

WILDERNESS TREK CHRISTIAN CAMP, INC.

Participation Application and Agreement *Page 1 of 3*

Should this application and agreement or any wording found herein be altered, it will not be accepted and participant will not be allowed to participate in WTCC's programs and activities.

Participant Information (please print)

Name: _____ Age: _____ Birthdate (DOB): _____
(Last) (Middle) (First)

Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____ Grade in Fall: _____

DO NOT use my email for WTCC news

Emergency Contact / Guardian Information (please print)

Primary Contact: _____ Relation to Participant: _____
(Last) (Middle) (First)

Address: _____ City: _____ State: _____ Zip: _____

Phone 1: (____) _____ - _____ Phone 2: (____) _____ - _____ Email: _____

DO NOT use my email for WTCC news

Alternate Contact: _____ Relation to Participant: _____
(Last) (Middle) (First)

Phone 1: (____) _____ - _____ Phone 2: (____) _____ - _____ Email: _____

DO NOT use my email for WTCC news

Informed Consent

I acknowledge and understand that participation in Wilderness Trek Christian Camp, Inc. ("WTCC") programs and activities involves the risk of personal injury, including death, due to physical, mental, and emotional challenges in the activities offered. I further acknowledge and understand that programs are primarily conducted in remote outdoor settings and often include, but are not necessarily limited to the following: 1) prolonged exposure to the outdoor elements, including changing weather conditions without access to permanent shelter; 2) extended periods of time at high altitude, up to 14,500 feet; 3) camping, including the activities and risks associated with such (cooking over an open flame, camp fires, proximity with wildlife, etc.); 4) mountain climbing/mountaineering including the activities and risks associated with such (falling, steep terrain, rock slides, snow fields, etc.); 5) water sports/activities (whitewater rafting, swift river crossings, etc.); 6) backpacking; and 7) rock climbing, rappelling and/or other rope activities; and 8) other outdoor activities.

I hereby affirm and acknowledge that I have (or the minor participant has) voluntarily agreed to participate in WTCC's programs. I have carefully considered the risks involved and hereby consent (or hereby provide my informed consent for the minor participant) to participate in WTCC's programs and activities.

RELEASE AND INDEMNITY

WITH APPRECIATION OF THE DANGERS AND RISKS ASSOCIATED WITH WTCC'S PROGRAMS AND ACTIVITIES I HEREBY FOREVER RELEASE, HOLD HARMLESS AND AGREE NOT TO PURSUE LEGAL ACTION AGAINST WTCC, ITS OFFICERS, STAFF, EMPLOYEES, VOLUNTEERS, DIRECTORS, CONTRACTORS, AGENTS, ASSIGNS, RELATED PARTIES, USDA FOREST SERVICE, COLORADO PARKS AND RECREATION DEPARTMENT, AND ANY AND ALL FEDERAL OR STATE GOVERNMENT AGENCIES WHOSE PROPERTY WTCC'S PROGRAMS AND ACTIVITIES MAY BE CONDUCTED ON, ALL COLLECTIVELY AND INDIVIDUALLY ("RELEASED PARTIES"), WITH RESPECT TO ANY AND ALL CLAIMS OF LOSS OR DAMAGE TO PERSON OR PROPERTY BY REASON OF INJURY, DISABILITY, DEATH, OR OTHERWISE SUFFERED BY ME (OR BY A MINOR PARTICIPANT FOR WHOM I SIGN), ARISING IN WHOLE OR IN PART FROM MY (OR THE MINOR PARTICIPANT'S) PARTICIPATION IN WTCC'S PROGRAMS AND ACTIVITIES. I FURTHER AGREE TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PARTIES AGAINST ANY CLAIM ARISING IN WHOLE OR PART FROM AN INJURY OR OTHER LOSS SUFFERED BY OR CAUSED BY ME (OR BY THE MINOR PARTICIPANT), IN CONNECTION WITH MY (OR THE MINOR PARTICIPANT'S) PARTICIPATION IN WTCC'S

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PROGRAMS AND ACTIVITIES. THIS RELEASE AND INDEMNITY INCLUDES ANY AND ALL CLAIMS ARISING BEFORE OR AFTER WTCC'S PROGRAMS AND ACTIVITIES OR DURING ANY FREE TIME. THIS RELEASE AND INDEMNITY PROVISION IS INTENDED TO BE ENFORCED TO THE FULLEST EXTENT PERMITTED BY LAW AND INCLUDE CLAIMS OF NEGLIGENCE, BUT NOT CLAIMS OF GROSS NEGLIGENCE OR INTENTIONALLY WRONGFUL CONDUCT.

Medical Authorization

I have included in this form all necessary medical information about myself (or the minor participant) that should be made available. I understand that accidents or illness can occur in remote places without medical facilities, physicians, or surgeons, and with prolonged exposure to the outdoor elements, including extreme and changing weather conditions.

