

JANUARY 11-15, 2018



CAMPERS SHALL BE 10 TO 18 YEARS OF AGE

Deadline for application is: **December 1, 2017**

We **WILL NOT** admit a camper without this COMPLETED form being in our possession **BEFORE** arriving at camp.

**WE WILL ACCEPT A PHYSICAL FORM  
FROM ANOTHER BURN SURVIVORS CAMP**

## Fire & Ice Burn Survivors Winter Camp

PLEASE PRINT OR TYPE

CAMPER: \_\_\_\_\_ Nickname: \_\_\_\_\_

**DRUG ALLERGIES:** \_\_\_\_\_

**FOOD ALLERGIES:** \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade: \_\_\_\_\_

Adult T-shirt size: S M L XL XXL

Home: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents email: \_\_\_\_\_ Home Telephone: ( ) \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

### **BELOW MUST BE SIGNED BY PARENT BEFORE DOCTOR WILL TREAT**

PARENT'S AUTHORIZATION: In the event I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Camp Director to secure proper medical and/or surgical treatment, including diagnostic tests for my child as named above.

Parent/Guardian Name: \_\_\_\_\_

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

### **EMERGENCY CONTACT INFORMATION NOT THE PARENT OR GUARDIAN:**

This should be a person who will know your whereabouts at all times.

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone ( ) \_\_\_\_\_

### **INSURANCE INFORMATION**

PCP Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Camper's Health Insurance: \_\_\_\_\_

Phone No: ( ) \_\_\_\_\_

Subscriber No: \_\_\_\_\_ Group No: \_\_\_\_\_

## Fire & Ice Burn Survivors Winter Camp

### AGREEMENT AND RELEASE

In consideration of Portland Firefighters Children's Burn Foundation (hereafter called "Foundation"), undertaking a program of camping of therapeutic benefit for the health and welfare of: \_\_\_\_\_ (student's name) (hereafter called "Student") and activities incidental thereto, including transportation provided by the Foundation at the request of the undersigned, acting on behalf of all the Student's parents or guardians, the undersigned agrees, represents and certifies as follows: 1 The undersigned is a parent or legal guardian of the above named Student and has full and complete authority from all parents or legal guardians of the Student to execute this agreement on behalf of said parents or legal guardians. 2 It is recognized that the Student's participation in the camping experience mentioned above and related activities involves risk of bodily injury and property loss and damage incidental to such type of activities, and it is agreed that the risk of any such injury, loss and damage is assumed by the Student and all of the Student's parents or legal guardians. 3 The undersigned and all of the Student's parents or legal guardians individually and as such parents or guardians, hereby remise, release and forever discharge the owners and operators of Fire & Ice Winter Camp and The Foundation and their respective officers, agents, employees, volunteers and representatives, of and from all liability, claims or demands resulting from participation in the above mentioned activities, including by way of illustration but not limitation, injury, loss or damage occurring during travel to and from the camp, activities held therein, overnights, and during meals, rest and waiting periods. The undersigned and all of the Student's parents or operators of Fire & Ice Winter Camp and the Foundation and their respective officers, agents, employees, volunteers and representatives, from and against any loss, damages or cost, including reasonable attorney's fees, that may be incurred as a result of any such action, claim or demand except for acts of their own negligence. 4 Camp Staff and the Foundation are hereby instructed and authorized to employ such emergency medical treatment as they see fit during the Student's participation in any of the above mentioned activities, if, in their sole judgment; the condition of the Student, because of injury, illness, or otherwise requires such emergency treatment, and the Foundation. The Camp and their respective officers, agents, employees, volunteers and representatives, are hereby released from any liability for all their decisions and actions, made and done in good faith, in administering such emergency medical treatment.

