

Dark Knights'



Summer Chess Camp

5:1
Student to Teacher Ratio

Ages are from
6 to 17 years old
(Kinder to 12th)

June 17th-20th
8:30 am - 3:30 pm

\$125
per child

Register online at:
www.dkchess.com/olreg

Camp includes:

- * Snacks
- * Small Group Lessons
- * Chess Tournament

-----✂----- Dark Knights' Summer Chess Camp Registration Form -----✂-----

Camper's Full Name: _____ Male _____ Female _____

Date of Birth: _____ Age during camp: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ USCF# (if any) _____

Waivers and Informed Consent: By signing this form, I, as parent/guardian, permit Dark Knights Chess to use pictures of my child as a program participant in promotional literature, videos, and the Dark Knights Chess webpages. I understand my child's name will not be published. I, as parent/guardian of _____ ("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at the chess camp. My Child is fit for the camp in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTIPATION IN ANY DARK KNIGHTS CHESS CAMP, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY DARK KNIGHTS CHESS CAMP. I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING DARK KNIGHTS CHESS AND THEIR REPRESENTATIVES, AGENTS, EMPLOYEES, VOLUNTEERS, MEMBERS, SPONSORS, PROMOTERS, AND AFFILIATES (COLLECTIVELY "RELEASEES") FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE CHESS CAMP AT DARK KNIGHTS, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING. By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of Dark Knights Chess, no refunds or proration will be given.

Parent/Guardian Printed Name: _____ Signature: _____

Parent Email: _____

Registration Fee: **\$125.00** per child Cash _____ Check _____ Date Paid: _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **DARK KNIGHTS CHESS**