

The Retreat at PVB Summer Programs

Overview	
Where:	35 Executive Dr. Suite 104, Ponte Vedra Beach, Fl 32082
Program Name(s):	
Dates:	
Participants Age Range:	
Cost:	
<p>The Retreat at Ponte Vedra Beach requires payment in full upon registration for camp. No refunds will be given. Forms of payment accepted include CHECKS and CREDIT CARDS. PLEASE MAKE CHECKS Payable to The Retreat PVB.</p>	

CHECKLIST FOR COMPLETE APPLICATION	
1. APPLICATION FOR PARTICIPANT	9. ILLNESS POLICY
2. MEDICAL HISTORY OR EXCLUSIONS	10. GENERAL SERVICES POLICIES & LIABILITY WAIVER
3. IMMUNIZATION FORM	11. KID SUMMER PROGRAM EDUCATION, KITCHEN, AND FITNESS PROGRAM WAIVER
4. INSURANCE INFORMATION	12. SUMMER FITNESS AGREEMENT OF RELEASE & WAIVER OF LIABILITY
5. BEHAVIORAL EXPECTATIONS	13. DROP OFF-PICK UP POLICY
6. WEBSITE AND SOCIAL MEDIA RELEASE	14. DROP OFF-PICK UP RELEASE FORM
7. GOALS	15. PHYSICIAN/PRACTITIONER EXAM CLEARANCE FORM
8. CELL PHONE POLICY	
<p>Forms can be submitted in person or via fax to 904-335-3252 or email to scheduling@retreatpvb.com If you have any questions about these forms please contact our team at 904-335-3252 or the email above.</p>	

The Retreat at PVB Summer Programs

1. PARTICIPANT APPLICATION FOR SUMMER PROGRAM

Child's Name		NickName	
Date of Birth		Sex	Gender
Age at Camp		T-shirt Size	Grade Entering
Are both parents living:	Yes / No	Explain:	
Parent Marital Status:	Married	Separated	Divorced Other
Father's Name		Cell phone:	
Mother's Name		Cell phone:	
With whom does camper primarily reside?			
Mailing Address (city/zip)			
Dad email:			
Mom email:			
Mother's name		Entering Grade next fall:	
Other Camp Experiences (name of camp year attended):			
Primary Care Provider or Pediatrician Name: Office Name: Phone Number:			

The Retreat at PVB Summer Programs

2. MEDICAL HISTORY OR EXCLUSIONS

Current Health Diagnoses:	
Current Medications:	
Environmental Allergies:	Reaction:
Food Allergies:	Reaction:
Medication Allergies:	Reaction:

The information contained in this application is correct as far as I know, and (name of camper) _____ has permission to engage in all camp activities except as noted below:	
Exclude:	
Signature of Parent/ Guardian:	Date
WITNESS:	Date:

3. IMMUNIZATIONS

(You may substitute a school or State of Florida immunization form.)

VACCINES	Year of Basic Immunization	Year of Last Booster
DPT (Diphtheria, Pertussis/Whooping Cough, Tetanus)		
TD (Tetanus, Diphtheria)		
MMR (Measles, Mumps, Rubella)		
Polio		
Tuberculin Test (most recent) Results:		
Hepatitis B		

4. INSURANCE INFORMATION

Do you carry family medical/hospital insurance?		YES	NO
Name of Carrier		Policy/Group Number	
Address and Phone Number of insurance Carrier			
Please send a photocopy of your insurance card for our records.			<input type="checkbox"/> Received

The Retreat at PVB Summer Programs

5. BEHAVIORAL EXPECTATIONS

We are all coming to camp to have a safe, fun and enriching experience. To help meet these goals, appropriate behavior is expected of ALL campers in our care. The Retreat PVB Summer Behavior Expectations include:

- Following all safety rules
- Participation in scheduled camp activities including sports, conditioning, yoga, medication, mindfulness, crafts, reading, writing, team building and etc.
- Refraining from the use of abusive language or violence
- Staying with assigned staff member/counselor
- Treating adults and others campers with respect

If a camper is having difficulty adhering to these expectations, they will be counseled, and encouraged to modify their behavior. If inappropriate behavior continues, the camper will be asked to leave camp without refund of camp fees. Fulfilling these camp expectations will allow for a cooperative and fun session.

