

COLORADO CHALLENGE 2013 - Sunday, June 23 through Saturday, June 29

CONTACT INFORMATION

Participant Name (Last, First Middle): _____ Date of Birth: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Emergency Contact Name: _____ Relationship to Participant: _____
Contact Phone (include area code): Home _____ Work _____ Cell _____
Contact Street Address: _____ City: _____ State: _____ Zip Code: _____
Second Emergency Contact Name: _____ Relationship to Participant: _____
Contact Phone (include area code): Home _____ Work _____ Cell _____
Contact Street Address: _____ City: _____ State: _____ Zip Code: _____

INSURANCE INFORMATION

Member's Name: _____ Relationship to Participant: _____
Insurance Company: _____ Group or Employer: _____
Policy Number: _____ Contract Number: _____ Provider Phone (include area code): _____

PRIMARY CARE PHYSICIAN

Doctor's Name: _____ Phone Number (include area code): _____
Street Address: _____ City: _____ State: _____ Zip Code: _____

CAMPER HEALTH STATEMENT (to be filled out by a licensed physician or nurse practitioner)

This individual is planning to attend a residential camp located more than fifteen minutes from medical care. This camp must have a healthcare supervisor who, as a minimum, has completed an advanced first aid course. Your response to these questions will help in the care of this individual.

Date of physician's visit or physical examination (must be within 12 months of camp dates): _____

History of serious illnesses, communicable diseases, injuries, or lacerations: _____

Describe any special dietary needs: _____

Known Allergies (including drug allergies): _____

Current Medications (include name, purpose, dosage, and frequency): _____

Precautions or pre-existing conditions: _____

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camp program with the following exceptions: _____

Signature of examining physician or nurse practitioner: _____

Doctor's Printed Name: _____ Phone Number (include area code): _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

PERMISSION FORM and LIMITED PURPOSE POWER OF ATTORNEY FOR MEDICAL TREATMENT

I hereby grant permission for the above named person to attend Colorado Challenge, to take part in all aspects thereof, and be bound by the rules set forth by the adult leaders of Colorado Challenge, Quaker Ridge Camp, and _____ (hereinafter 'the Delegation'). I further agree to hold harmless all person and organizations involved with the camp, and further grant permission for Colorado Challenge to use the image or likeness of the above named individual in any photographs, camp videos, website, or other media.

Health Care Powers

The undersigned, in the event of an emergency, hereby appoints the adult leaders of Colorado Challenge, Quaker Ridge Camp, or the Delegation named above, each to act alone, and delegate to each such person the power to consent on my behalf to all emergency or medical treatment except elective surgery, determined to be necessary by a physician, dentist, or other health care provider licensed to practice under the laws of the state where the services are rendered, for the person named above.

The adult leaders of Colorado Challenge, Quaker Ridge Camp, and the Delegation are granted full power to substitute any adult leader to seek medical care for the above named individual. Specifically authorized adult leaders include but are not limited to: Kent Baar, Scott Davis, Jeff Klein, Larry Money, Zak Caldwell and _____

This authorization is intended to act as authorization for each adult leader of Colorado Challenge, Quaker Ridge Camp, and the Delegation, to each serve as personal representative and authorized recipients under the Health Insurance Portability and Accountability Act of 1996 and its regulations (HIPAA). Each representative shall have the unlimited right to request, access, and receive medical and personal information in any form from any individual or organization covered by HIPAA and its regulations.

This Power of Attorney shall continue until revoked by the undersigned, or for six months after its date, whichever is earlier. Health care providers may rely on this authorization during such six-month period unless otherwise notified.

The undersigned certifies that he/she has read the above authorization and that he/she understands the power granted herein.

Dated this _____ day of _____, 2013.

Participant or Parent/Legal Guardian Signature: _____

Must be signed by a parent/legal guardian if participant is under the age of 18.

Printed Name: _____

Witness Signature: _____

Must be a competent adult at least 21 years of age.

Printed Name: _____

AUTHORIZATION FOR PARTICIPATION IN CAMP ACTIVITIES

I hereby give permission for my child to participate in all camp activities and to go on trips away from the camp premises, whether on foot, on horseback, or by vehicle with the following exceptions: _____

Parent/Guardian Signature: _____ Printed Name: _____

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CROSS BEARING ADVENTURES (Rappelling and Climbing Outfitter) - Participant agreement and assumption of risk

The activities facilitated by Cross Bearing Adventures involve inherent risk. Risks can include, but are not limited to: slipping/falling, falling objects, water hazards and/or accidental drowning, exhaustion, exposure to extreme temperatures and weather conditions, hypothermia, hyperthermia, sunburn, dehydration, exposure to potentially dangerous wild animals and hazardous plant life, insect bites, equipment failure, and improper lifting or carrying.

