

**2019 Cedar Springs Outdoor Adventure Camp Registration**  
**June 21, 2019 9:00 a.m. – Noon (Open House – Come any time!)**

**Camp Dates**

Please select the date of camp you are registering for:

June 21, 2019

**Camper Information**

Name:

Birthdate:

Grade entering in the Fall:

T-shirt Size:

Allergies or Medical Conditions:

**Household / Adult Primary Contact**

Relationship to Participant:

- Mother
- Father
- Guardian
- Other

Name:

Address :

City, State & Zip:

Cell Phone:

Alternate Phone:

Email Address:

# Permission and Authorization

I give permission for my camper to receive necessary health care, prescribed medications and emergency medical treatment. The shared health history is complete and accurate to the best of my ability. I will not have my camper/s attend camp if they are exposed to any contagious disease or illnesses; or if for any reason, I do not consider themselves in good physical condition. Upon arrival to camp, the camp health personnel have the right to refuse to admit any campers to camp if they do not meet acceptable health conditions (e.g. temperature, contagious disease or illness, etc). I understand that sending a camper to camp that is contagious or sick places other campers and staff at risk and I will be responsible to pick up my camper from camp if the health care provider at camp deems this necessary. By checking box below, the participant agrees to be bound by the terms and conditions of this agreement. If participant is less than 18 years of age, then parent or legal guardian, agrees on their behalf and is bound by the terms and conditions of this agreement. \*

I give Cedar Springs Outdoor Adventure Day Camp permission to record, videotape, photograph or use other means of reproduction (voice, image and physical likeness of camper/s) for promotional, sponsorship and marketing use without further consent or compensation. \*

Inherent Risks, Dangers and Hazards: I understand my/our child/children will be provided a safe camp environment and experience at Cedar Springs Outdoor Adventure Day Camp. However, accidents may occur which are beyond staff or volunteers' abilities to avoid. I am aware and understand that there are Inherent dangers, hazards and risks (collectively called risks) associated with my/our child/children attending Cedar Springs Outdoor Adventure Day Camp. I acknowledge that these 'risks' mean those dangerous conditions are an integral part of camp activities (examples: horse-back riding; archery; rock-climbing, etc) include but not limited to: Horses behave in ways that may result in injury, harm or death to person/s on or around the vicinity Unpredictability of horses and other animals may include reactions to sounds, sudden movements and unfamiliar objects, persons or other animals. The potential of any camper to act in a negligent manner that may contribute to injury while participating in camp activities; such as failure to follow safety regulations. I understand that injuries resulting from such 'risks' are common and ordinary occurrences associated with Equine and other considered 'dangerous' activities. I freely accept and fully assume all the 'risks' and possibility of personal injury, property damage or loss from being a participant. I acknowledge that, I, as parent/guardian take responsibility for my/our child/children and grant permission for my/our child/children to participate in all camp activities that they chose to participate in. I waive all claims that I may have against Cedar Springs Outdoor Adventure and release Cedar Springs Outdoor Adventure Camp from any and all liability for loss, damages, injury or death that my/our child/children may suffer as a result of their participation in all camp activities due to any cause whatsoever. I understand my/our child/children will be provided a safe camp environment and experience at Cedar Springs Outdoor Adventure Day Camp. However, accidents may occur which are beyond staff or volunteers' abilities to avoid. I understand that Cedar Springs Outdoor Adventure Day Camp or any staff or volunteers will not be held liable for any injuries or incidents that may occur to campers under our care at Outdoor Adventure Day Camp due to noncompliance of rules and regulations or through accidents that may occur on-site. \*

Signature: By signing below, the participant agrees to the terms and conditions of this form. If the participant is less than 18 years of age; then, I, the parent or legal guardian of the participant, agree, on my behalf and on my child's behalf to be bound by the terms and conditions of this form. The undersigned certified that the information provided in this agreement is true and accurate. \*