In case of an emergency involving myself (or the minor participant for whom I sign), permission is hereby given to the medical provider selected by WTCC's staff to secure proper treatment, including X-ray examination, hospitalization, anesthesia, surgery, or injections of medication for myself (or the minor participant). Medical providers are authorized to disclose protected health information to the WTCC staff member in charge, WTCC's medical staff, WTCC's management, and/or any physician or health-care provider involved in providing medical care to myself (or the minor participant). Protected Health Information/Confidential Health Information ("PHI/CHI") under the Standards for Privacy of Individual Identifiable Health Information, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the programs and activities. I further authorize the sharing of the information on this application and agreement, including the "Medical Form and Physician Evaluation with any of WTCC's staff or professionals who need to know of medical conditions that may require special consideration in conducting WTCC's programs and activities. I understand and agree that I am responsible for any medical costs in the event of needed medical attention for myself (or the minor participant).

Miscellaneous Participant Covenants and Release

By my signature below I acknowledge that I have read the crewmember code of conduct on the website and agree to adhere to it and any other rules, policies or instructions that may be provided to me in written or oral form by WTCC's staff. I understand and agree that failure to adhere to the code of conduct or any rules, policies or instructions provided by WTCC's staff may limit and/or eliminate the opportunity for myself (or the minor participant) to participate in WTCC's programs and activities without refund of the program fees.

I agree that I will be responsible for any costs that may result from my (or the minor participants) actions or failure to act and agree to fully assume responsibility for any consequences that my result from my (or the minor participants) actions or failure to act. I agree that I will be responsible for any costs associated with repairing or replacing any property lost, damaged, abused or neglected by myself (or the minor participant). I understand and agree that I will be responsible for any costs arising from bodily injury, death, or loss of personal property.

I understand that WTCC's programs require a high carbohydrate/caloric diet and program menus will contain food products high in wheat, milk, sugar, corn syrup, and artificial coloring/flavoring. I understand and agree that if such food products do not satisfy my (or the minor participants) dietary requirements or restrictions then I (or the minor participant) will need to bring appropriate substitutions and shall advise WTCC's staff upon arrival.

I hereby assign and grant to WTCC, the right to and permission to use and publish the photographs/film/videotape/electronic representations and/or sound recordings made of me (or the minor participant) at all WTCC's programs and activities, and I hereby release WTCC and all employees, staff, volunteers, directors, related parties, and other organizations associated with WTCC's programs and activities from any liability from such use and publication. I further authorize the reproduction, sale, copyright, registration of copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/videotape/electronic representations and/or sound recordings without limitation at the discretion of WTCC and I specifically waive any right to any compensation I (or the minor participant) may have for any foregoing.

By my signature below I hereby acknowledge that I have carefully read all of the sections of this agreement and understand its contents. I further acknowledge that I have examined all of the information provided in this application and agreement and by my signature below certify that such information is true and correct. I understand and agree that if any provided information is found to be inaccurate or misleading it may limit and/or eliminate the opportunity for myself (or the minor participant) to participate in WTCC's programs and activities without refund of the program fees.

Participant's Signature: _____ Date: _____

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Parent/Legal Guardian Signature: _____ Date: _____

(If participant is under the age of 18)

Participant's name: _____

Birthdate (DOB): _____

MEDICAL FORM AND PHYSICIAN EVALUATION

All participants must complete the following information (please print):

Health Insurance Company: _____ Policy Number: _____

Personal Physician: _____ Physician's Phone (_____) - _____ - _____

Age: _____ Gender: Male ___ Female ___ Height: _____ Weight: _____

Medical History

Check response that accurately describes the participant's health history. Please explain any "Yes" answer.

Yes	No		Yes	No	
___	___	Allergies: food, medicines, insects, plants	___	___	Hemophilia/bleeding disorder
___	___	Asthma/Respiratory problems	___	___	Hernia
___	___	Do you have an inhaler?	___	___	High blood pressure
___	___	Cancer/Leukemia	___	___	Low blood pressure
___	___	Convulsions/seizures/fainting spells	___	___	Kidney trouble
___	___	Epilepsy	___	___	Menstrual problems
___	___	Diabetes	___	___	Serious illness in the past 12 months
___	___	Headaches	___	___	Surgery in the past 12 months
___	___	Heart trouble	___	___	Emotional or mental problems

Explanation of any "Yes" checked above: _____

Medications: Staff will not administer any type of medications, including aspirin, Tums, Tylenol, etc. If you need any over the counter medication, you must bring them with you. Be sure to tell your staff members what medications you are taking. List any over the counter or prescription medications that you will have with you: _____

Note about food on the trail: WTCC's programs require a high carbohydrate/caloric diet and programs' menus will contain food products high in wheat, milk, sugar, corn syrup, and artificial coloring/flavoring. If such food products do not satisfy participant's dietary requirements or restrictions then participant will need to bring appropriate substitutions and will need to advise WTCC's staff upon arrival.

Physician Evaluation: A licensed medical physician's signature is required in order to participate in WTCC's programs and activities. This form must be used. No other form can be used to replace this one.

Participation in WTCC's programs and activities involves strenuous outdoor activity that will include, but may not be limited to the following: backpacking, rappelling, five days of hiking at elevations between 8,000 and 14,500 feet. WTCC's programs and activities are conducted at altitudes above 7,000 feet involving extreme weather conditions in remote location where readily available medical care cannot be assured.

I hereby affirm that upon examination of the information provided to me by the participant, there are no restrictions or limitations to participation in WTCC's programs and activities.

Signed _____ Date: _____
Licensed Physician

Name: _____ Phone Number: _____ - _____ - _____

Office Address: _____ City: _____ State: _____ Zip: _____

Email: _____