

# The 4th Annual Sports Enhancement and Injury Prevention Camp!

## June 1st through June 29th

Participant/Guardian Waiver, Release, & Indemnification of All Claims

**NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in the Wolken Therapy and Wellness, LLC JAG sports camp, now or at any time in the future.**

**Acknowledgment of Risk:** I hereby acknowledge and agree that participation in general wellness activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with general wellness participation, including but in no way limited to: (1) slips, trips, and falls, (2) body and skin injuries, (3) athletic injuries, and (4) illness, including exposure and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with general wellness participation and that said list in no way limits the operation of this Agreement.

**Coronavirus / COVID-19 Warning & Disclaimer:** Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and/or death. Participating in sports camp programs could increase the risk of contracting COVID-19. Wolken Therapy and Wellness, LLC in no way warrants that COVID-19 infection will not occur through participation in JAG Sports Camp programs.

In consideration of my participation in the JAG Sports Camp I, \_\_\_\_\_, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Wolken Therapy and Wellness, LLC, its therapists, students, coaches, trainers, officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Wolken Therapy and Wellness, LLC on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of the Wolken Therapy and Wellness, LLC, fields/facilities/equipment or participation in the JAG Sports Camp programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in general wellness, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my general wellness participation. I hereby certify that I have full knowledge of the nature and extent of the risks inherent in general wellness participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in general wellness and that by signing this agreement I HEREBY RELEASE Releasees from all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in general wellness.

I further certify that my date of birth is \_\_\_\_\_ (MM/DD/YYYY), that my present age is \_\_\_\_\_.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Student/Participant (print) \_\_\_\_\_

Signature of Student/Participant \_\_\_\_\_

Name of Parent/Guardian (print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Parent/Guardian Relationship (print) \_\_\_\_\_

Address of Member/Participant \_\_\_\_\_

Telephone Number of Parent or Guardian \_\_\_\_\_

**Location:** Howells Football Practice Field

**Format/Time:** Mon/Wed/Fri, 8 AM til 9:30 AM

**Grades:** Entering 7th grade thru 12th  
**Camp Staff:** Physical Therapist: Ryan J Wolken DPT, Cody Wisnieski DPT, Casey Wisnieski, DPT and Chris Johnson PT, DPT, Andrew Beckmann Pharm. D., Howells-Dodge Athletic Staff.

**Cost:** 1st Family Member \$100, 2nd \$80, 3rd \$20 (The Rest FREE)

**Payment:** Cash or Check made out to Wolken Therapy & Wellness, LLC  
**Send with SIGNED RELEASE FORM** (clip and mail this ad)To:

**Wolken Therapy & Wellness**  
312 N Oakland Ave,  
PO Box 101,  
Oakland, NE 68045  
Web site:

[www.physicaltherapyNE.com](http://www.physicaltherapyNE.com)

**Phone: 402-685-4499**

**Fax: 402-685-4491**

Please fill out and send the following,  
Prior to Camp: 1. Release Form, 2. Emergency Contact and Phone #

3. Shirt Size(s)(circle): S M L XL

**Goals:**

1. Identify and Improve INDIVIDUAL Deficiencies.
2. DEVELOP Speed, Agility, Flexibility and Power.
3. Reduce and PREVENT Athletic Injuries.

Live Well. Rehab Better.

Questions? Phone: (402) 380-9225

Email:

[Wolkentherapyandwellness@gmail.com](mailto:Wolkentherapyandwellness@gmail.com)

