



## Camp in Kenya Application

TWK CAMP IN KENYA APPLICATION  
TRAIN WITH KENYANS, LLC  
P.O BOX 223  
Emory, VA 24237

***Print these pages and mail to the above address (the earlier the better). Thank you.***

1. All areas of this form must be COMPLETED and SIGNED by Parent/Guardian and returned to The Train with Kenyans, LLC with a COPY of your medical insurance card (front and back). Your application is not complete without your deposit of \$500 and your signature or parental authorization. Campers are responsible for any and all medical expense incurred during camp. Campers will not be allowed to participate in camp activities without parental authorization signature and proof of medical insurance.

2. Send this form with a **\$500 deposit to reserve your space**. The \$500 deposit to reserve your space and a is NON-REFUNDABLE for any reason. Substitutes are allowed. If you pay in full and cannot attend camp for medical reasons, you are entitled to a refund minus the deposit. Refund checks will only be written after **August 15<sup>th</sup> 2019**.

3. **Deposit of \$ 500 is due on March 31<sup>st</sup>, 2019.**

3. **Final payment is due on or before July 31<sup>st</sup>** or a month before your travel if paying with personal check. Cash, money orders and certified checks are accepted.

4. Make Checks payable to Train with Kenyans, LLC and mail to above address. NO PERSONAL CHECKS WILL BE ACCEPTED AFTER **July 31<sup>st</sup>, 2019**. We accept certified checks, money orders, or cash.

Please print legibly using ink. Confirmations will be sent once your deposit is received.

### Select One:

- \_\_\_\_\_ Runner \$3000.00\* (over 18years old)  
\_\_\_\_\_ Runner \$2500.00\*(under 18 years old)  
\_\_\_\_\_ Parent \$3000.00\*  
\_\_\_\_\_ Coach \$25000.00(Coach with seven athletes comes free)  
\_\_\_\_\_ Other \$3000.00\*

(The fees does not include **Safari or Air ticket**)

**Select where applicable**

- \_\_\_\_\_ I have a valid passport
- \_\_\_\_\_ I have done all my vaccinations needed
- \_\_\_\_\_ I have a copy of my medical record
- \_\_\_\_\_ I have traveling insurance (Optional)
- \_\_\_\_\_ I have a valid VISAS (You will apply and pay for you at the airport in Kenya when you arrive and TWK will refund you)
- \_\_\_\_\_ I have completed GOGCP Mission Application (You don't have to make any payments if you will be attending the Camp in Kenya. Fill in application and mail to provided address (P.O BOX 223, Emory, VA 24327))

**Be ready for a fun trip and training at high altitude!!!!**

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size: **XS S M L XL**

Address: \_\_\_\_\_  
\_\_\_\_\_

Your e-mail address: \_\_\_\_\_  
\_\_\_\_\_

Parent's e-mail address (under 18): \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

School (Middle, high school & College runners only): \_\_\_\_\_  
\_\_\_\_\_

Your Birthdate: \_\_\_\_\_

Year in School (Spring 2013, Middle, high school & College runners only) \_\_\_\_\_  
\_\_\_\_\_

Coach's Name (runners only):

\_\_\_\_\_

Coach's Phone #:(runners only \_\_\_\_\_)

Best Mile Time (runners only): \_\_\_\_\_

Best 2-Mile, 5k, 10k or 10 miles Time (runners only):

\_\_\_\_\_

Average Number of Miles per Week(runners): \_\_\_\_\_

Roommate Request: \_\_\_\_\_

Parent's Name (under 18 years old only):

\_\_\_\_\_

Parent's Cell Phone #:( under 18 years old only)

\_\_\_\_\_

**In case of Emergency:**

Father's name (under 18 years old only):

\_\_\_\_\_

Work #: \_\_\_\_\_ Cell

#: \_\_\_\_\_

Mother's name (under 18 years old only):

\_\_\_\_\_

Work #: \_\_\_\_\_ Cell

#: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT (everyone must have emergency contact person, no exception):**

NAME: \_\_\_\_\_

Contact #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*\* YOU CAN SEND A PROOF OF TRAVEL INSURANCE A TWO WEEKS BEFORE THE TRAVEL DATE! (TRAVEL INSURANCE IS OPTIONAL)**

(A photocopy of the front and back of the travel insurance card is required)

Runners, coaches, parent and everyone else are responsible for any and all medical expenses incurred during the travel and during the camp period in Kenya!

Please do not bring valuables, electronics or large sums of money. TWK will not be responsible for lost or stolen items.

**IF ASTHMATIC OR ALLERGIC TO BEE STINGS, YOU MUST BRING A BEE STING KIT AND/OR INHALER!!**

**INDIVIDUAL PARENT/GUARDIAN AUTHORIZATION**

I hereby give permission to the physician selected by the Train with Kenyans, LLC Running Camp staff to order X-rays, routine tests and treatment for the health of my child or my self. In the event of an emergency, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child or for myself. I understand that Train with Kenyans, LLC Running Camp, Grace of God Children's Project, INC, Grace of God Children's Centre, Grace Family Educational Centre, and its staff are not liable for any medical charges. Runners, parents, staff and Coaches are responsible for any and all medical expenses incurred during travel and camp in Kenya. If allergic to bee stings, my child or myself must bring a bee sting kit.

In addition, I acknowledge that distance training is a potentially hazardous activity and that I have made a voluntary choice to participate or permit my minor child to participate in the Train with Kenyans, LLC Running Camp in Kenya despite the risks that it presents. I agree to ASSUME ANY AND ALL RISKS OF INJURY OR DEATH, which may be associated with or result me or from my minor's participation in this event or traveling to this camp in Kenya.

I further agree to RELEASE FROM LIABILITY and to INDEMNIFY AND HOLD HARMLESS Train with Kenyans, LLC Running Camp, Grace of God Children's Project, NC, Grace of God Children's Centre, Grace Family Educational Centre, and its staff and its staff for damage, injury or death to the participant or to any person or property (whether or not caused by their

NEGLIGENCE) in any way connected with the participant's preparation, or practice or participation in the camp.

I, THE UNDERSIGNED, HAVE CAREFULLY READ AND UNDERSTOOD THIS AGREEMENT AND ALL OF IT'S TERMS. I UNDERSTAND THAT THIS IS A RELEASE AND INDEMNITY AGREEMENT WHICH MAY PREVENT ME OR ANY OTHER PERSON FROM RECOVERING ANY DAMAGES IN THE EVENT OF DEATH OR ANY INJURY TO THE PARTICIPANT. I, NEVER THE LESS, ENTER INTO THIS AGREEMENT FREELY AND VOLUNTARILY AND AGREE THAT IT IS BINDING UPON ME, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.

**This is a liability release. Please read carefully before signing:**

Parent/Guardian      Signature      (minors,      under      18      year      old)

\_\_\_\_\_

My signature (over 18 years old) \_\_\_\_\_

Date \_\_\_\_\_