



2020 Outdoor Adventure Camp Registration

Child's name: _____ Birthdate: _____ Grade next Sept.: _____

Enrollment Date(s): _____ or circle Weeks: #1: 7/6 - 7/10

#2: 7/13 - 7/17

Parent/Guardian: _____ #3: 7/20 - 7/24

#4: 7/27 - 7/31

Home Address: _____ #5: 8/3 - 8/7

#6: 8/10 - 8/14

Vacation Address: _____ Email: _____

Home Phone: (____) _____ Work/Vacation: (____) _____ Cell: (____) _____

Back-up Emergency contact: _____

Address: _____ Telephone: (____) _____

2nd Back-up Emergency contact: _____

Address: _____ Telephone: (____) _____

Health and Safety Information

Please check or explain:

Frequent ear infections

Asthma

Other _____

Past operations or serious injury: _____

Behavioral concerns: _____

Current medications: _____

(medications cannot be administered by camp staff)

Physical or activity restrictions: _____

Allergies:

Hay fever

Ivy Poisoning

Insect Stings

Drug allergies: _____ Epipen? _____

Food or other allergies (specify): _____

Family Physician: _____

Telephone: (____) _____

Photo Release:

_____ By initialing here, I give the town of Carrabassett Valley and Outdoor Adventure Camp permission to take videos and photos of my child, and to use the depictions in print and/or online and electronic media.

Parent/Guardian Signature: _____

Please mail or email completed form (2 pages) to: Outdoor Adventure Camp, 1001 Carriage Road, Carrabassett Valley, Maine 04947; outdooradventurecamp@gmail.com. No deposit is required with registration form; payment is due on the first day of each week of camp attendance.

Reservations are on a first come first serve basis. We encourage you to submit registration forms prior to July 1, 2020. After July 1st please email to check availability.

YOUTH RELEASE

FOR PARENT/GUARDIAN OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 ON THE DATE OF THIS RELEASE)

1. The risk of injury from the activities in this facility is significant, including the potential for permanent paralysis and death, while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated and customary terms and conditions for participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE TOWN OF CARRABASSETT VALLEY, their officers, officials, agents, or other employees, other participants, sponsoring agencies, sponsors, advertisers, insurers, owners and lessors of the premises (herein, the "Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, LOSS OR DAMAGE TO PERSONAL PROPERTY, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law; such indemnification shall include any reasonable attorneys fees and costs incurred by the Town of Carrabassett Valley in connection with such claims or causes of action. The Town of Carrabassett Valley retains any defense, immunity, or limitation of liability available to the Town of Carrabassett Valley by law, including the Maine Tort Claims Act; and
5. I specifically agree that I shall indemnify and hold harmless the Town of Carrabassett Valley, its officials, municipal officers, employees, agents, their heirs, successors, and assigns, from any such claims, demands, causes of action, judgments, or liabilities by a third party, including claims by my child named below. My indemnification for the Town of Carrabassett Valley, set forth above, shall be binding on me and legally effective in the event that a minor's signature, set forth below, is not considered legally valid.

AUTHORIZATION

I hereby give my consent to any medical procedures deemed advisable for my child by the Town of Carrabassett Valley or and/or its employees and staff in the event that I cannot be reasonably contacted in sufficient time, given the circumstances of my child's injury, and my child has sustained injury which reasonably requires treatment.

This is to certify that I, as a parent/legal guardian with legal responsibility for this participant, do consent and agree to this release as provided above, of all releases; and for my heirs and assigns, I release and agree to indemnify and hold harmless the releasees from any and all liability incident to my minor child's involvement or participation in any recreational activity as provided above, even if such liability arises from the negligence of the releasees, to the fullest extent provided by law. I also agree to be fully bound by the indemnification provisions set forth in (4) and (5) above.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INCIDENT.

PARENT/GUARDIAN SIGNATURE

DATE

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT'S NAME: _____ PHONE: _____

ADDRESS: _____

PERMANENT RESIDENCE: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY: _____

RELATIONSHIP: _____ PHONE: _____