I have read this with/to my child and we understand and agree to these behavioral Expectations.	
Signature of Parent/ Guardian:	Date

6. WEBSITE AND SOCIAL MEDIA RELEASE

I give permission and consent for _____ (child's name) to allow photographs and/or videos to be taken during The Retreat PVB Summer program activities. I further give permission and consent that any such photographs or videos may be published and used by The Retreat at PVB to illustrate and promote the camp experience.	
Signature of Parent/ Guardian:	Date
Questions/ Concerns:	

7. PARTICIPANT GOALS

What activities is your child looking forward to while at the program?
What does your child want to learn in the program?
What is your primary purpose in sending your child to the summer program?
What do you want your child to learn?

8. CELL PHONES

Cell phones are not allowed during activities for participants under the age of 16. They will be placed in a basket and returned at the conclusion of the program each day.

I have read this with/to my child and we understand and agree to the cell phone policy.	
Signature of Parent/ Guardian:	Date

The Retreat at PVB Summer Programs

9. ILLNESS POLICY

The Retreat PVB follows the school health hazard policies (Florida Statute 1003.22). Please have your child remain at home if he/she has been diagnosed with or has reasonable concern for the following:

- A Communicable Disease or infestation that can be transmitted to others.
- Recent contact with persons known to have a communicable disease or rash
- Examples of communicable diseases and infestations include, but are not limited to:
 - Fleas, Head lice, Ringworm, Impetigo, Conjunctivitis (Pink Eye) and Scabies.

Participants are to be excluded from their summer program and are not allowed to return until they no longer present a health hazard.

- *Signs and symptoms of a Communicable Disease or infestation that can be transmitted to others are:*
 - ● Fever ● Vomiting ● Lethargy ● Flu like symptoms ● Respiratory Infection

If my child becomes ill while attending activities at The Retreat at Ponte Vedra Beach, I will be notified and will return to pick-up my child immediately.

I have read this with/to my child and we understand and agree to the Illness Policy.	
Signature of Parent/ Guardian:	Date
Emergency Contact Name and Phone Number: (If I cannot be reached to pick up my child)	

10. GENERAL SERVICES POLICIES & LIABILITY WAIVER

1. The play area is solely for clients participating in summer programs, classes, groups, individual treatment at The Retreat at Ponte Vedra Beach or it's divisions: The Grove at the Retreat at Ponte Vedra Beach, and the Well at The Retreat at Ponte Vedra Beach; it is not childcare.
2. You may drop your child off no earlier than fifteen (15) minutes before the Summer Program, class, group, or individual treatment.
3. If your child is inconsolable for five (5) minutes or longer, a staff member will contact you to attend to your child.
4. Food and beverages will not be allowed in areas other than the lobby and the kitchen. Please alert the staff if your child has any special needs. Your child will be provided with a snack. We will accommodate your child's allergies or intolerances if you notify us in advance.
5. Please make sure all of your child's belongings are clearly labeled with first and last names.
6. The Retreat at Ponte Vedra Beach is not responsible for lost or stolen personal property.
7. Disruptive or inappropriate behavior will be redirected and parents and guardians will be encouraged to intervene using a strength based approach. Safety risks cannot be managed in the program and child(ren) will be temporarily be unable to utilize services. In these circumstances, you will be notified immediately.
8. To keep everyone healthy and safe, please do not bring your child if he/she is sick or has been exposed to any contagious illnesses within two (2) weeks prior to the class, group, or individual treatment.
9. The Retreat at Ponte Vedra Beach will not administer medications.
10. Each child will be released ONLY to the parent or guardian who brought him/her, unless pre-arrangements have been made by the parent or guardian to release the child to parent, guardian, responsible adult and a Drop-Off/Pick Up form is on file with a copy of a government issued ID for designated adult and shown at the time of the pick-up.