Dated \_\_\_\_\_ 20\_\_ City and State \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE BE CERTAIN TO HAVE WITNESS SIGN THIS PAGE**

## Fire & Ice Burn Survivors Winter Camp

### PERMISSION TO CONTACT

I hereby grant permission for the release of my child's name, address, and phone number to other children who attend Winter Burn Camp. Campers may contact counselors through the foundation office and their letters will be forwarded. Permission is further granted for other children to correspond with and telephone my child. Any personal visits must first be approved by the undersigned.

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

Parent/Guardian Name: \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_

Witness to your signature (anyone over 18) \_\_\_\_\_ Date \_\_\_\_\_

### PHOTOGRAPHIC RELEASE

I hereby grant permission for the taking of photographs and/or the release of general information regarding Camper's Name: \_\_\_\_\_

Date of Camp: January 11 through 15, 2018

The photograph(s) and or general information may be used as needed in the administration of Fire & Ice Winter Burn Camp and/or may be published in, or used by, and the media or Portland Firefighters Children's Burn Foundation, publications, including newspapers, magazine, television, radio, pamphlets, brochures, report, etc.), without any liability on the part of the camp, the Portland Firefighters Children's Burn Foundation, their agents or employees.

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

Parent or Legal Guardian Signature

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

Witness to Signature (anyone over 18)

## Fire & Ice Burn Survivors Winter Camp

Dear DOCTOR: THESE 3 PAGES ARE TO BE COMPLETED BY A LICENSED PHYSICIAN OR RECOGNIZED EQUIVALENT AND RETURNED TO OUR OFFICE PRIOR TO CAMPER ARRIVING AT CAMP. The child's Burn Surgeon, Pediatrician or Family Physician may complete this form with updated information. The form must be signed by physician and returned to:  
Portland Firefighters Burn Foundation  
Fire & Ice Camp  
380 Congress Street  
Portland, ME 04101

The purpose of this report is to ascertain whether the camper can:

- a) Engage in strenuous activity at high altitudes;
- b) Has been exposed or has a communicable disease that could be conveyed to others;
- c) Has a medical, physical or emotional condition needing the special attention of the camp staff.

If the camper has had a physical examination in the past year, he or she does not need another physical unless there is a change in their health status. However, we must have a completed and signed form Camper's Name: \_\_\_\_\_

Does the camper have any significant:

Medical Condition Yes No

If yes explain \_\_\_\_\_

Physical Conditions Yes No

If yes explain \_\_\_\_\_

Emotional Conditions Yes No

If yes explain \_\_\_\_\_

Communicable Disease Yes No

If yes explain \_\_\_\_\_

Are the camper's immunizations Current? YES NO (please attach immunization forms)

## Fire & Ice Burn Survivors Winter Camp

Please list any medications the child will require during their stay at camp.

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_ Time \_\_\_\_\_

Allergic Condition: Yes No

List any life threatening allergies (for example: Latex, peanuts, bees, horses, and/or medication allergies)

Allergy \_\_\_\_\_

Antidote \_\_\_\_\_ and Dose \_\_\_\_\_

Allergy \_\_\_\_\_

Antidote \_\_\_\_\_ and Dose \_\_\_\_\_

Allergy \_\_\_\_\_

Antidote \_\_\_\_\_ and Dose \_\_\_\_\_

Does this patient have any heart problems or asthma that may be affected by strenuous activity?  
Yes No

If yes, please list:

**NON-BURN RELATED OPERATIONS AND/OR FRACTURES**

Type \_\_\_\_\_ Date \_\_\_\_\_

Type \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

Does child have any of the following conditions: Please Circle

Bedwetting - Diabetes - Shortness of Breath - Epilepsy - Sleep walking – Headaches - Asthma

Blood borne disease requiring specific precautions List Precautions:

Has child been exposed to or had any infectious disease within the past four weeks? Yes No

If yes, explain: \_\_\_\_\_

## Fire & Ice Burn Survivors Winter Camp

Indicate if we will need to provide any PT or OT session for your child.

