I acknowledge that I am in good health and good physical condition. I understand that there are risks inherent in any physical activity. I assume the risks and accept the consequences involved in my participation in this event. I understand that if I am injured, I am responsible for my health care costs and I agree to release Dominican agents, employees, volunteers, or students from any and all claims for injury or illness resulting from my participation in this event In the event of illness or injury of my child and reasonable attempts to contact me at my telephone number provided during registration have been unsuccessful, I hereby give my consent to have any treatment deemed necessary by a local licensed physician or dentist and the transfer of the child to the nearest medical facility, if necessary.