



MOUNTAIN WISDOM CAMP REGISTRATION FORM SUMMER 2020
(Page 1 of 2)

Please select which camp you are registering for:

- Young Men's Ultimate Adventure Camp: Monday, June 8th 10:00 AM – Saturday, June 13th 12:00 PM
 Young Women's Empowerment Journey Camp: Tuesday, June 23rd 2:00 PM – Sunday, June 28th 12 PM

Camper's Name: _____

Address: _____

Age: _____ **M / F** (circle one) **Birth date:** _____

Camper's E-mail, Facebook Page, Snapchat Username or Instagram Info:

Parent/Guardian Name(s): _____

Address: _____

Phone: (M / H / W) _____

Phone: (M / H / W) _____

E-mail(s): _____

In case of emergency, please notify:

Parent/Guardian Name: _____

Relationship: _____

Camper's Purpose of Attending:

Camper: Please write a short statement of what you intend to get from this program and what you will bring to it (your strengths, what you can teach others) and feel free to write on back if necessary:



MOUNTAIN WISDOM CAMP REGISTRATION FORM SUMMER 2020
(Page 2 of 2)

Cost:

Young Men's Ultimate Adventure - 6 day camp: \$600
Young Women's Empowerment Journey - 6 day camp: \$600
- \$500 if registered by May 1, 2019 / \$100 Non-refundable deposit due at registration

Payments can be made by (select one):

- PayPal online at www.mountainwisdominc.org; Input Camper's Name in Comment Box
 By check, made out to Mountain Wisdom Inc, and send to the Registration Address below

There are limited partial scholarships available. If you would like more information on scholarships or payment plans, initial here _____

Confirmation:

My signature below confirms my commitment to participate in the Mountain Wisdom Camp selected below:

- Young Men's Ultimate Adventure Camp: Monday, June 8th 10:00 AM – Saturday, June 13th 12:00 PM
 Young Women's Empowerment Journey Camp: Tuesday, June 23rd 2:00 PM – Sunday, June 28th 12 PM

Participant Date

Parent/Guardian Date

Registration Contact:

Jay Zipperman, 706-273-1474

Register on Website: www.mountainwisdominc.org

Registration Forms: Send via Email, Fax, or Mail to the address/fax below

Payment Checks: Mail to street address below (please email or call when sending checks)

Email: zipperman@ellijay.com

Fax: 866-361-0113

Mail: Mountain Wisdom, 131 Wind Wing Way, Ellijay, Ga. 30536

(Note: This address is not location of camp)

For more specific information about the Camps:

Please visit www.mountainwisdominc.org or...

For Young Men's Ultimate Adventure, email Jay Zipperman at zipperman@ellijay.com or...

For Young Women's Empowerment Journey, email Susan McGowan smiller477@bellsouth.net



CAMPER'S HEALTH RECORD 2020
(Page 1 of 2)

Camper Name _____

Age _____ Height _____ Weight _____

In Case of Emergency Notify _____ Relationship _____

Phone (_____) _____ Mobile (_____) _____

Allergic Information:

Drugs ___ Pls. List _____

Food: ___ Pls. List _____

Poison Ivy ___

Poison Oak ___

Bee Stings ___

Others? ___

Pls. Explain: _____

Special Dietary Needs? ___ Pls. Explain: _____

Has camper had Chicken Pox? Yes ___ No ___

Does Camper have any known Physical limitations or abnormalities? Yes ___ No ___

Pls. Explain: _____

Tetanus Immunization date: _____

If doctor advises, can camper take tetanus immunization? Yes ___ No ___

Has your child had head lice in the last six months? Yes ___ No ___

Can your child swim? Yes ___ No ___



**CAMPER'S HEALTH RECORD 2020
(Page 2 of 2)**

Name of Insurance: _____ Policy No. _____

Physicians Name: _____ Number (_____) _____

Is camper currently taking any medications? Yes___ No___

If yes, please complete the following:

Name of drug: _____

Dosage: _____ Recommended times for medication: _____

Name of drug: _____

Dosage: _____ Recommended times for medication: _____

Name of drug: _____

Dosage: _____ Recommended times for medication: _____

Medical instructions: _____

All medicine needs to be labeled and given to leader. The leader will give the medicine as directed.

Medical History (please indicate Y for "yes" or N for "no" in each condition)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Athlete's foot | <input type="checkbox"/> Ear Aches | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Stomach Upsets | <input type="checkbox"/> Lung Trouble |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Freq. Sore Throat | <input type="checkbox"/> Rheumatic Fever | |

X _____
Signature of Parent or Guardian Date



MOUNTAIN WISDOM, INC.
YOUNG MEN'S ULTIMATE ADVENTURE CAMP
YOUNG WOMEN'S ENPOWERMENT JOURNEY CAMP
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK 2020
(Page 1 of 3)

The purpose of this agreement is to exempt, waive, release, and relieve the "Releasees" identified below from any and all liability, claims, losses, costs or damages, including, but not limited to, personal injury, property damage or wrongful death associated with the Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp and Young Women's Empowerment Journey Camp.

