



Waynesville R-VI School District  
7<sup>th</sup>-8<sup>th</sup> Grade Camp July 2015

Calendar of Events (subject to change)

**Location: Waynesville Middle School**

Date	Drop-off Time	Pick-up Time	Offsite Activity	Location
Monday, June 29	7:30AM	5:30PM		
Tuesday, June 30	7:30AM	5:30PM	Canoeing/Service Project	Fort Leonard Wood
Wednesday, July 1	7:30AM	5:30PM	Scavenger Hunt	Fort Leonard Wood Museum
Thursday, July 2	7:30AM	Camping Overnight	Extreme Adventure Challenge Course	Ozark, MO
Friday, July 3	Camping Overnight	2:00PM	Extreme Adventure Challenge Course	Ozark, MO

**Daily Attire**

- Closed toe shoes (tennis shoes preferred) *required* everyday
- Flip-flops are *not* allowed for daily activities
- Lightweight, comfortable clothing should be worn each day (moderate-length shorts or jeans and t-shirts); hats and sunglasses may be worn outdoors
- Sunscreen and insect repellent are strongly recommended
- Offsite activities may require different attire; please see the Required/Recommended Clothing page for more details



**Waynesville R-VI School District  
7<sup>th</sup>-8<sup>th</sup> Grade Camp July 2015**

**Required/Recommended Clothing**

Canoe Trip & River Activities	Extreme Adventure Challenge course
<ul style="list-style-type: none"> <li>· Bathing suits or water-appropriate attire with a t-shirt covering the top <b>·Mandatory</b></li> <li>· Water shoes or tennis shoes that won't slip off easily <b>·Mandatory</b></li> <li>· Towel</li> </ul>	<ul style="list-style-type: none"> <li>· Closed toe shoes (tennis shoes preferred) <b>Mandatory</b></li> </ul>

**Closed toe shoes are required for all events.** Students will not be allowed to participate in events if proper footwear is not worn. It is highly recommended that students wear comfortable, broken-in tennis shoes to all events.

**Overnight Camping Trip Packing List**

Please keep in mind that students will be carrying all personal supplies to designated areas

**Required**

- Closed toe shoes (tennis shoes preferred)
- Sleeping bag/ blanket
- Pillow
- Modest sleepwear (t-shirt & gym shorts)
- Change of clothes
- Swimwear (see Canoe Trip for guidelines)
- Refillable water bottle

**Recommended**

- Hat
- Flip-flops for use at night
- Flashlight with fresh batteries
- Sunscreen
- Baby wipes
- Insect repellent
- Sunglasses
- Jacket

Personal care items such as: toothbrush, toothpaste, disposable camera, deodorant, feminine needs, Hand sanitizer, contact lens case and solution, etc.

**The following items will not be allowed for the duration of the camp:**

Electronic devices such as Game Boys, I-Pods, I-Pads, etc., pocket knives, tobacco products, alcohol, drugs/drug paraphernalia, fireworks, weapons/firearms



## Waynesville R-VI School District 7<sup>th</sup>-8<sup>th</sup> Grade Camp July 2015

### Dates

- Monday, June 29<sup>th</sup> – Friday, July 3<sup>rd</sup>

### Location

- Waynesville Middle School
- Students will be dropped off and picked up daily in the tennis court parking lot at the Waynesville Middle School.
- Updated calendars will be given out on the first day of camp.

### Times

- Monday – Friday, 7:30AM- 5:30PM
- Students will be camping overnight on Thursday and will not need to be picked up

### Medical Form and Waivers

- Students **MUST** submit a signed Waynesville R-VI School District Medical Form and waivers for the canoeing through the Outdoor Adventure Center on Fort Leonard Wood, and the Extreme Adventure Challenge Course prior to or during check in the first day of camp
- Students without a signed medical form and waivers will **NOT** be allowed to participate in camp activities

### Bus Transportation

- There will be **NO** transportation provided to and from camp
- School transportation will be used for any off campus activities occurring during camp hours; this may include activities in the Waynesville, Saint Robert, Fort Leonard Wood, and Rolla communities

