PARTICIPATION AGREEMENT

SHOP RAT FOUNDATION PROGRAMS

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT ("AGREEMENT")

1. I (parent or legal guardian) of :_____("Registrant and/or Applicant"): hereby represent that I am the parent or legal guardian of the above named Applicant and hereby grant permission for the Applicant to participate in all phases of activities for the Shop Rat Education Programs or Summer Camps ("Shop Rat Programming") and that the Applicant is qualified, in good health and in proper physical condition to participate in the Shop Rat Programming. It is with my full knowledge and approval that I allow the Applicant to participate in the Shop Rat Programming. It is my understanding The Shop Rat Foundation, Inc. (the "Foundation") works with other organizations and individuals in order to assist the Foundation in making Shop Rat Programming affordable and available to as many students as possible. I hereby agree that this Agreement is also for the benefit of those organizations and individuals that co-sponsor Shop Rat Programming, provide meeting and/or shop space, and/or provide equipment, tools, supplies or other resources for the Shop Rat Programming and related activities, advertisers and donors. These organizations and individuals are collectively hereinafter referred to "Shop Rat Associates."
2. I fully understand that Shop Rat Programming involves the use of power tools and equipment by the Applicant and other students. I understand that such activities involve risks and dangers and that these risks and dangers may be caused by the Applicant's own actions, or inactions; the actions or inactions of other participants in the Shop Rat Programming; the condition in which the Shop Rat Programming or activity takes place; or, the negligence of the Foundation and/or the Shop Rat Associates.
3. I further agree that the Applicant and I will abide by the rules and safety procedures established by the Foundation and the Shop Rat Associates.
4. In addition, there may be other risks and social and economic losses either not known to me or the Applicant or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages that we incur as a result of participation by the Applicant in Shop Rat Programming.
5. In addition, I agree that any photographs and/or videos taken of me or the Applicant by any personnel of the Foundation or the Shop Rat Associates shall be the property of the Foundation to be used, at its discretion, for any publicity, marketing and/or advertising purposes, and I hereby consent to and authorize such use without restriction. I also give permission for the Applicant and myself to be interviewed about Shop Rat Programming by the news media, co-sponsors, donors and Shop Rat TV filming crews. Additionally, I give my permission to use film footage of the Applicant or myself (at film producer's discretion) on any Shop Rat TV episode or advertisement for Shop Rat TV.
6. I understand and agree that I am responsible as the Applicant's parent or legal guardian for providing health insurance to cover any accident and/or health problems resulting from or arising out of the participation of the Applicant in the Shop Rat Programming. I hereby give consent in advance for the personnel of The Shop Rat Programming, the Foundation, and/or the Shop Rat Associates to take any and all necessary steps to provide any and all necessary medical treatment on behalf of the Applicant. In the event of an emergency, I authorize the personnel of the Shop Rat Programs, the Foundation, and/or the Shop Rat Associates to arrange for any necessary emergency medical treatment of behalf of the Applicant, including but not limited to calling 911 as said persons deem reasonably necessary at the time of the emergency. I understand that the personnel of Shop Rat Programming, the Foundation, and/or the Shop Rat Associates will try to contact me as soon as possible in the event of such an emergency. I agree to assume all financial liabilities arising from such emergency treatment, including but not limited to transportation costs, hospital, doctor, laboratory, rehabilitation and other costs directly or indirectly related to the emergency.
7. I hereby release, discharge, and hold harmless the Foundation and the Shop Rat Associates, their employees, successors, personal representatives and assigns from any and all responsibility, damages, or causes of action, present or future, resulting from or arising out of the participation of the Applicant in the Shop Rat Programming.
8. I understand and agree that if a clause or provision of this Agreement is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this Agreement, which shall continue to be enforceable.
9. I hereby acknowledge that I have/will notify the personnel of the Shop Rat Foundation and/or the Shop Rat Associates of any and all special medical needs or other information required by the Applicant, including, but not limited to food and medicine allergies. I hereby represent and certify that the age of the Applicant on the following page is correct and that the Applicant is physically fit to engage in structured and unstructured Shop Rat Programming.

I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND MY REPRESENTATIONS, WAIVER OF LIABILITY, RELEASES, AND INDEMNITIES SET FORTH HEREIN, AND THAT I AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT.

_____	_____	_____
Parent/Guardian of Applicant	Printed Name and Relationship	Date

Accepted By:_____ _____

The Shop Rat Foundation, Inc. Date

EDUCATION PROGRAMS & CAMPS

STUDENT REGISTRATION/MEDICAL INFO FORM

Please provide us with the following information. At the Shop Rat Education Programs and Summer Camps, the health and safety of our campers are our most important concern. For this reason we require that you complete the form below and carefully read all information that follows. This procedure helps ensure the well-being of all students/campers and is required for program/camp participation. We request that all forms be returned prior to the program/camp start date your child will be attending in order to complete your application and reservation.

SHOP RAT™

11855 BUNKERHILL RD
PLEASANT LAKE, MI 49272
517-769-2100

STUDENT/CAMPER INFORMATION (PLEASE PRINT)

Student/Camper Name: _____Gender: _____M_____F
Date of Birth: _____Grade:_____ School:_____
Parents/Guardian Name: _____
Address:_____
City:_____State:_____Zip:_____
Home Telephone: ( )_____ Work Telephone: ( )_____
Cell Telephone: ( )_____Email: _____

EMERGENCY CONTACT

Emergency Contact: _____
Relationship to Student/Camper:_____
Telephone Number(s): ( )_____( )_____( )_____

MEDICAL INFORMATION

Is student/camper covered by health insurance: ____Yes_____No
Complete Health Insurance Information:
Company:_____Policy #: _____Group Number: _____
List all medical conditions, physical or learning disabilities, any emotional or behavioral problems, and/or any other relevant information:_____
_____
Drug Allergies:_____
Food Allergies:_____
Indicate any medications or special treatments received by the applicant:_____
_____

OTHER INFORMATION

Student Tee-Shirt Size (Adult) Small ❑ Medium ❑ Large ❑ X-Large ❑

DONT FORGET TO SIGN

HOSPITAL OF CHOICE:_____**Phone:**_____

PHYSICIAN OF CHOICE: _____**Phone:**_____

DENTIST OF CHOICE: _____**Phone:**_____

APPLICATION AND REGISTRATION FORM MUST BE SIGNED ON THE **REVERSE SIDE** BY ***BOTH*** THE PARENT/GUARDIAN AND THE STUDENT!