## **This camp includes the opportunity to ride horses!**

Every Participant in Equine and Llama Activities (Called The Activity), Shall Carefully Read This Notice Before Signing. No Person Will Be Allowed To Participate In The "ACTIVITY" Prior To Reading and Signing This RELEASE and ACKNOWLEDGMENT Form. To: Cedar Springs Church, Inc. 3128 Slinger Road, Slinger WI 53086 Their director, officers, employees, representatives, agents, officials, volunteers, business operators, and site property owners, (all of them collectively called the "OWNER"). The undersigned desires to participate in Equine and/or Llama Activities. In consideration of the opportunity to participate in such activities and for the good and valuable consideration I agree to enter into the following agreement. A. Inherent Risks, Dangers and Hazards I am aware and understand that there are Inherent DANGERS, HAZARDS, And RISKS, (collectively called RISKS) associated with Equine and/or Llama Activities. ACKNOWLEDGE that these Inherent "RISKS" OF Equine and/or Llama Activities mean those

DANGEROUS conditions which are an integral part of Equine and/or Activities, including but not limited to:

- 1) The Propensity of and equine or llama to behave in ways that may result in injury, harm or death to persons on or around them and/or damage to property in their vicinity.
- 2) The unpredictability of any equines or llama's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals.
- 3) The equines response to certain hazards such as surface and subsurface objects.
- 4) Collusions with other equines, llamas, animals, people, and objects.
- 5) The potential of any participant to act in negligent manner that may contribute to injury to participant or others, such as failing to maintain control over equine and/or llama or to act within his or her ability. I understand that injuries resulting from such "RISKS" are common and ordinary occurrence associated with Equine and/or Llama Activities.

I freely accept and fully assume all the "RISKS" and the possibility of personal injury, death, property damage or loss from being a Participant. I acknowledge that it remains my sole responsibility to act in such a manner to be responsible for my own safety and to participate within my own limits. In consideration of the "OWNER" permitting my Participation in the "ACTIVITY" on or about the above premises, I together with my heirs, executors, administrators and assigns. (Collectively called my "Legal Representatives") agree as follows:

- 1) To Waive All Claims that I may have against the "OWNER", and.
- 2) To Release the "OWNER" from Any and All Liability for loss, damages, injury, death or expense that I or my "Legal Representatives" may suffer as a result of my Participation in the "ACTIVITY" due to any cause whatsoever. INCLUDING NEGLIGENCE ON THE PART OF THE "OWNER" EXCLUDING ONLY GROSS NEGLIGENCE AND WILLFUL AND WANTON MISCONDUCT ON THE PART OF THE "OWNER"; AND.
- 3) TO HOLD HARMLESS AND INDEMNIFY the "OWNER" from any and all liability for property damage, personal injury or death to any third party resulting from my Participation in the "ACTIVITY". Before I signed this Release and Acknowledgement, I read it and I state that I understand it. I am aware that by signing this Release and Acknowledgement, I am waiving certain legal rights which I might have against the "OWNER", or if I die, by signing this Release and Acknowledgment, I am waiving certain rights that my Legal Representatives may have against the "OWNER".

WARNING, UNDER WISCONSIN LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES SEC.892.525 WIS STATS

If the Participant Is a Minor (Under 18 Years Of Age At Date Of Signing): I am the legal guardian of the Participant named herein and I am executing this Release and Acknowledgement on behalf of the Participant in my capacity as guardian and with the intent that this Release and Acknowledgement be binding on the infant Participant for all legal purposes. Before I signed this Release and Acknowledgement, I read it and state that I understand it. I am aware that by signing this Release and Acknowledgement. I am waiving certain rights which I might have against the "OWNER", and which the infant Participant has against the "OWNER". In the event of my death or threat of the infant Participant, by signing this Release and Acknowledgement, I am waiving all legal rights which my Legal Representative or the Legal Representatives of the infant Participant may have against the "OWNER."

**Signature Required**

Please Print your name: \_\_\_\_\_

Please Sign your name: \_\_\_\_\_ Date: \_\_\_\_\_