### Lunch

- Students will need to bring a sack lunch to camp, lunch **will not** be provided.
- Small snacks will be provided daily along with dinner during camping on Thursday, July 2<sup>nd</sup> , and breakfast and lunch on Friday, July 3<sup>rd</sup>
- Refillable water bottles are strongly recommended
- Do **not** include any items that require refrigeration or access to a microwave

### Points of Contact

- AmeriCorps VISTA Office: 573-842-2651
- Community Resource Office: 573-842-2530
- Email at [community@waynesville.k12.mo.us](mailto:community@waynesville.k12.mo.us)



## Waynesville R-VI School District Summer 2015 Registration Form

**PLEASE SELECT A CAMP DATE** (based on your student's grade level for the upcoming 2015-2016 school year)

Any school age student is welcome to attend. Only students enrolled in Waynesville R-VI Schools are eligible for credit.

- \_\_\_ 9<sup>th</sup> grade: Mon-Fri, June 1st- 26th (students will also have the opportunity to receive a half credit for the elective of *Practical Arts*)
- \_\_\_ 10<sup>th</sup>-12<sup>th</sup> grades: Mon-Fri, June 15th- 26th (students will also have the opportunity to receive a half credit for the elective of *Practical Arts*)
- \_\_\_ 7<sup>th</sup>-8<sup>th</sup> grades: Mon- Fri, June 29- July 3rd
- \_\_\_ 4<sup>th</sup>-6<sup>th</sup> grades: Mon- Fri, July 6th- 10th

**STUDENT NAME (print):** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**GENDER:**            Male    Female                            **CURRENT SCHOOL OF ATTENDANCE:** \_\_\_\_\_

**MILITARY DEPENDENT (optional):** Yes      No

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

**Parent/Guardian Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_ **Father's Cell:** \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ **Father's Employer:** \_\_\_\_\_

**Mother's Work Phone:** \_\_\_\_\_ **Father's Work Phone:** \_\_\_\_\_

**Email (primary):** \_\_\_\_\_ **Email (alternate):** \_\_\_\_\_

**Allergies:** Insect bites      Food      (please specify): \_\_\_\_\_

**Describe the allergies:** \_\_\_\_\_

**Medical Concern:**  Asthma     Diabetes     Other \_\_\_\_\_

**EMERGENCY CONTACTS:**

The following is who **MAY** pick my child up from Freshmen Adventure Camp or Adventure Leadership Camp:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

The following is who **MAY NOT** pick my child up from Freshmen Adventure Camp or Adventure Leadership Camp:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_



**TRANSPORTATION**

How will your child get home from Freshman or Adventure Leadership Camp? Please check one of the options below.

- My child will be picked up by a parent/guardian or emergency contact
- My child will walk home
- My child will drive his/her vehicle home
- My child will ride the bus (only available for Freshman Adventure and 10-12<sup>th</sup> Grade Adventure Leadership Camp)

**PAYMENT**

I have included the following payment for camp (4-6<sup>th</sup> and 7-8<sup>th</sup> ONLY; No Charge for 9-12<sup>th</sup> Grade Camps)

- My child is on the regular lunch plan and I have included a check, money order, or cash for \$50.
- My child is on the reduced lunch plan and I have included a check, money order, or cash for \$40.
- My child is on the free lunch plan and I have included a check, money order, or cash for \$30.
- I have included a check, money order, or cash for \$\_\_\_\_\_ and am requesting a scholarship to cover the rest
- I am requesting a scholarship to cover the full amount
- I have included a check, money order, or cash for \$\_\_\_\_\_ to sponsor another child to attend summer camp

**(Meals will not be provided except during the overnight trip. Students should bring a lunch each day.)**

**MEDIA RELEASE:** I give permission for the above named student to be photographed and/or videotaped by the Waynesville R-VI School District as well as the other agencies involved in supporting the Adventure Leadership Camp. I further agree that these photographs and/or videotapes may be used in any Waynesville R-VI School District publication.

**LIABILITY WAIVER:** I, on behalf of my above named child recognize that there are risks inherent to participation in recreational activities and agree to hold harmless Waynesville R-VI School District, its officers, employees, and volunteers from any and all claims from bodily injury and/or property damage which may result from participation in any and all activities sponsored by Waynesville R-VI School District. These activities may include any of the following: service projects on and off campus, canoeing, obstacles courses, land navigation, high or low ropes courses, water activities, camping, bowling, and others. I understand that some activities may take place at off campus locations including, but not limited to Waynesville, St. Robert, Fort Leonard Wood, and/or Steelville areas. Transportation to and from all camp-related activities will be provided by the Waynesville R-VI School District.