The Releasees include:

1. Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp, Young Women's Empowerment Journey Camp, owners Jay and Terry Zipperman, individually, together with all directors, volunteers, participants, employees, representatives, agents, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as the "Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp and Young Women's Empowerment Journey Camp."). 2. United States Forest Service, Chattahoochee National Forest (Bear Creek) and the United States government (Young Men's Camp). 3. Twelve Stone Farm, Twelve Stone Ministries and its Board of Directors. Address: 576 Bunch Court, Talking Rock, Ga. 30175 (Young Women's Camp)

I acknowledge, agree and represent that I understand that the nature of all wilderness recreational activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the program. These risks include (but are not limited to) camping, hiking, repelling, archery, the hazards of walking on uneven terrain, slips and falls, the forces of nature (including lightning and rapid weather changes), hypothermia, the risks of exposure to insect bites, the risks of snake bites, my own physical condition and the physical exertion associated with all the activities. These risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the activities, the conditions in which the activities take place, or the negligence of the "Releases" named above. I fully accept and assume all such risks and responsibility for any and all losses, costs, expenses and damages I incur as a result of my participation in the Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp and Young Women's Empowerment Journey Camp.



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK 2020
(Page 2 of 3)

Release for Indigenous Ceremonies

During the time in camp, campers will be invited to participate in indigenous based ceremonies which may require physical exertion. These activities may include, but are not limited to, sleeping outdoors without a tent, ceremonial dancing or purification lodges. The campers are not required to participate and our staff carefully monitors the health and well being of each child.

I HEREBY RELEASE, WAIVE, RELINQUISH, DISCHARGE AND COVENANT NOT TO SUE THE RELEASEES FROM ALL LIABILITIES, CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, EXPENSES, OR DAMAGES OF ANY KIND DIRECTLY OR INDIRECTLY CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE ACTIONS OF THE RELEASEES OR THIRD PARTIES, INCLUDING NEGLIGENT RESCUE OPERATIONS, RELATED DIRECTLY OR INDIRECTLY TO THE MOUNTAIN WISDOM, INC., YOUNG MEN'S ULTIMATE ADVENTURE CAMP, YOUNG WOMEN'S EMPOWERMENT JOURNEY CAMP (COLLECTIVELY THE "RELEASED CLAIMS"); AND I FURTHER AGREE TO INDEMNIFY AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS FEES, LIABILITIES, CAUSES OF ACTION, CLAIMS, DEMANDS, LOSSES, EXPENSES, OR DAMAGES OF ANY KIND FROM ANY RELEASED CLAIMS ASSERTED AGAINST RELEASEES BY OR THROUGH ME OR BY ANYONE ACTING IN CONJUNCTION OR IN CONCERT WITH ME.

In case of emergency I hereby give permission to the physician, paramedic or medical staff selected by the staff of the Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp and Young Women's Empowerment Journey Camp to administer treatment as deemed necessary for the below Camper.

I do support and agree to abide by all camp regulations and policies. If I am being defiant, disruptive or exhibiting behavior that could be harmful to myself, other campers or staff, the staff will call legal authorities or parents to pick up camper immediately. I also understand that due to the nature of the summer camp budget that if camper is required for any reason to leave the camp, there will be no refunds given.

Mature Audience Conversations.

Though it is not the intention of Mountain Wisdom or the Young Men and Women Camps to provide sex education, campers may bring up the conversation. We at Mountain Wisdom encourage the teens to show respect for themselves and their parents. From this perspective, we support the teens in following the guidelines created by their parents from a place of respect and honor.

I understand campers may be photographed for use by news media, publications, advertising or promotional materials, and we consent for Mountain Wisdom, Inc., Young Men's Ultimate Adventure Camp and Young Women's Empowerment Journey Camp to use all such photographs of the below Camper so made.



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK 2020
(Page 3 of 3)

CONFIDENTIALITY RELEASE

Mountain Wisdom, Inc. is a non-profit organization which offers outdoor experiences for children. While the participants may experience therapeutic benefits from the camps, we are not, by intention, therapeutic. Mountain Wisdom, Inc. is committed to being professional in regards to confidentiality though we are not held to therapeutic standards. Our professional standard for confidentiality is, as follows:

Everything that happens during our camps is to be held confidential. Participants may discuss what happens to them personally and insights or learning they received, but may not share specific information about the activities or any information about other participants. This confidentiality is in effect unless you or the participant is in danger or in any way not safe. This includes danger to yourself or someone else. It also includes anything that involves physical, emotional or other abuse or mistreatment. In these cases, the proper authorities will be immediately notified.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

| | | |
|---------------------|------------|------|
| Signature of Camper | Print Name | Date |
|---------------------|------------|------|

| | |
|---------|-------|
| Address | Phone |
|---------|-------|

I am (we are) in favor of the Camper attending Young Men’s Ultimate Adventure Camp and Young Women's Empowerment Journey Camp and participating in all activities unless I (we) specify otherwise in writing. I (we) agree to all terms and conditions contained within this document both for ourselves and on behalf of the Camper. I (we) hereby expressly represent and warrant that we are the legal guardians of the Camper.

I (we) further agree to indemnify and hold Releasees harmless from any and all claims which are brought by or on behalf of the Camper, and which are in any way connected with the Camper.

| | |
|---|------|
| Signature of Parent(s) or Legal Guardian(s) | Date |
|---|------|

Print Name(s)

| | |
|---------|-------|
| Address | Phone |
|---------|-------|