The Retreat at PVB Summer Programs

I acknowledge that if I am purchasing services provided through The Retreat at Ponte Vedra Beach or its divisions, it is at the sole risk of me and the child identified on the enrollment form (the "Child"). TO THE FULLEST EXTENT PERMITTED BY LAW, AND ON BEHALF OF MYSELF AND MY HEIRS, DEPENDENTS, SPOUSE/PARTNER OR OTHER NEXT OF KIN, REPRESENTATIVES, EXECUTORS, SUCCESSORS AND ASSIGNS, I HEREBY KNOWINGLY AND VOLUNTARILY AGREE – AND REPRESENT THAT I AM AUTHORIZED TO AGREE ON BEHALF OF THE CHILD AND HIS OR HER OTHER PARENT(S) OR GUARDIAN(S) – TO EXPRESSLY, FULLY AND FOREVER WAIVE, RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS (i) The Retreat at Ponte Vedra Beach, ITS MANAGERS, AGENTS, INSTRUCTORS, CONTRACT AND FULL-TIME EMPLOYEES, REPRESENTATIVES, VOLUNTEERS, ADVISORS, SUBCONTRACTORS, SUCCESSORS, ASSIGNS, AND ALL OTHER PERSONS OR ENTITIES WHO HAVE ACTED, ACT OR WILL ACT ON BEHALF OF The Retreat at Ponte Vedra Beach, (ii) THE APPLICABLE PROPERTY OWNERS, (iii) OTHER PARTICIPANTS IN THE CLASS, GROUPS, INDIVIDUAL TREATMENT, AND (iv) OTHER PARENTS, GUARDIANS AND CHILDREN IN THE PLAYWAY AREA – COLLECTIVELY, THE "RELEASED PARTIES" – FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, DEMANDS, ACTIONS, CAUSES OR RIGHTS OF ACTION, AND COSTS AND EXPENSES, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEYS' FEES, (COLLECTIVELY, "CLAIMS") – WHETHER KNOWN, UNKNOWN, ANTICIPATED OR UNANTICIPATED – DIRECTLY OR INDIRECTLY ARISING OUT OF, RELATING TO OR RESULTING IN WHOLE OR IN PART FROM THE BABYSITTING SERVICES PROVIDED THROUGH The Retreat at Ponte Vedra Beach or its divisions, INCLUDING BUT NOT LIMITED TO ANY CLAIMS OF PHYSICAL OR PSYCHOLOGICAL ILLNESS OR INJURY, BODILY HARM, MEDICAL EXPENSES, COSTS OF MEDICAL EMERGENCY CARE AND/OR TRANSPORT, DEATH, DAMAGE TO REAL OR PERSONAL PROPERTY, LOSS OR THEFT OF PERSONAL PROPERTY, OR ANY OTHER INCIDENT OCCURRING WHILE THE CHILD IS AT The Retreat at Ponte Vedra Beach or its divisions, REGARDLESS OF WHETHER SUCH CLAIMS ARISE IN WHOLE OR IN PART FROM THE ACTS, OMISSIONS OR NEGLIGENCE OF THE RELEASED PARTIES. FURTHER, I REPRESENT THAT I HAVE READ AND SIGNED THE "AGREEMENT OF INFORMED CONSENT,

I agree to pay the fee for services. I have read, understand and agree to adhere to the policies and procedures specified above, as well as any policies or procedures posted or otherwise made available to me, and I will read and adhere to any updates to such policies and procedures. I have examined the area in which services will be provided and am fully satisfied that it is a safe environment for the Child. This agreement shall be governed by the laws of the state of Florida. If any provision of this agreement is held unlawful, void or for any reason unenforceable by a court of competent jurisdiction, then such provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of the remaining provisions. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into this agreement and waiver of liability.

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR

UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY PARTICIPATION IN THE FITNESS CLASSES. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT The Retreat at Ponte Vedra Beach

GENERAL SERVICES POLICIES & LIABILITY WAIVER SIGNATURE PAGE

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OLD:

CHILD NAME	Date of Birth
<p>I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in activities at THE RETREAT PVB , and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.</p>	
Signature of Parent/ Guardian:	Date
Printed Name	

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.