**WAIVER, RELEASE AND AGREEMENT TO INDEMNIFY AND HOLD HARMLESS:**

The undersigned hereby acknowledges that the Waynesville R-VI School District does not carry medical pay coverage for its premises or vehicles. The undersigned further acknowledges that the activity listed herein may result in person injuries to the participants. The undersigned further acknowledges that the activity is outside the direct supervision of the school district. Accordingly, the undersigned hereby assumes the risk of any injuries resulting from the activity listed herein. In consideration of Adventure Leadership Camp, by \_\_\_\_\_ (student's name), the undersigned hereby releases from any legal liability the school district, its administrators, board members, teachers, employees, volunteers and agents from any and all liability for damage, injury or death, or any claim based upon negligence on the part of the school district or any of its board members, administrators, teachers, employees, volunteers or agents arising out of or related to the participation mentioned above. In the event any person not a party to this agreement, make any claim or file any lawsuit against the school district/community college, board members, administrators, teachers, employees or agents relating to the participation mentioned above, the undersigned agrees to indemnify (that is, reimburse if necessary), defend and hold harmless the school district, board members, administrators, teachers, employees and agents, from any and all such claims and lawsuits, including the payment of all damages, expenses, costs and attorney's fees.

I, (student's signature) \_\_\_\_\_ understand and agree to follow Student Rights and Responsibilities, the School Rules and the Bus Rules while participating in the Adventure Leadership Camp. I understand that failure to follow these rules may result in the early termination of my camp attendance and/or loss of credit through the summer school program (high school only).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Payment Amount: _____	Payment Type: Cash	Check _____	(Check Number) _____
Approved Full Amount (Yes / No) _____			
Approved for Partial Amount ( Yes / No ) Amount: _____			
Initial _____			Date _____
For office use only			

**Waynesville R-VI School District**  
**7<sup>th</sup>-8<sup>th</sup> Grade Camp July 2015**

Parents,

We are looking forward to getting to know your student during our weeklong Adventure Leadership Camp. Many exciting events and activities have been planned, and with each activity students will learn valuable leadership, communication, and teambuilding skills. We will encourage students to participate in all activities; however, students will not be forced to do any activity that they do not feel comfortable participating in.

Policy

Students will be expected to follow all Waynesville R-VI School District policies and guidelines. Counselors will follow these policies and guidelines when addressing disciplinary issues.

Attire

Students will be participating in many indoor and outdoor physical activities. Please be advised that in order to participate, students will be required to wear proper attire and footwear for safety reasons. Hats and sunglasses will be allowed for outdoor activities.

Outdoor Activities

Some outdoor activities have been planned to take place in wooded areas where students may be exposed to insects, poison ivy, and many hours of sunlight. We strongly recommend that bug repellent and sunscreen is worn every day of camp. Supplies of both will be on site for student use. Perfumes or scented lotions are strongly discouraged. Students are encouraged to bring a reusable water bottle daily as well.

Medications/Allergies

A form is provided to list any medications or allergies a student may have. Please return this form so counselors are aware of important medical issues. Also, if at all possible, try to dispense all medications prior to or after camp hours.

Prohibited Items

The use or possession of tobacco, alcohol, drugs/drug paraphernalia, firearms, and fireworks are strictly prohibited. If any of these items are found in a student's possession, they will be asked to leave the camp. Parents will be notified to pick up the student immediately, regardless of the group's location. Students are asked to leave all electronic devices at home. Cell phones will be allowed, however, we strongly advise against students bringing them. Students will personally be responsible for any lost, stolen, or damaged cell phones they choose to bring.

Camping Trip

When packing for the overnight camping trip, we advise students to pack light. Students may be carrying their belongings upwards of one-half mile before reaching the campsite. We have included a packing list of recommended items.

