



Camper Registration Form

4/24/18

Camper Name _____ M ___ or F ___ Birthdate _____

Mailing Address _____ City _____ State _____ Zip _____

Parent(s)/Guardian(s) _____

Home Phone (_____) _____ Work Phone (_____) _____ Cell Phone (_____) _____

Parent/Guardian Employer and Street Address _____

Email Address _____

Church Name, if any _____ Pastor(s) Name _____

Name of Camp Attending _____ Dates of Camp _____

Youth Camp Roommate Preference (name) _____

Person(s) designated to take child from camp other than Parent(s)/Guardian(s) listed above (name, address, phone number)

Person(s) **NOT** permitted to take child from camp _____

EMERGENCY CONTACTS

In case of an emergency what is the best way to contact the Parent(s) /Guardian(s) while the child is at camp:

If Parent(s)/Guardian(s) cannot be reached in case of an emergency call: _____

Authorization to Participate or Exclude Participation in Camp Activities

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

Food Allergies and / or Dietary Restrictions

Gluten Lactose Other (Please Explain) _____

Dietary Restrictions _____

Authorization for Emergency Medical Care

I give my permission to San Juan Bible Camp officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that camp officials will make a conscientious effort to locate the emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

X *Parent(s)/Guardian(s) signature _____ Date _____

* By signing this I give consent for San Juan Bible Camp and its employees to use photographs of this registered camper for marketing purposes only.

FULL PAYMENT DUE TWO WEEKS BEFORE CAMP BEGINS!

Amount Due (Total Price of Camp)	\$ _____
Less Early Discount (\$50 off if deposit or full payment received by May 1)	\$ _____
Amount Paid with Registration (\$25 deposit required to reserve your spot)	\$ _____
Amount Still Owed	\$ _____

Camper Health Statement

This form is required by Colorado law and must be filled out and signed by camper's physician in order to attend camp.

Camper Name _____

Date of last physical examination by a licensed physician or qualified, licensed nurse practitioner (must be within the last 24 months of camp dates):

This child is planning to attend a residential or trip camp, away from his/her home and probably distant from medical care. The camp must have a health supervisor who, at minimum, has completed an advanced first aid course. Your response to these questions will help in the care of this person.

Past history of serious lacerations, injuries, illnesses or communicable diseases: _____

Allergies or Drug Reactions: _____

Medication now being used by child and/or special dietary requirements: _____

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 except as follows: _____

✕ Signature of PHYSICIAN or NURSE PRACTITIONER _____

Printed Name of PHYSICIAN or NURSE PRACTITIONER _____

Date _____ Address _____ Phone (____) _____

Immunization Record

Please attach Colorado Certificate of Immunization that has the month and year for the following vaccines:

Diphtheria-Tetanus-Pertussis (DTP or Baby Shots), Tetanus-Diphtheria (TD), Polio, Measles (Hard, Red), Rubella (German Measles), Mumps. Your camper registration is not complete without these records.

Authorization for Administration of Medications

I hereby authorize the properly qualified health supervisor of San Juan Bible Camp to administer medication which has been prescribed to the camper attending the above-named camp. The prescribed medication shall be from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of the camper, name and strength of this medication, directions for use, date filled, prescription number, and name of practitioner prescribing the medication.

✕ Signature of PHYSICIAN or NURSE PRACTITIONER _____ Date _____

Parent/Guardian Authorization for Over the Counter Medications

I hereby authorize the properly qualified health supervisor of San Juan Bible Camp to administer, to the above camper, the following over the counter pain medication if necessary: (please circle)

Aspirin

Non-Aspirin

Ibuprofen

Parent(s)/Guardian(s) Name _____

✕ Parent(s)/Guardian(s) Signature _____ Date _____



Mail to: San Juan Bible Camp
14260 Rd 39.9
Mancos, CO 81328

RESERVATION NAME: ___San Juan Bible Camp (only for campers 12 and older)___

Trip:_____ Date:_____ Departure Time:_____

AAM'S Mild To Wild Rafting, Inc.