Does child presently receive Occupational Therapy? Yes No

If yes, frequency: \_\_\_\_\_

Name of OT: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Does child presently receive Physical Therapy? Yes No

If yes, frequency: Name of Physical Therapist: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Does child have any physical limitations (i.e.: amputations, low endurance, recent surgeries, etc.) that may affect his or her participation in camp activities? Yes No

If yes, explain: \_\_\_\_\_

Does child presently wear pressure garments? Yes No

If yes, which garments are worn: \_\_\_\_\_

How many sets of garments will he or she bring to camp? \_\_\_\_\_

for Use: \_\_\_\_\_

Does child presently wear splints or orthopedic devices? Yes No

If yes, please explain:

Please list any specific dressing changes, frequency and/or specific types of dressings you would like to be done on your child. (Please send specialty dressings with the patient) General dressing supplies will be provided.

This Physician's signature authorizes occupational therapy, physical therapy, any routine wound care; administration of prescribed medication (according to the bottle and/or written specifics) and administration of Over The Counter medications.

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

Telephone: ( ) \_\_\_\_\_ M.D. License # \_\_\_\_\_

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

## Fire & Ice Burn Survivors Winter Camp

### FOR THE PARENTS

To what extent is your child accustomed to being away from home?

Is he/she enthusiastic about attending camp?

What experience has your child had at a camp: Happy Unhappy Please explain:

With whom does your child live? \_\_\_\_\_

either parent deceased? No Yes

If yes, which parent, date of death and was death associated with your child's burn injury (such as a house fire in which others were injured or killed)?

Are parents separated or divorced?

Date \_\_\_\_\_ Age of Camper when this happened \_\_\_\_\_

Has your child had any special problems associated with academic performance or behavior?

YES NO

If yes, please explain:

How can we be most helpful to your child at camp?

Does your child have: please circle

One special friend - Difficulty making friends - Not one particular friend but Variety of friends - Large circle of acquaintances –

Have friendship patterns or interactions with peers changed since the burn injury?

Please explain:

How would you describe your child's adjustment to his/her injury?

Has this changed since the burn injury?

Please CIRCLE the appropriate comments to indicate your general feeling about your child's personality.

Shy /timid angry self confident

Sad /withdrawn a leader among friends

Follower of others aggressive

Enthusiastic/happy

Cooperative /helpful



## Fire & Ice Burn Survivors Winter Camp

In addition, please share with us if your child is currently dealing with any special life issues such as divorce, a recent death, peer or school pressure, a learning disability, or alcohol, drug or cigarette use. Is there anything else that you feel would be helpful for us to know about your child? Has your child ever had professional counseling?

If so, approximate dates and duration of treatment: \_\_\_\_\_

Was counseling beneficial? \_\_\_\_\_

Focus of treatment \_\_\_\_\_

Does child have dietary restrictions of which we should be aware? Yes No

If yes, explain:

Thank you. This information will help acquaint us with your child prior to camp and will assist us in providing a positive camping experience for him/her. NOTE: If your child is currently or has previously received counseling or psychotherapy, a brief summary statement from his or her therapist indicating treatment issues as well as issues relevant to camp is REQUIRED as part of the application process. This need not be lengthy. Its intended use is to guide and assist us in providing for your child a camp experience that will build on counseling goals. Your therapist's report can be included with the camp application material.

## Fire & Ice Burn Survivors Winter Camp

### FOR THE CAMPER

What are the things that excite you about camp?

When you think about coming to camp, are there things that worry you?

What would you like to accomplish at Winter Camp?