Contact Information

AmeriCorps VISTA Office 573-842-2651



Community Resource Office 573-842-2530  
 Email at community@waynesville.k12.mo.us



*WAYNESVILLE R-VI SCHOOLS*  
**Student Medical Form**

*Please notify the nurse immediately regarding any change in the following information*

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of last physical \_\_\_\_\_

Allergies: Medication \_\_\_\_\_  
 Food \_\_\_\_\_  
*(If a special lunch is requested, a Dietary Request form signed by the doctor and parent must be on file with the school nurse)*  
 Seasonal \_\_\_\_\_  
 Severe Bee/Insect \_\_\_\_\_  
 Other \_\_\_\_\_

Prescribed Daily Medications:

Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason for medication \_\_\_\_\_  
 Medication Name \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_ Reason for medication \_\_\_\_\_

*A medical authorization form must be on file in the nurse's office if medications are to be dispensed. This form must be signed by the parent for over the counter medications and signed by the parent and doctor for prescription medications before any medication can be given by the school. A new form must be presented to the school each new school year. Medications must be in the original container. Students are not allowed to transport medications except when authorized by a physician.*

Medical problems diagnosed within the last year \_\_\_\_\_

Please check any of the following areas of health concern applicable to your child:

- |                                 |  |  |   |   |
|---------------------------------|--|--|---|---|
| <input type="checkbox"/> ADD    | <input type="checkbox"/> Asthma  | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Heart              | <input type="checkbox"/> Vision (uncorrectable) |
| <input type="checkbox"/> ADHD   | <input type="checkbox"/> Bleeding Disorder   | <input type="checkbox"/> Epilepsy (Seizures) | <input type="checkbox"/> Hearing            | <input type="checkbox"/> Other _____            |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Contact lenses ( <input type="checkbox"/> soft / <input type="checkbox"/> hard) | <input type="checkbox"/> Glasses             | <input type="checkbox"/> Sickle cell anemia |   |

Please explain above problems in further detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All students will participate in regular physical education program unless a Physical Excuse Form, signed by the physician, is on record in the nurse's office at the school. The student will be placed in an Adaptive Physical Education Program if he/she is unable to participate in the regular program.

I. Check all boxes below indicating you grant permission for your child to receive the appropriate dosage for his/her age and weight of the following over the counter medications for pain, cough, sore throat, skin irritations, tooth pain, or fever of 100 degrees or above:

- |  |   |
|--|---|
| <input type="checkbox"/> Antibiotic ointment (Neosporin, Bacitracin) | <input type="checkbox"/> Orajel   |
| <input type="checkbox"/> Chloroseptic Spray                          | <input type="checkbox"/> Motrin or its generic form per manufacturer's instructions |
| <input type="checkbox"/> Cough drops                                 | <input type="checkbox"/> Tylenol or generic form per manufacturer's instructions    |
| <input type="checkbox"/> Tums  |   |

II. In the event of a medical emergency, as determined by the school nurse or other responsible staff member, it is the policy of the Waynesville R-VI School District to dial 911 immediately to obtain emergency medical services and/or transport to the nearest approved medical facility. The school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

If refused, please state in writing the action to be taken in the event of an emergency: \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_





# ADVENTURE LEADERSHIP CAMP



By Mobilizing the Next Generation to the Nations  
[www.schooltothenations.com](http://www.schooltothenations.com)  
417-581-5993

Extreme Adventures Challenge Course  
Agreement to Participate,  
Assumption of Risk, and Release of Liability  
Please Read Before Signing



Whereas the undersigned ("Applicant") requests participation in the Extreme Adventure Challenge Course, organized by Hidden Bluff Ministries, a 501(c)3 non-profit organization of Ozark, MO, located in Christian County: \_\_\_\_\_ *Applicant Initial*

In consideration of Hidden Bluff Ministries' allowing Applicant to participate in such program, Applicant acknowledges that certain risks and dangers may occur. These include, but are not limited to: the hazards of traveling in wooded terrain, activities requiring dependence on other people, activities conducted at various heights (ground to 40 ft.), accidents or illness in remote places without medical facilities, forces of nature, and travel by bus, automobile, wagon or other conveyance. \_\_\_\_\_ *Applicant Initial*

Applicant further recognizes that these risks may also include loss or damage to personal property, physical or psychological damage, and/or injury not excluding fatality, due to accidents which may occur resulting from this challenge course experience or other type of outdoor activities. Applicant further understands that in requesting participation in these activities, he or she will be exposed to the effects of the elements of nature, including but not limited to temperature extremes, inclement weather, mosquitoes and ticks. Applicant further understands that medical treatment may be at least an hour away in the event of a medical emergency.

