

CNOS Move Strong Summer Camp Membership 2020
June 1 – August 7



Camp Attending: Dakota Valley

Student's Name: First: _____ Last: _____

Parent's Name: First: _____ Last: _____

Grade Entering 2020-2021: 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____

Parent Phone: _____

Camp:
Grades 3 – 5 -- \$50 (Made payable to CNOS Foundation)
Grades 6 – 12 -- \$75

T-Shirt: \$20 (optional) Circle Size: S M L XL XXL (adult)
YS YM (youth)

Total: _____

Return completed form and payment to:

Ruth Klein
CNOS Foundation
575 Sioux Point Road
Dakota Dunes, SD 57049

Questions: Call Cody Sexton @ 712.389.8125 or go to: www.cnos.net.

WAIVER

I hereby for myself, my heirs, executors and administrators, waive and release any and all claims or actions for damages that I may have against CNOS, CNOS Foundation, its officers, trustees, directors, employees, and agents arising out of or connected in any way with my participation in recreational activities at host school even though that liability may arise out of negligence or carelessness on the part of the persons mentioned above.

I understand that physical injury could result from my participation in physical activities and knowing this risk, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons mentioned who might otherwise be liable to me or any member of my family for damages.

I grant to CNOS/CNOS Foundation, the right to take photographs of me. I authorize CNOS/CNOS Foundation, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that CNOS/CNOS Foundation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Parent: I agree to the terms listed above. _____

Student: I agree to the terms listed above. _____