The Retreat at PVB Summer Programs

11. Kid Summer Program Education, Kitchen, & Fitness Program Waiver

1. An enrollment form and liability waiver must be completed and signed by a legal parent or guardian for each child prior to participating in individual or group services at The Retreat PVB or a division of The Retreat PVB (The Grove PVB or The Well PVB).
2. I acknowledge that The Retreat at Ponte Vedra Beach is a facility that has nuts/tree nuts, wheat, and gluten.
3. If my child has a food allergen sensitivity, it is my responsibility to update their health profile and notify The Retreat and its divisions and my child's instructor of their health profile changes.
4. Children enrolled in educational services must have a child health profile completed and on file with The Retreat at Ponte Vedra Beach.
 - a. If your child has a nut or tree nut allergy, the parent must specify procedure for treatment as prescribed by the child's pediatrician and is responsible for managing the child's participation in classes at the Retreat PVB
 - b. The parent/guardian is responsible for notifying the instructor if there are any changes to a child's health profile, specifically food allergies.**
5. The use of items for completing educational assignments including pens, pencils, erasers, markers, dry erase markers, tape, scissors, and other academic resources is only allowed with signed consent on file for participation in education classes AND under adult supervision.
6. The use of items for completing fitness services include yoga mats, light weights (1, 2, 3, 4, or 5 pounds), resistance bands, towels, athletic balls, and gym wipes. Participation in fitness activities is only allowed with signed consent on file for participation in education classes AND under adult supervision.
7. The use of knives, scissors, blender, hot plates, other appliances, and the oven is only allowed with signed consent on file for participation in cooking classes AND under adult supervision.
8. Children and families enrolled in cooking classes will have the option to sample prepared items.
9. A child must be in the 2nd grade or 7 years old to participate in cooking class without parent/guardian present.

I acknowledge that if I am purchasing and will receive family/child services provided through The Retreat at Ponte Vedra Beach or its divisions, it is at the sole risk of me and the child identified on the enrollment form (the "Child"). TO THE FULLEST EXTENT PERMITTED BY LAW, AND ON BEHALF OF MYSELF AND MY HEIRS, DEPENDENTS, SPOUSE/PARTNER OR OTHER NEXT OF KIN, REPRESENTATIVES, EXECUTORS, SUCCESSORS AND ASSIGNS, I HEREBY KNOWINGLY AND VOLUNTARILY AGREE - AND REPRESENT THAT I AM AUTHORIZED TO AGREE ON BEHALF OF THE CHILD AND HIS OR HER OTHER PARENT(S) OR GUARDIAN(S) - TO EXPRESSLY, FULLY AND FOREVER WAIVE, RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS (i) The Retreat at Ponte Vedra Beach, ITS MANAGERS, AGENTS, INSTRUCTORS, CONTRACT AND FULL-TIME EMPLOYEES, BABYSITTERS, REPRESENTATIVES, VOLUNTEERS, ADVISORS, SUBCONTRACTORS, SUCCESSORS, ASSIGNS, AND ALL OTHER PERSONS OR ENTITIES WHO HAVE ACTED, ACT OR WILL ACT ON BEHALF OF The Retreat at Ponte Vedra Beach, (ii) THE APPLICABLE PROPERTY OWNERS, (iii) OTHER PARTICIPANTS IN THE CLASS, GROUPS, INDIVIDUAL TREATMENT, AND (iv) OTHER PARENTS, GUARDIANS AND CHILDREN IN THE PLAYWAY AREA OR RECEIVING COOKING CLASS SERVICES- COLLECTIVELY, THE "RELEASED PARTIES" - FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, DEMANDS, ACTIONS, CAUSES OR RIGHTS OF ACTION, AND COSTS AND EXPENSES, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEYS' FEES, (COLLECTIVELY, "CLAIMS") - WHETHER KNOWN, UNKNOWN, ANTICIPATED OR UNANTICIPATED - DIRECTLY OR INDIRECTLY ARISING OUT OF, RELATING TO OR RESULTING IN WHOLE OR IN PART FROM THE COOKING CLASS SERVICES PROVIDED THROUGH The Retreat at Ponte Vedra Beach or its divisions, INCLUDING BUT NOT LIMITED TO ANY CLAIMS OF PHYSICAL OR PSYCHOLOGICAL ILLNESS OR INJURY, BODILY HARM, MEDICAL EXPENSES, COSTS OF MEDICAL EMERGENCY CARE AND/OR TRANSPORT, DEATH, DAMAGE TO REAL OR PERSONAL PROPERTY, LOSS OR THEFT OF PERSONAL PROPERTY, OR ANY OTHER INCIDENT OCCURRING WHILE THE CHILD IS AT The Retreat at Ponte Vedra Beach or its divisions, REGARDLESS OF WHETHER SUCH CLAIMS ARISE IN WHOLE OR IN PART FROM THE ACTS, OMISSIONS OR NEGLIGENCE OF THE RELEASED PARTIES. FURTHER, I REPRESENT THAT I HAVE READ AND SIGNED THE "AGREEMENT OF INFORMED CONSENT,

I understand and agree that access to the kitchen for children and families is prohibited without being enrolled in an organized service for cooking classes at The Retreat or its divisions. I will be responsible to have my Child(ren) use the restroom prior to the class, group, or individual treatment to the best of my abilities. If my Child(ren) becomes disruptive or is unable to complete activity, I will leave my activity immediately and attend to my Child(ren).

