



MOUNTAIN WISDOM CAMP REGISTRATION FORM

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:



CAMPER'S HEALTH RECORD
(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
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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: _____

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)

___ Asthma	___ Diabetes	___ Heart Trouble	___ Sinusitis
___ Athlete's foot	___ Earaches	___ Kidney Trouble	___ Sleep Walking
___ Bronchitis	___ Fainting	___ Stomach Upsets	___ Lung Trouble
___ Convulsions	___ Freq. Sore Throat	___ Rheumatic Fever	

X _____
Signature of Parent or Guardian Date



MOUNTAIN WISDOM, INC.
YOUNG MEN'S ULTIMATE ADVENTURE CAMP
YOUNG WOMEN'S EMPOWERMENT JOURNEY CAMP
PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK
(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. **Robert Lipman and Tri-Mountain Retreat, 1163 Hard Slate Road, Ellijay, Ga. 30536.**

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 “Releasees” 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

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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
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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
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Address	Phone
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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
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Print Name(s)

Address	Phone
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