Would you prefer to: Ski or Snowboard

What skill level are you? Never – Beginner – Intermediate – Advanced

Read these statements. Please circle the answer that suits you most:

I can talk openly to others about my burns. YES NO

When people on the street look at me, I feel uneasy. YES NO

I often think of the time I was in the hospital and it upsets me. YES NO

I try to think as little as possible about how I look. YES NO

I do not know what to say when asked about my scars. YES NO

I am just like all the other kids in my class. YES NO

I would like to be able to talk more about my burn scars. YES NO



School/Group Leader \_\_\_\_\_

## Ski and Snowboard Registration

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Please Indicate Student's Ability:**      **SKI** OR **SNOWBOARD (circle one)**

First time       Beginner       Intermediate       Advance       Can ride chairlift

**Release – Minor:** On behalf of myself and my child, whose name is set forth below, I hereby release the Town of Camden, its employees, officials, municipal officers, their heirs, successors and assigns, of and from any claims, demands, rights, claims for personal injury or bodily injury and causes of action, of whatsoever kind or nature, including all liability for personal or bodily injury, or loss or damage to personal property, arising from or by reason of any activities in which I or my child engage which occur on or about any facilities operated or maintained by the Camden Snow Bowl/Parks & Recreation Department, or by the Town of Camden, including any activities specifically sponsored by the Camden Snow Bowl/Parks & Recreation Department.

I understand that I and my child are giving up any right to sue the Camden Parks & Recreation Department/Snow Bowl or the Town of Camden for any claim, demand, or right set forth above. By signing this release, I and my child agree that the Town of Camden and the Camden Snow Bowl/Parks & Recreation Department, under no circumstances, shall have any liability or responsibility for any injury or loss that I or my child suffer in connection with any of the activities which occur on or about the facilities operated and maintained by the Camden Snow Bowl/Parks & Recreation Department, or by the Town of Camden.

**Indemnification:** Furthermore, I agree that I shall indemnify and hold harmless the Town of Camden, its officials, municipal officers, employees, and agents, their heirs, successors and assigns, from any claim, demands, causes of action, judgments or liability whatsoever arising out of or in connection with any activities in which I or my child engage on any premises operated or maintained by the Camden Snow Bowl/Parks and Recreation Department of the Town of Camden, such indemnification shall include any reasonable attorneys fees and cost incurred by the Camden Snow Bowl/Parks and Recreation Department or the Town of Camden in connection with such claims or causes of action.

I specifically agree that I shall indemnify and hold harmless the Town of Camden, its officials, municipal officers, employees, and agents, their heirs, successors and assigns, from any such claims, demands, causes or actions, judgments or liability by a third, including claims by my child named above, which is not covered by the release set forth above. My indemnification for the benefit of the Town of Camden, set forth above, shall be binding on me and legally effective even in the event that my child's signature, set forth below, is not considered to be legally valid. **Photo Release:** I hereby give my consent for the Camden Parks & Recreation Department/Snow Bowl to take photographs or videos of me or my child while participating in activities associated with this program. I approve the reproduction, use and publication of these for promotional purposes.

**Authorization:** I hereby give my consent to any medical procedures deemed advisable for my child by the Town of Camden, and/or its employees in the event that I cannot reasonably be contacted in sufficient time, given the circumstances of my child's injury, and my child has sustained an injury which reasonably requires treatment.

\_\_\_\_\_  
Parent/Guardian (Print Clearly)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date



School/Group Leader \_\_\_\_\_

## Ski and Snowboard Registration

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Please Indicate Student's Ability:**      **SKI** OR **SNOWBOARD (circle one)**

First time       Beginner       Intermediate       Advance       Can ride chairlift

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\_\_\_\_\_  
Parent/Guardian (Print Clearly)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

PERSON RESPONSIBLE FOR EQUIPMENT		
NAME LAST	FIRST	
HOME ADDRESS STREET		
CITY	STATE	ZIP
HOME PHONE	TODAY'S DATE	

S K I E R / R I D E R	NAME					
	SKIER TYPE		RIDER	AGE	HEIGHT	WEIGHT
	I	II	III	REG.	GOOFY	
	SOLE LENGTH	SKIS		BOOTS	TOTAL 1	
		SKI BOARD			\$	
		SNOWBOARD			CASH	
		TECH SIGNATURE			CHARGE	
	SKIER CODE			POLES	\$	
		TOE	HEEL		DEPOSIT	
		TOE	HEEL		\$	

I HAVE READ, UNDERSTAND AND AGREE TO THE WARNING, RELEASE AND AGREEMENT.