I have read, understand and agree to adhere to the policies and procedures specified above, as well as any policies or procedures posted or otherwise made available to me, and I will read and adhere to any updates to such policies and procedures. I have examined the area in which Cooking Class services will be provided and am fully satisfied that it is a safe environment for the Child. This agreement shall be governed by the laws of the state of Florida. If any provision of this agreement is held unlawful, void or for any reason unenforceable by a court of competent jurisdiction, then such provision shall be deemed severable from this agreement and shall not affect the validity and enforceability of the remaining provisions. I have carefully read with a full, definite and clear understanding the foregoing provisions and freely enter into this agreement and waiver of liability.

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY PARTICIPATION IN THE FITNESS CLASSES. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT THE WELL AT THE RETREAT AT PVB

The Retreat at PVB Summer Programs

Kid Summer Program Education, Kitchen, & Fitness Program Waiver Signature Page

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OLD:

CHILD NAME		Date of Birth	
I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in activities at THE RETREAT PVB , and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.			
Signature of Parent/ Guardian:		Date	
Printed Name			

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.

12. SUMMER FITNESS AGREEMENT OF RELEASE & WAIVER OF LIABILITY

All fitness classes and workshops located at The Retreat at Ponte Vedra Beach provide a total body workout involving strenuous physical exertion and activity, including but not limited to core strengthening, muscle stretching and strengthening, and cardiovascular conditioning.

In consideration for my participation in the Fitness Classes, I understand, acknowledge and hereby agree to the following:

1. I am the parent/guardian of a participant under 18 years old and will read and sign this Agreement prior to my participation in any Fitness Class. **OR** I am at least 18 years old and legally authorized to sign this Agreement of Informed Consent, Release & Waiver of Liability, and Transfer of Image Rights (the "Agreement") on my own behalf.
2. My/My child's participation in the Fitness Classes is completely voluntary. I assume full and sole responsibility for my/my child's health and safety and for all risks associated with my/my child's participation in the Fitness Classes.
3. Depending on my/my child's physical condition, Fitness Classes may be hazardous to my/my child's health, and I am fully aware of the potential dangers and risks, including but not limited to physical illness or injury, death and other consequences that may arise or result directly or indirectly from participation in the Fitness Classes. It is my sole responsibility to participate/allow participation in exercises that are appropriate for the current status of my health. I represent and warrant that I/my child's am/is in good physical condition and do not suffer from any impairment, disability, disease, or other physiological or psychological medical condition that could prevent or limit my participation in the Fitness Classes. I have been advised that a physician's examination and approval should be obtained by anyone prior to commencing a fitness and/or exercise program, or otherwise initiating a substantial change in the amount of regular physical activity performed. I am fully aware that even with a physician's examination and approval, any physical activity should be done in moderation and never should be performed to the point of fatigue or pain. I am solely and fully responsible for monitoring my/my child's own condition throughout my participation in the Fitness Classes; if I/my child's begin to experience fatigue and/or pain, the instructor will require immediate discontinuation of all physical activity and seek proper medical attention, or, will reduce and/or adjust level of activity during the Fitness Class.

The Retreat at PVB Summer Programs

4. From time to time Fitness Class instructors may physically adjust students' form and posture. If at any time I do not want such physical adjustments, or if a particular adjustment is causing pain or other discomfort, is my sole responsibility to inform the instructors to refrain from or cease physical contact.
5. Fitness Classes are provided for everyone's benefit and enjoyment, and any disruptions could impede other class members' participation and safety. At the sole discretion and request of The Center at The Retreat at Ponte Vedra staff or the property owners, I will leave the premises immediately and peacefully. Further, staff may terminate my participation in the Fitness Classes at any time in their sole discretion.
6. I have read, understand and agree to adhere to any and all policies and procedures posted in The Center at The Retreat at Ponte Vedra or otherwise made available to me, and I will read and adhere to any updates to such policies and procedures.