\_\_\_\_\_ *Applicant Initial*

Applicant certifies that he or she is completely healthy (both physically and emotionally) and capable of participating in the Extreme Adventure Challenge Course activity. Applicant has listed on the Health Statement Form any medical condition that Extreme Adventures and Hidden Bluff Ministries should be aware of which may hinder participation. *However, Applicant understands that it is solely his or her responsibility to determine whether there is any medical reason that he or she should not participate in the Challenge Course. Applicant understands that participation in this program requires extraordinary physical and mental exertion.*

\_\_\_\_\_ *Applicant Initial*

In consideration of, and as part payment for the right to participate in such a program and the services provided for Applicant by Hidden Bluff Ministries, its Directors, Officers, Employees, Agents and/or Associates, Counselors, Representatives, and the heirs, executors and administrators, successors, assigns, and family members including minors (referred to as Releasees), Applicant has and does hereby assume all of the above risks and any other ordinary and/or extraordinary risk incidental to the nature of the program which are not specifically foreseeable, and will hold Releasees harmless from any and all liability, action, causes of action, debt, claims and demands of every kind and nature whatsoever, whether for bodily injury, property damage or loss or otherwise, which Applicant now has or which may arise from or in connection with Applicant's program or participation in any other activities arranged for Applicant by Hidden Bluff Ministries and its Releasees. \_\_\_\_\_ *Applicant Initial*

Applicant covenants NOT TO SUE Hidden Bluff Ministries or its Releasees or collect any money, damages, or costs associated with any lawsuit. In addition, Applicant will be liable for Attorney and Court fees should there be any litigation against Hidden Bluff Ministries. Applicant also states that he or she is not under, and will not be under, the influence of any chemical substance, including but not limited to alcohol. Applicant fully understands that his or her participation in the Extreme Adventure program is entirely VOLUNTARY. Applicant enters this activity and takes full responsibility for his or her decision to participate or not participate and agrees to follow all safety instructions. *Further, Applicant warrants that he or she is at least 18 years of age and understands if he or she has any doubt or concern about his or her physical and/or mental condition to participate in the Extreme Adventure Challenge Course that he or she should consult his or her physician prior to engaging in the above activities.* \_\_\_\_\_ *Applicant Initial*

\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Signature of Participant (18 yrs. And older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If under 18 yrs. Old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

I give permission for my photograph and any statements to be used in any fashion, by School to the Nations, in its sole discretion, including but not limited to, publications, videos and websites. Yes \_\_\_\_\_ No \_\_\_\_\_





**Extreme Adventures at Hidden Bluff Statement**

The proposed activity provided by Extreme Adventure at Hidden Bluff requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and heart rates. It is imperative that you are free of any heart-related or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or any others who depend upon them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_
Address \_\_\_\_\_ Gender \_\_\_\_\_
City, State, Zip \_\_\_\_\_ Age \_\_\_\_\_
Telephone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_ S.S. # \_\_\_\_\_
Name of Physician \_\_\_\_\_ Last Exam \_\_\_\_\_
In Case of Emergency Notify: \_\_\_\_\_
Home address \_\_\_\_\_ City State, Zip \_\_\_\_\_
Telephone: Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

**Health History (circle the appropriate answer and describe any YES answers)**

Have you had or do you currently have any heart problems (dates)? \_\_\_\_\_ YES NO
Do you frequently suffer from pains in your chest? \_\_\_\_\_ YES NO
Do you often feel faint or have spells of severe dizziness? \_\_\_\_\_ YES NO
Has a doctor ever told you that have high blood pressure? \_\_\_\_\_ YES NO
Are you currently taking any blood pressure medicine? \_\_\_\_\_ YES NO
Are you a smoker? \_\_\_\_\_ YES NO

(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate on the Extreme Adventure Challenge Course)

