

# SPRUCE LAKE ADULT HEALTH FORM

*Also: Parent & Child Canoe Health Form for 2008*

**AN INDIVIDUAL HEALTH FORM MUST BE BROUGHT WITH EACH PARTICIPANT FOR THE CANOE WEEKEND OR PARENT/CHILD CAMP YOU ARE ATTENDING (Please do not send ahead of time). PLEASE CALL AHEAD IF YOU HAVE DIETARY OR HEALTH NEEDS THAT WE SHOULD BE AWARE OF IN OUR PLANNING (570-595-7505 x151).**

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

SS# \_\_\_\_\_ 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.

## **Camp Policies, Permissions Granted , Assumption of Risk, and Liability Release**

**Camp Policies:** **Cancellation Policy-** Upon registration the \$50 deposit is considered non-refundable. Within two weeks and before the Friday prior to the registered week of camp you will be eligible for a 50% tuition refund. If we are not informed of your cancellation by the Friday prior to the beginning of camp, the full tuition & bus fee for that week of camp will be forfeited. **Health and Safety policy-** A completed Health Form is required for you to participate fully in camp. For further information on the policies, see the parent information section found of our website.

**Permissions Granted:** **Permission to Participate -** I give myself permission to fully participate in the program of Spruce Lake Wilderness Camp for which I am registered. Many activities scheduled for certain camp weeks may be found by visiting on-line at [www.wildernesscamp.org](http://www.wildernesscamp.org) or I can call for more details. My permission extends to all of the activities associated with that session of camp, except as noted by me on the Health Form. My participation is purely voluntary.

**Permission to be Transported -** I give myself permission to be transported by approved camp staff and vehicles for camp activities and/or emergency medical treatment. **Permission to use Photographic and Video Images-** I give Spruce Lake Wilderness Camp permission to use photographs and or video footage that may include me in Wilderness Camp publicity.

**Assumption of Risk-** My permission is given with the understanding that, though Wilderness Camp staff will make reasonable efforts to ensure my safety and wellbeing there are inherent risks associated with participating in a camp program. These risks, however slight the chances of occurrence, cannot be reasonably eliminated.

There are many sources of risk including but not limited to any of the following: Environmental exposure associated with severe weather, and encounters with animals and plants. Risks associated with programmed and non-programmed activities including recreational games and play, elective activities, vehicular travel, and other outdoor activities (swimming, hiking, target sports, boating, mountain biking, wood working, fire-building, outdoor cooking, sports, programmed night games). Similar "Adventure Program" related hazards exist related to activities like Rappelling, Climbing, Challenge Course, High Ropes Course, Power Swing, Vertical Playpen, and Zip Lines, while additional risks include equipment failure, and participant or facilitator error resulting in injury. Finally, there are general risks associated with the behaviors and actions of other participants, employees and agents of Spruce Lake Wilderness Camp, and other individuals.

**Additional Risks (Must be signed for campers in Expeditions Programs):** additional risks include an increase exposure to the environmental and vehicular travel hazards. They also include risks associated with participation in one or more of the following outdoor activities including but not limited to: backpacking, cave exploration, lake or river canoeing, rock climbing, ocean swimming, mountain biking, and white water rafting. I also understand that many of these activities will take place in areas that are more remote than Spruce Lake and access to medical care might seem unduly long. Some of these activities may be led by professionals contracted by Spruce Lake Wilderness Camp, and I agree to complete any and all additional Agreements required by those organizations.

**Expedition Parent / Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Agreement to provide Medical information-**I affirm that I have provided all of the medical information requested within the Wilderness Camp Health Form and understand that it is my responsibility to provide the camp with information that may be instrumental in providing for my health care needs. I understand that Wilderness Camp is in a rural location and access to local advanced emergency care is limited and emergency response and travel time might seem unduly long relative to urban or suburban standards.

**Liability Release-** In consideration of the permission granted by me to participate 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.