50 Animas View Drive Durango, Co 81301

WHITE WATER RAFTING WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT

READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS.

1. The person who is participating in white water rafting with AAM's Mild To Wild Rafting shall be referred to hereinafter as "Participant". The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or guardian when the Participant is under the age of 18. The Undersigned agree and understand that participating in white water rafting, swimming, wading, hiking, climbing on rocks and slopes, camping, portaging and traveling to and from the activity site (hereinafter the "Activity"), can be **HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH.**

2. The Undersigned agree and understand that there are dangers and risks associated with participating in the Activity and that **INJURIES AND/OR DEATH** may result from engaging in the Activity. The Undersigned agree and understand **that risks include, but are not limited to, the following:**

Changing weather conditions, changing water conditions, cold water immersion, hidden underwater obstacles, trees or other above water obstacles, slippery terrain, changing and unpredictable currents, drowning, exposure, swimming, overturning, improper use of equipment, jumping off rocks, carrying rafts and other equipment, entrapment of feet or other body parts under rocks or other objects, equipment failure, dehydration, sunburn, driving to and from the ACTIVITY site, and mental distress from exposure to any one of the above.

3. The Undersigned acknowledge and understand that the description of the risks listed above are not complete and that participating in the Activity, whether or not described, may be dangerous and may also include risks which are inherent and/or which cannot be reasonably avoided without changing the nature of the Activity. By signing this document, the Undersigned recognize that property loss, injury, serious injury and death are all possible while participating in the Activity. **RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT OR OTHERWISE.**

4. Additionally, in consideration for allowing the Participant to participate in the Activity, **THE UNDERSIGNED HEREBY AGREE NOT TO SUE** AAM's Mild To Wild Rafting Inc or any of their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, and shareholders (each hereinafter a "Released Party") for any property damage (including but not limited to equipment damage), injury or loss to Participant, including death, which Participant may suffer, arising in whole or in part out of Participant's participation in the Activity. By agreeing not to sue, the Undersigned are releasing any right to make a claim or file a lawsuit against any Released Party. Also, the **UNDERSIGNED AGREE TO HOLD HARMLESS AND RELEASE EACH AND EVERY RELEASED PARTY FROM ANY AND ALL LIABILITY** and/or claims for injury or death to persons or damage to property arising from Participant's participation in the Activity, **including, but not limited to, those claims based on any Released Party's alleged or actual NEGLIGENCE or BREACH of any CONTRACT and/or express or implied WARRANTY.**

5. By execution of this Agreement, the Undersigned also **AGREE TO DEFEND AND INDEMNIFY/REIMBURSE** each Released Party from any and all claims of the Undersigned and/or a third party arising in whole or in part from Participant's participation in the Activity.

6. In consideration for allowing Participant to participate in the Activity, the Undersigned **AGREE THAT ANY AND ALL CLAIMS** for injury and/or death arising from the Participant's participation in the Activity shall be **GOVERNED BY COLORADO LAW and EXCLUSIVE JURISDICTION of any claim shall be the**

DISTRICT COURT OF La Plata COUNTY, COLORADO or in the FEDERAL COURT FOR THE STATE OF COLORADO.

7. In the case of a minor Participant, the Undersigned parent or guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or guardian of a minor Participant, the parent or guardian understands that he/she is also waiving certain rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or guardian agrees that but for the foregoing, the minor Participant would not be permitted to participate in the Activity.

8. By signing this Agreement without a parent or guardian’s signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a **legal** parent or guardian of the minor Participant.

9. I authorize the use by AAM’s MILD To WILD RAFTING INC. or anyone authorized by AAM’S Mild to Wild Rafting, INC. of any and all photographs or video footage taken of me during my participation in one of their programs.