TO THE FULLEST EXTENT PERMITTED BY LAW, AND ON BEHALF OF MYSELF AND MY HEIRS, DEPENDENTS, SPOUSE/PARTNER OR OTHER NEXT OF KIN, REPRESENTATIVES, EXECUTORS, SUCCESSORS AND ASSIGNS, I HEREBY KNOWINGLY, VOLUNTARILY, EXPRESSLY, FULLY AND FOREVER WAIVE, RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS (A) THE RETREAT AT PONTE VEDRA BEACH, LLC, THEIR RESPECTIVE MANAGER, AGENTS, INSTRUCTORS, CONTRACT AND FULL-TIME EMPLOYEES, REPRESENTATIVES, VOLUNTEERS, ADVISORS, SUBCONTRACTORS, SUCCESSORS, ASSIGNS AND ALL OTHER PERSONS OR ENTITIES WHO HAVE ACTED, ACT OR WILL ACT ON BEHALF OF THE RETREAT AT PONTE VEDRA (SUCH PARTIES HEREINAFTER REFERRED TO AS THE RETREAT AT PONTE VEDRA OR THE CENTER AT THE RETREAT AT PONTE VEDRA), (B) THE APPLICABLE PROPERTY OWNERS, AND (C) OTHER FITNESS CLASS PARTICIPANTS – COLLECTIVELY HEREINAFTER REFERRED TO AS THE “RELEASED PARTIES” – FROM AND AGAINST ANY AND ALL CLAIMS, LIABILITIES, DAMAGES, LOSSES, DEMANDS, ACTIONS, CAUSES OR RIGHTS OF ACTION, AND COSTS AND EXPENSES, INCLUDING WITHOUT LIMITATION COURT COSTS AND ATTORNEYS’ FEES, (COLLECTIVELY, “CLAIMS”) – WHETHER KNOWN, UNKNOWN, ANTICIPATED OR UNANTICIPATED – DIRECTLY OR INDIRECTLY ARISING OUT OF, RELATING TO OR RESULTING IN WHOLE OR IN PART FROM MY PARTICIPATION IN THE FITNESS CLASSES, INCLUDING BUT NOT LIMITED TO ANY CLAIMS OF PHYSICAL OR PSYCHOLOGICAL ILLNESS OR INJURY, BODILY HARM, MEDICAL EXPENSES, COSTS OF MEDICAL EMERGENCY CARE AND/OR TRANSPORT, DEATH, DAMAGE TO REAL OR PERSONAL PROPERTY, AND LOSS OR THEFT OF PERSONAL PROPERTY, REGARDLESS OF WHETHER SUCH CLAIMS ARISE IN WHOLE OR IN PART FROM THE ACTS, OMISSIONS OR NEGLIGENCE OF THE RELEASED PARTIES.

Except as otherwise specifically set forth herein, this Agreement constitutes the entire and complete agreement regarding release/waiver of liability and transfer of Image rights in relation to my participation in the Fitness Classes, and supersedes all prior or contemporaneous agreements or representations, written or oral, concerning the subject matter hereof. This Agreement shall be governed by the laws of the State of Florida. To the extent any provision of this Agreement is held unlawful, void or for any reason unenforceable by a court of competent jurisdiction, such provision shall be deemed severable from this document and shall not affect the validity and enforceability of the remaining provisions.

SUMMER FITNESS AGREEMENT OF RELEASE & WAIVER OF LIABILITY SIGNATURE PAGE

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY PARTICIPATION IN THE FITNESS CLASSES. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS.

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OLD:

CHILD NAME		Date of Birth	
I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in activities at THE RETREAT PVB , and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.			
Signature of Parent/ Guardian:			Date
Printed Name			

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.

The Retreat at PVB Summer Programs

13. DROP OFF-PICK UP POLICY

At The Retreat at Ponte Vedra Beach and its divisions (The Well and The Grove) each child will be released ONLY to the parent or guardian who brought him/her, unless pre-arrangements have been made by the parent or guardian to release the child to parent, guardian, responsible adult that has a form on file with copy of their government issued ID.

Government issued ID will be required upon dropping off or picking up your child(ren) to or from activities at The Retreat at Ponte Vedra Beach.