Do you have arthritis, joint or back problems that might be aggravated by exercise? \_\_\_\_\_ YES NO
Have you had any operations or serious injuries (dates)? \_\_\_\_\_ YES NO
Do you have any disabilities or chronic recurring illness? \_\_\_\_\_ YES NO
Are there any activities restricted/limited/discouraged by physicians advice? \_\_\_\_\_ YES NO
Are you allergic to any medicines, insects, or pollen? \_\_\_\_\_ YES NO
Do you have Epilepsy? \_\_\_\_\_ YES NO
Do you have Diabetes? \_\_\_\_\_ YES NO
Do you have any prescribed meal plan or dietary restrictions? \_\_\_\_\_ YES NO
Are you currently sick and/or using a medicine not listed above? \_\_\_\_\_ YES NO
Do you carry family medical/hospital insurance? \_\_\_\_\_ YES NO
Carrier \_\_\_\_\_ Policy # \_\_\_\_\_
Suggestions or health related information for Extreme Adventure and Hidden Bluff personnel \_\_\_\_\_

**General Health Statement REPRESENTATION AND EMERGENCY AUTHORIZATION**

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in Extreme Adventure Challenge Course activities. I hereby give my permission to the medical personnel selected by Extreme Adventure and Hidden Bluff Ministries to order injections, and/or anesthesia and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if Extreme Adventures and/or Hidden Bluff Ministries determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation and of any medical care and acknowledge that these costs are the responsibility of the undersigned. I also understand and agree to abide by any restrictions placed on my activities.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_
Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_
(if participant is under 18 years of age)
Witness \_\_\_\_\_ Date \_\_\_\_\_



Canoe Waiver  
 Student's Name: \_\_\_\_\_

RELEASE, WAIVER, INDEMNIFICATION, HOLD HARMLESS,  
 AND ASSUMPTION OF THE RISK AGREEMENT

In return for use of premises and/or participation in any activity at the premises, and/or for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Undersigned agrees to the following: To indemnify, hold harmless and defend Outdoor Adventure, and any of its employees, directors, officers, agents, or volunteers from any and all fault, liabilities, costs, expenses, claims, demands or lawsuits arising out of, related to or connected with the discharge of any weapons; the Undersigned's participation in discharging firearms; observing the discharging of firearms, participation in or observation of any activity, the use of the range, buildings, land and any use and presence on the premises (the "Premises"); and any and all acts or omissions of the Undersigned or of any third party (including, without limit, licensees, trespassers or business invitees). Should any such claim, demand or lawsuit arise or be asserted in any way related thereto, whether arising under the laws of the United States, California or of any other State, or under any theory of law or equity, the Undersigned will indemnify, hold harmless and defend Outdoor Adventure Center, from any and all costs, expenses or liability including, but not limited to, the cost of any settlement or judgment made or rendered against Outdoor Adventure Center, whether individually, jointly, or in concert with the Undersigned, together with all costs of court and other costs or expenses incurred in connection with any such claim, demand or lawsuit, including attorney's fees.

The Undersigned waives any and all rights and claims for damages, losses, demands and any other actions, which exist or which may arise against Outdoor Adventure Center, (including, but not limited to any and all injuries, damages or illnesses suffered by the Undersigned or the Undersigned's property), which may, in any way whatsoever, arise out of, be related to or be connected with: discharging firearm, bow or paintball gun on the Premises, the use of their sporting equipment of any nature and kind, the Undersigned's presence on or use of Premises for any purpose or activity, whether sponsored by, authorized, assisted, regulated, or not, by the Lemon Grove Rod and Gun Club; the Undersigned's own property (whether or not entrusted to Outdoor Adventure Center), including any patent or latent defect in the premises. Outdoor Adventure Center shall not be liable for, and the Undersigned hereby expressly releases from, any and all such claims. This waiver is both personal and on behalf of any minor accompanying or associated with the undersigned, even if said minor is not expressly identified below.

The Undersigned hereby expressly assumes the risk of entering the Premises and taking part in activities on the Premises which include, but are not limited to the discharge of firearms, bow and paintball gun and the firing of live ammunition; observing individuals discharging firearms; and/or the use of the premises, club or camping facilities for any purpose, including recreation or business. I acknowledge that my use of the premises, participation in individual and group activities, including the use of firearms or archery involves initiative, problem solving, and entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: the hazards of slips and falls; being struck by objects dislodged or dropped from above or flying through the air, the hazards from using firearms, bows and paintball guns, or the use of firearms, bows and paintball guns by others, the risks of falling off of equipment, such as stands, or down embankments



# ADVENTURE LEADERSHIP CAMP



or off trails, the risk of explosion, or even the exertion of the physical participation in the activity as well as my own known or unknown physical condition.