10. The Undersigned understand and acknowledge that this Agreement is a contract and shall be binding to the fullest extent permitted by law. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. It is the Undersigned’s intent that this Agreement shall be binding upon the assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING CERTAIN LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Date of Birth of Participant _____/_____/_____

Printed Name of Participant Signature of Participant Date

Printed Name of Parent/Guardian #1 Signature of Parent/Guardian #1 Date

Printed Name of Parent/Guardian #2 Signature of Parent/Guardian #2 Date

Address of Participant

Telephone _____ Email _____

Emergency Contact: Name: _____ Phone: _____

San Juan Bible Camp uses *Mild to Wild* for the campers rafting program. This is a one time voluntary activity during the week of camp. A signed release form is required before a camper can participate in this activity. Campers **MUST be 12** years old or older to participate.

RIMROCK OUTFITTERS

WAIVER OF RIGHT TO SUE; RELEASE OF ALL CLAIMS

1. I acknowledge that horseback riding involves risks that may cause serious injury and in some cases, death because of the unpredictable and irrational behavior of horses, regardless of their training and past performance.
2. I voluntarily assume the risks and danger of injury or death inherent in the use of the horse and equipment provided to me by RIMROCK OUTFITTERS.
3. I understand that "Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to: Section 13-21-120. COLORADO REVISED STATUTES."
4. I agree not to sue RIMROCK OUTFITTERS or any of its employees.
5. I agree to abide by any instructions given by RIMROCK OUTFITTERS with regard to my use of the horse or equipment provided.

I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT IS A PROMISE
NOT TO SUE AND A RELEASE AND INDEMNITY FOR ALL CLAIMS:

Signature and address of adult, or parent/guardian:

Name of minor child
Minimum age 6 yrs.

Signature_____

Printed Name_____

City_____ State_____

(one release per camper please)

Date_____

San Juan Bible Camp uses RIMROCK OUTFITTERS for the campers horse program. This is a one time voluntary activity during the week of camp. A signed release form is required before a camper can participate in this activity.

Camp Information



What You Need to Bring:

Pillow - sleeping bag - modest clothing (shorts that reach mid-thigh, clothing that covers back, undergarments, cleavage, breasts, stomach and buttocks, tank tops with 1.5 inch strap) – modest swim wear (trunks for guys and one-piece suit or swim shirt and shorts that fully covers cleavage, breasts, stomach and buttocks for girls) – pajamas or shirt and sweat pants – jacket – 2 pairs of shoes – bath towel and washcloth – toiletries – Bible – pen – flashlight – camera – insect repellent – sunscreen – money for snack shack account and missions offering

Please Do Not Bring:

Cell phones – radios – ipods – mp3 players – personal gaming systems -- pets – firearms or fireworks – sagging, tight, sheer, low-cut clothing or shirts with large armhole cutouts

What You Need to Know:

Camper's have the option of attending camp sessions for both the grade they just completed as well as the grade they will be entering. The Colorado Department of Human Services requires that all original paperwork (Camper Registration, Health Statement and Immunization Record) be completed and signed by a legal parent or guardian before a child can attend camp. Additional release forms, available at camper check-in, are required for some off-site activities.

Space is limited so register early! All registrations must be accompanied by a \$25.00 deposit to reserve a spot. A separate form must be completed for each camper. A camp t-shirt and picture cd are included in the price to attend camp. The deposit is non-refundable unless cancellation is due to family emergency. Refund decisions will be at the camp's discretion. Full payment is due two weeks prior to your arrival at camp. Save Money – take \$50.00 off your total bill by registering before May 1.

Trekker campers start camp at 10:00 a.m. on Wednesday and go home Friday afternoon at 3:00 p.m. Wilderness Backpack Adventure check-in is 10:00 a.m. on the first day and pick-up is between 3:00 and 5:00 p.m. on the last day. A list of needed items for you to bring will be sent upon registration. All other resident camps, check-in is from 3:00 – 5:00 p.m. on the Sunday camp begins. Resident camps end on Friday afternoon from 3:00 – 5:00 p.m. Please do not pick up your camper(s) early without prior notification to the camp office.

Complete and return printed website forms with your deposit to: San Juan Bible Camp
14260 Rd 39.9
Mancos, CO 81328

Scholarships are available upon written request with registration. Please visit SanJuanBibleCamp.org/Registration.htm to apply or call the camp office at 970-533-7622 to learn more.