____ Vegan _____ Gluten-free _____ Other _____

OFFICE USE ONLY:

Heat Stroke/Lightening Policy Signature: _____