The Undersigned furthermore hereby acknowledges and agrees that he/she has read, understands and will at all times abide by all Outdoor Adventure Center range rules, any separate rules or procedures required by any activity, the procedures, safety rules, and any and all Range Officer instructions, whether communicated in writing, posted on the premises and/or communicated verbally.

This instrument binds the Undersigned and his/her executors, administrators, assignees or heirs and any minor for whom it is signed.

If under the age of 25, (or, if requested by a Range Officer) my age is listed. If a minor, under the age of 16 years, I understand a parent or legal guardian's signature agreeing to this waiver is required.

I have also read and understand the Outdoor Adventure Center range rules on the reverse side.

UNDERSIGNED:

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature

If under 25, my age is:

Print Name \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature (if under the age of 16)

\_\_\_\_\_  
Print Name



# ADVENTURE LEADERSHIP CAMP



Last Name \_\_\_\_\_

## ARK Application Form

Membership  Group Fitness  Day Pass

Name of Person Completing Application \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender *F or M* Preferred Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name /Number \_\_\_\_\_

How did you learn about The ARK?  Brochure  Friend  Facebook  Website  Other: \_\_\_\_\_

### Additional Name(s)

	<u>First Name</u>	<u>Last Name</u>	<u>Date of Birth</u>	<u>Gender</u>
1.	_____	_____	_____	<i>F or M</i>
2.	_____	_____	_____	<i>F or M</i>
3.	_____	_____	_____	<i>F or M</i>
4.	_____	_____	_____	<i>F or M</i>
5.	_____	_____	_____	<i>F or M</i>
6.	_____	_____	_____	<i>F or M</i>

### Membership Type

Youth  Adult  Couple  Single Parent Family  Family  Senior Adult  Senior Couple

*Membership Term*  1 month  3 month  6 month  1 year

### Waiver and Release of Liability:

The ARK Community and Sports Center is not responsible for any injury or loss of property suffered while participating in ARK activities, using equipment, or on premises, for any reason whatsoever, including ordinary negligence on the part of the, its officials, employees, instructors, or agents. In consideration of my family's and my ability to use The ARK for fitness activities, I hereby release and covenant not to sue The ARK, its officials, employees, instructors, or agents from any and all present and future claims resulting from my participation in activities both present and future, that may be made by me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion of strength training and that these, and other activities at The ARK involve certain risks, including but not limited to death, disability, serious neck, and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints, or muscles. My family and I are voluntarily participating in activities with full knowledge of the inherent risks of property damage, personal injury and/or death. I understand that The ARK encourages me to consult with a physician before beginning any exercise program. I understand this waiver to be broad and inclusive as the laws of the state of Missouri will permit and affirm that I am of legal age to freely sign this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules of The ARK. The ARK has the right to terminate my ARK privileges and remove me from the facility at any time if (a) I behave in a manner contrary to The ARK's mission, (b) I appear to be involved in criminal acts, or (c) I behave in a way that disrupts The ARK's operations. I understand that taking pictures in the locker rooms is not allowed.

\_\_\_\_\_  
**Signature of Participant** (If under 18, parent/legal guardian) / **Date**

**For Office Use Only**

Amount Received: \_\_\_\_\_ Payment Method:  Cash  Credit Card  Check # \_\_\_\_\_  Other \_\_\_\_\_

Auto Pay  Yes  No

Date of Purchase: \_\_\_\_\_ Staff: \_\_\_\_\_ Reviewed By: \_\_\_\_\_



## Waynesville R-VI School District Adventure Leadership Camp Scholarship Request Form

Student's Name: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Camp attending:

7<sup>th</sup>-8<sup>th</sup> Grade Camp: June 29- July 3, 2015

4<sup>th</sup>-6<sup>th</sup> Grade Camp: July 6-10, 2015

Are any additional members of the household planning on attending the camp as well?

Yes

No

If yes, please list the students' names and camps they are attending (only one form will be required for students in the same family).

Student Name

Grade Level

Camp Date

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_

Parents' Name(s): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved for:  Full Amount  Partial Amount  Other: \_\_\_\_\_