

# SPRUCE LAKE ADULT HEALTH FORM

*Also: Parent & Child Adventure Health Form for 2010*

**AN INDIVIDUAL HEALTH FORM MUST BE BROUGHT WITH EACH PARTICIPANT FOR THE PARENT CHILD ADVENTURE WEEKEND OR THE PARENT CHILD MINI WEEK YOU ARE ATTENDING. PLEASE CALL AHEAD IF YOU HAVE DIETARY OR HEALTH NEEDS THAT WE SHOULD BE AWARE OF IN OUR PLANNING (570-595-7505 x2).**

NAME OF PARTICIPANT \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**WHO TO CONTACT IN CASE OF EMERGENCY: (Children should always list their guardians as 1<sup>st</sup> contact)**

1ST CONTACT(S) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Evening phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

2ND CONTACT(S) \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Evening phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

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**HEALTH RELATED LIMITATIONS or CONDITIONS:** *Please indicate below any limitations, conditions, or instructions you wish our Staff to be aware of concerning your participation in this experience and its activities. (i.e. Asthma, Back Troubles, Bleeding Disorders, Heart Condition, Mobility, Pregnancy)*

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**ALLERGIES:** *Please indicate below any allergies you have that you wish our Staff to be aware of and/or would help medical personnel in your care.*

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**MEDICATIONS:** *Please indicate below any medications you are taking that you wish our Staff to be aware of and/or would help medical personnel in your care.*

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**PHYSICIAN:** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**INSURANCE INFORMATION: (Include company and policy/group numbers)** \_\_\_\_\_

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This health history is correct so far as I know, and the person listed above has permission to engage in all prescribed trip activities except as noted. I hereby give permission to the Spruce Lake staff to provide first aid care to myself/ son or daughter but understand that Spruce Lake staff are not able to provide medical care beyond their level of training. I understand that every effort will be made to reach those listed above in an emergency. In the event they cannot be reached in an emergency, I hereby give permission for Spruce Lake personnel to transport and secure proper treatment for and/or hospitalize the camper. This form may be photocopied and/or faxed for use out of camp.

\_\_\_\_\_  
Signature of participant or parent/guardian (if camper is under 18)

\_\_\_\_\_  
Printed Name of participant or parent/guardian (if under 18)

\_\_\_\_\_  
Date

Dear Parent / Adult,

Please read and sign the following document. The language has been changed to be applicable for you the adult.

## **2010 Adult Safety Form**

**Camp Policies-** Cancellation Policy- Upon registration the \$75 deposit is considered nonrefundable. Within two weeks of the registered week of camp you will be eligible for a refund of 50% of your tuition. If we are not informed of bus cancellations by the Friday prior to the beginning of camp, the bus fee for that week will be forfeited.

Camper Contact Policy- Family and friends are asked not to have direct contact with campers while camp is in session.

Health and Safety Policy- A completed Adult Health Form is required for you to participate in camp. It is your responsibility to provide the camp with a complete and accurate Adult Health Form for the session for which they are registered and to inform the camp of any changes to the information provided on the Adult Health Form prior to start of the session.

Camper Dismissal Policy- Only authorized persons will be permitted to pick up a camper from camp.

**Assumed Inherent Risks-** There are inherent risks with participating in a camping program including but not limited to the following: Environmental risks including severe weather, encounters with plants or animals. Risks associated with the behaviors and actions of other participants, employees and agents of Spruce Lake Wilderness Camp, and other individuals. Risks associated with programmed and non-programmed activities such as recreational games, swimming, boating, archery, fire building, mountain biking, vehicular travel, and adventure activities (Zip Lines, High/Low Challenge Course, Power Swings...) Many activities scheduled for specific camp weeks may be found at [www.wildernesscamp.org](http://www.wildernesscamp.org).

Trip and travel programs, like our off-site Expeditions, spend more time outside and on the road increasing their exposure to the environmental and vehicular travel hazards. Additional Expedition activities include, but are not limited to, backpacking, cave exploration, lake or river canoeing, rock climbing, and white water rafting. Some of these activities may be led by professionals contracted by Spruce Lake Wilderness Camp, and you are required to complete any and all additional Agreements required by those organizations in order for your child to participate.

These risks, however slight the chances of occurrence, cannot be reasonably eliminated and may result in loss or damage to property, accidental injury or illness or, in extreme cases, trauma or death.

Furthermore, Wilderness Camp and off-site Expeditions occur in rural locations where access to advanced emergency care is limited and emergency response times might seem unduly long relative to urban/suburban standards. We do not want to frighten or reduce enthusiasm; rather we want you to be informed.

**Parental permissions-** Permission to Participate- I understand there are inherent risks within participating in Spruce Lake Wilderness Camp. I give myself permission to fully participate in the program of Spruce Lake Wilderness Camp for which I am registered. My permission extends to all of the activities associated with that session of camp unless noted by me on the Adult Health Form. My participation is purely voluntary.

Permission to be Transported- I give my permission for me to be transported by approved camp staff and vehicles for camp activities and/or emergency medical treatment.

Permission to use Audio, Video, and Photographic Images- I give Spruce Lake Wilderness Camp permission to use audio/video footage and photographic images that include me in Wilderness Camp publicity.

**Liability Release-** In consideration of my voluntary participation in Wilderness Camp activities, I indemnify Spruce Lake Wilderness Camp and hold the camp harmless of any claim brought on behalf of myself. I hereby release, and covenant with, Spruce Lake Wilderness Camp that I will never, individually or in cooperation with another, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of camping and other related activities sponsored by Spruce Lake Wilderness Camp, Spruce Lake Retreat, Franconia Mennonite Camping Association, its successors and legal representatives.

While Spruce Lake Wilderness Camp staff will make every effort to ensure my safety and wellbeing, we do require that this form be read, filled out, and signed and dated by the adult participant over the age of 18 who wishes to participate.

My signature below indicates that I have read the above Adult Safety Form, understand it, and agree to be bound by the terms specified.

Adult Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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