I HAVE CAREFULLY READ THIS DROP OFF PICK UP AGREEMENT IN ITS ENTIRETY WITH A FULL, DEFINITE AND CLEAR UNDERSTANDING. I AM AWARE THAT THIS AGREEMENT FULLY AND FOREVER RELEASES AND DISCHARGES THE RELEASED PARTIES FROM ALL LIABILITY FOR INJURY, DEATH AND OTHER DAMAGES ARISING OUT OF OR CONNECTED TO MY CHILD BEING RELEASED TO AN ADULT NAMED ON THIS FORM WITH APPROPRIATE GOVERNMENT ISSUED ID ON FILE. I AM SIGNING THIS AGREEMENT FREELY AND VOLUNTARILY, WITHOUT INDUCEMENT, AND NOT UNDER ANY PHYSICAL OR EMOTIONAL DURESS. I HAVE COMPLETED THE REQUIRED DROP-OFF PICK UP FORMS AND PROVIDED COPIES OF THE GOVERNMENT ISSUED ID OF THE RESPONSIBLE ADULT THAT I HAVE GIVEN PERMISSION TO DROP OFF - PICK UP MY CHILD(REN) FROM ACTIVITIES AT THE RETREAT AT PONTE VEDRA BEACH.

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY INDIVIDUAL WHO REGISTERS ONLINE OR SIGNS THE SIGN-IN SHEET AT THE WELL AT THE RETREAT AT PVB

FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OLD:

CHILD NAME		Date of Birth	
I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in activities at THE RETREAT PVB , and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.			
Signature of Parent/ Guardian:		Date	
Printed Name			

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE.

The Retreat at PVB Summer Programs

14. DROP OFF-PICK UP RELEASE FORM

I give permission for the adult(s) listed below to drop off-pick up my child(ren) from activities at The Retreat at Ponte Vedra Beach and its divisions. I have provided a copy of their government issue ID.

First Name:	Last Name:	Date of Birth:
Relationship to child/family:		Cell Phone:
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		

First Name:	Last Name:	Date of Birth:
Relationship to child/family:		Cell Phone:
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		

First Name:	Last Name:	Date of Birth:
Relationship to child/family:		Cell Phone:
email:		
COPY OF ID ON FILE: <input type="checkbox"/> YES		

CHILD NAME		Date of Birth	
<p>I hereby (i) certify that I am a parent or guardian with legal responsibility for the individual(s) identified above, (ii) consent that the individual(s) identified above may participate in activities at THE RETREAT PVB , and (iii) agree to be bound by all the terms and conditions in this Agreement on behalf of the individual(s) identified above, myself and my heirs, dependents, spouse/partner or other next of kin, other parent(s) or guardian(s), representatives, executors, successors and assigns.</p>			
Signature of Parent/ Guardian:			Date
Printed Name			

THIS AGREEMENT IS DEEMED TO HAVE BEEN READ, UNDERSTOOD, AND SIGNED BY EVERY PARENT OR GUARDIAN WHO INDICATES HIS OR HER CONSENT ONLINE

The Retreat at PVB Summer Programs

THIS PAGE IS INTENTIONALLY LEFT BLANK

The Retreat at PVB Summer Programs

15. For Physician/Practitioner to Complete

MEDICAL INFORMATION AND EXAMINATION FORM

Child's Full Name _____ Date of Birth _____

SECTION 1

I have examined _____ (child's name) on (date) _____ and in my opinion, the patient is able / is not able (circle one) to physically and emotionally participate in an active summer program.

VITALS:

Height _____ Weight _____ Blood Pressure _____ / _____ Heart Rate: _____

Allergies: _____

The applicant is being treated for the following conditions:

Has applicant had any behavior/psychological counseling we should be aware of?

NO / YES (Circle One)

Explain _____

Are there any behavior/psychological concerns you want us to be aware of?

NO / YES (Circle One)

Explain _____

Does the child have/had any of the following:

- Ear Infections
- Heart defect/disease
- Seizures
- Asthma
- High blood pressure
- Physical limitations
- Bleeding/clotting disorders

Dates and nature of operations or serious injuries:

The Retreat at PVB Summer Programs

SECTION 2

Licensed physician/practitioner full name (please print):		Date:	
Provider Signature:			
Nurse (printed name)		Date:	
Nurse (signature)			
Office Name			
Phone:		Fax:	
Office Address:			
OFFICE STAMP:			

*** This form may be filled out and then faxed to 904-335-3252 ***



35 Executive Way, Suite 104
Ponte Vedra Beach, FL 32082

phone: (904) 335-3252
fax: 904-335-3252