SKIER/RIDER SIGNATURE (Parent or Guardian) \_\_\_\_\_ DATE \_\_\_\_\_

### Instructions:

Please fill out the following on the equipment rental form above, so we can prepare the equipment and have it ready upon your arrival at the Camden Snow Bowl.

*If you are under 18, a parent or guardian will need to fill out and sign this form.*

- Name
- Address
- Home phone
- Height
- Weight
- Shoe size
- Age
- Your signature or parent/guardian signature
- Skier type:
  - I. = First time skiing/beginner
  - II. = Intermediate
  - III. = Advanced

**If snowboarding:** Please fill out all the above and circle snowboard. Under rider, check REGULAR or GOOFY (REGULAR means left foot forward, right foot - the dominant foot in back; GOOFY is right foot forward).

NOTES

GRAND TOTAL

\$

## Warning/Liability Release & Agreement Not to SUE

I have received the equipment listed on this agreement and have been instructed on its use. I verify that the personal information (height, weight, age, skier classification) on this ticket is correct. If at any time I feel the equipment is not functioning properly, I will stop using it and return it for inspection, repair or adjustments.

I understand and agree that skiing, snowboarding and other winter sports are HAZARDOUS activities, that INJURIES from various causes are an INHERENT RISK of participating in these activities, and that injuries to any or all parts of my body are a COMMON AND ORDINARY OCCURRENCE during these activities. I freely accept and ASSUME ALL RISKS OF INJURY OR DEATH that may occur while using this equipment.

**ALPINE SYSTEMS:** I have confirmed that the visual release indicators on the alpine ski bindings are the same as those designated on this ticket. I understand and agree that alpine ski/boot/binding systems CANNOT RELEASE OR RETAIN in all situations where release or retention may prevent injury, that they therefore CANNOT GUARANTEE MY SAFETY, and that undesired release or retention are inherent risks of skiing.

**SNOWBOARDS AND X-C:** I understand that the binding systems on snowboards and cross-country skis are NOT INTENDED TO RELEASE in a fall or upon impact.

**HELMETS:** I understand and agree that no headgear can protect against all foreseeable impacts, that skiing and snowboarding can expose the user to forces which exceed the limits of protection offered by this helmet, that helmets do not guard against injury to the neck, spine, face or any other part of the body, and that these features are inherent risks of skiing and snowboarding. Helmets must be properly fitted to each user, and I agree that this helmet has been properly fitted by the provider. I warrant that the helmet is comfortably snug and that when I fasten the chin strap and shake my head there is no significant movement of the helmet. I agree that if the helmet is damaged or involved in any kind of accident, I will stop using it immediately, return it to the shop and report the accident or damage.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to INDEMNIFY AND HOLD HARMLESS The Rossignol Group, and all other manufacturers and distributors of the equipment provided to me under this agreement, any involved winter sport area, shop or service technician, and their owners, agents, employers and employees for any injuries, damages or death related to the use of this equipment. I FURTHER AGREE NOT TO MAKE A CLAIM OR SUE FOR INJURIES OR DAMAGES RELATING TO THE USE OF THIS EQUIPMENT, whether such claim is based on NEGLIGENCE, breach of warranty, product defect or any other theory. I accept this equipment AS IS with no warranties, express or implied. These waivers and obligations extend to my heirs and assigns.

THIS DOCUMENT IS A LEGALLY BINDING CONTRACT which supersedes any other agreements or representations by or between the parties. It shall be interpreted to provide as broad and inclusive a release of liability as is legally possible, but is not intended to assert any claims or defenses which are prohibited by law. If any part of this agreement is deemed void or unenforceable, the remainder shall be given full force and effect. The specific rights of the parties under this contract may vary from state to state.

If this equipment is to be used by someone other than me, I certify that I am signing it as agent, parent or legal guardian for the user and that I will provide this form and all warnings and information to the user.