**My signature below indicates that I have read the Camp Policies, Permissions Granted, Assumption of Risk, Agreement to Provide Medical Care, and the Liability Release. I understand them, and agree to be bound by the terms specified. Furthermore I, as parent or legal guardian of the above named minor, certify that the personal and health information provided is both complete and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

# SPRUCE LAKE CHILD HEALTH FORM (FOR THE PARENT/CHILD CANOE TRIP)

*Also: Parent & Child Canoe Health Form for 2008*

**AN INDIVIDUAL HEALTH FORM MUST BE BROUGHT WITH EACH PARTICIPANT FOR THE CANOE WEEKEND OR PARENT/CHILD CAMP YOU ARE ATTENDING (Please do not send ahead of time). PLEASE CALL AHEAD IF YOU HAVE DIETARY OR HEALTH NEEDS THAT WE SHOULD BE AWARE OF IN OUR PLANNING (570-595-7505 x151).**

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

## **Camp Policies, Permissions Granted , Assumption of Risk, and Liability Release**

**Camp Policies: Cancellation Policy-** Upon registration the \$50 deposit is considered non-refundable. Within two weeks and before the Friday prior to the registered week of camp you will be eligible for a 50% tuition refund. If we are not informed of your cancellation by the Friday prior to the beginning of camp, the full tuition & bus fee for that week of camp will be forfeited. **Health and Safety policy-** A completed Health Form is required for your child to participate fully in camp. For further information on policies, see the parent information section found of our website.

**Permissions Granted: Permission to Participate -** I as the legal guardian of \_\_\_\_\_ (write your full camper name) give permission for my son/ daughter to fully participate in the program of Spruce Lake Wilderness Camp for which my child is registered. Many activities scheduled for certain camp weeks may be found by visiting on-line at [www.wildernesscamp.org](http://www.wildernesscamp.org) or call us for more details. My permission extends to all of the activities associated with that session of camp, except as noted by me on the Health Form. My child's participation is purely voluntary. **Permission to be Transported -** I give permission for my son or daughter to be transported by approved camp staff and vehicles for camp activities and/or emergency medical treatment. **Permission to use Photographic and Video Images-** I give Spruce Lake Wilderness Camp permission to use photographs and or video footage that may include my son or daughter in Wilderness Camp publicity.

**Assumption of Risk-** My permission is given with the understanding that, though Wilderness Camp staff will make reasonable efforts to ensure the safety and wellbeing of my child there are inherent risks associated with participating in a camp program. These risks, however slight the chances of occurrence, cannot be reasonably eliminated.

There are many sources of risk including but not limited to any of the following: Environmental exposure associated with severe weather, and encounters with animals and plants. Risks associated with programmed and non-programmed activities including recreational games and play, elective activities, vehicular travel, and other outdoor activities (swimming, hiking, target sports, boating, mountain biking, wood working, fire-building, outdoor cooking, sports, programmed night games).

Similar "Adventure Program" related hazards exist related to activities like Rappelling, Climbing, Challenge Course, High Ropes Course, Power Swing, Vertical Playpen, and Zip Lines, while additional risks include equipment failure, and participant or facilitator error resulting in injury. Finally, there are general risks associated with the behaviors and actions of other participants, employees and agents of Spruce Lake Wilderness Camp, and other individuals.

**Additional Risks (Must be signed for campers in Expeditions Programs):** additional risks include an increase exposure to the environmental and vehicular travel hazards. They also include risks associated with participation in one or more of the following outdoor activities including but not limited to: backpacking, cave exploration, lake or river canoeing, rock climbing, ocean swimming, mountain biking, and white water rafting. I(we) also understand that many of these activities will take place in areas that are more remote than Spruce Lake and access to medical care might seem unduly long. Some of these activities may be led by professionals contracted by Spruce Lake Wilderness Camp, and I agree to complete any and all additional Agreements required by those organizations.

**Expedition Parent / Guardian Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Agreement to provide Medical information-** I affirm that I have provided all of the medical information requested within the Wilderness Camp Health Form and understand that it is my responsibility to provide the camp with information that may be instrumental in providing for the health care needs of my child. I understand that Wilderness Camp is in a rural location and access to local advanced emergency care is limited and emergency response and travel time might seem unduly long relative to urban or suburban standards.

**Liability Release-** In consideration of the permission granted the herein named child to participate in Wilderness Camp activities, I indemnify Spruce Lake Wilderness Camp of any claim brought on behalf of the named child. I hereby release, and covenant with, Spruce Lake Wilderness Camp that I will never, individually or as legal guardian of said child, 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.

**My signature below indicates that I have read the Camp Policies, Permissions Granted, Assumption of Risk, Agreement to Provide Medical Care, and the Liability Release. I understand them, and agree to be bound by the terms specified. Furthermore I, as parent or legal guardian of the above named minor, certify that the personal and health information provided is both complete and correct.**

**Parent/Guardian Signatures** \_\_\_\_\_ / \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_

**Clearly Print Above Names** \_\_\_\_\_ / \_\_\_\_\_