Furthermore, Cross Bearing Adventures employees have difficult jobs to perform. They strive for safety, but are not infallible. They may be unaware of a participant's fitness or abilities; they may misjudge weather and environmental conditions; they may give incomplete instruction and/or warnings; equipment may malfunction.

In consideration of the services of Cross Bearing Adventures, their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as 'CBA'), I hereby agree to release, indemnify, and discharge CBA on behalf of myself, my spouse, my children, my parents, my heirs, personal representatives and estate as follows:

1. I acknowledge that outdoor adventure activities such as high and low ropes courses, rock climbing/rappelling, hiking/backpacking, and camping entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, and damage to third parties or property. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree to accept and assume all risk involved in this activity. My participation is voluntary and I elect to participate in spite of the risks.
3. I hereby voluntarily release, discharge, indemnify, and hold harmless CBA from any and all claims, demands, or causes of action which are in any way connected to my participation in this activity or my use of CBA's equipment or facilities, including any such claims alleging negligence or omissions on the part of CBA.
4. Should CBA, or anyone acting on their behalf, be required to incur attorney's fees/costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees/costs.
5. I certify that I have adequate insurance coverage to cover any injury or damage I may cause or suffer while participating; or I agree to cover the costs of such damage or injury myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. I the event that I file a lawsuit against CBA, I agree to do so solely in the state of Colorado. I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against CBA on the basis of any claim from which I have released him or her herein. I have had sufficient opportunity to read this entire document. I have read and understood it. I agree to be bound by its terms.

Participant Signature: _____ Printed Name: _____ Date: _____

PARENT OR GUARDIAN ADDITIONAL INDEMNIFICATION (to be completed for participants under the age of 18)

In consideration of _____ (hereinafter 'Minor') being permitted by CBA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless CBA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

MEDICAL RELEASE AND AUTHORIZATION FOR MEDICAL CARE

1. I understand that adventure activities often take place in areas far from medical facilities.
2. I understand that medical help/assistance may be delayed or in extreme cases inaccessible.
3. I understand that rescue may be difficult and/or expensive.

Should an accident, injury, or emergency occur which renders me unable to communicate, I hereby authorize CBA and/or its employees, to secure, and consent to on my behalf, any hospital, medical, dental, or surgical care, treatment, and/or procedures, which are deemed necessary or advisable. I knowingly and voluntarily consent, in advance, to such care, treatment, and/or procedures. I further release, indemnify, and hold harmless CBA and its employees from any and all expenses, fees, claims, judgments, and/or damages arising as a result of emergency medical treatment rendered by officers or agents of CBA and/or actions by CBA securing and/or consenting to any medical treatment.

Participant Signature: _____ Printed Name: _____ Date: _____

Parent/Guardian Signature (for participants under 18 years of age): _____

Printed Name: _____ Date: _____

COLORADO CHALLENGE/QUAKER RIDGE - SPECIFIC ACTIVITY RELEASE FORMS

EQUINE (Horse) ACTIVITY RELEASE FORM (to be filled out by all camp participants)

By signing the release below, the participant or parent/guardian acknowledges that he/she has read and understands this release statement. Under Colorado Law, an equine professional is not liable for any injury to, or the death of a participant in equine activity resulting from the inherent risk of equine activity, pursuant to Sec. 12-21-120 Colorado Revised Statutes. By signing this document, I acknowledge that I understand and agree to assume any risks involved in equine activity.

Participant or Parent/Guardian Signature: _____

Must be signed by parent/guardian for participants under 18 years of age.

Printed Name: _____

MOUNTAIN BIKE RELEASE FORM (to be filled out by all camp participants)

By signing this waiver, mountain biking participants and their parents/guardians acknowledge that they have read and understand this release statement. They acknowledge and understand that mountain biking is a potentially dangerous activity that can result in serious injury and/or death, even under proper supervision. The undersigned hereby release the leadership and volunteers of Colorado Challenge, the staff of Quaker Ridge Camp, and Team Telecycle from any liability regarding injuries and/or fatalities sustained during mountain biking trips on or taking place between the dates of June 23 and June 29, 2013.

Participant Signature: _____ Printed Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Printed Name: _____ Date: _____

Must be signed by parent/guardian for participants under 18 years of age.

FLY FISHING - Temporary License Information (to be filled out ONLY by participants 16 years and older who plan to fly fish)

Driver's License Number: _____ Social Security Number: _____

Gender: _____ Eye Color: _____ Height: _____ Weight: _____