



APPLICANT INFORMATION FORM & RELEASE OF LIABILITY

DISCLOSURE

Friendly Pines Camp's programs involve a variety of activities that often include warm-ups, games, group initiative problems, high and low ropes course elements, 32-foot climbing wall, trail riding, wagon rides, and other rigorous physical adventure activities. (The level of participation in a Friendly Pines program activity is at all times completely up to the individual's choice). Yet, there is a risk that must be assumed by each participant, that he or she may suffer emotional or physical injury, permanent or temporary disability, and death.

Policy for participants in all Friendly Pines programs expects that every participant have health/accident insurance coverage. In addition, certain health/medical information must be known to the instructor(s) conducting programs, so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. Please complete the form and return it to Friendly Pines Camp prior to participating in any activities.

Name: _____ SS#: _____ DoB: _____

Do you have health/accident insurance? NO YES. If yes, name and address of company and policy #: _____

Do you have any limiting physical disabilities or handicaps (temporary or permanent) that could hinder your ability to perform any of the activities stated above? NO YES. If yes, identify and explain: _____

Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)? NO YES
If yes, state what you are taking, and what condition it is for: _____

Do you have any allergies, reactions to medications, or any other medical limitations? NO YES
If yes, identify and explain: _____

APPROPRIATE CLOTHING FOR ROPES COURSE AND RIDING PROGRAM

Ropes Course: Every participant must wear closed toe shoes, warm clothing, and no jewelry. Rain gear is recommended because weather is sometimes unpredictable. If shorts are worn please make sure they are an appropriate length and do not reveal undergarments.

Riding Program: Every participant must wear long pants (shorts and calf length pants are not acceptable), a riding helmet (ASTM/ASI certified) and riding boots that have a smooth sole with a 1 1/2 inch heel. The helmets and riding boots are provided by camp.

MUTUAL INDEMNIFICATION:

Camp hereby releases the participant from liability and agrees to indemnify, defend and hold harmless the participant from any loss, damage, personal injury, death or property and or other damage if due to Camp's negligence and that of its employees and agents. Camp agrees to indemnify, defend and hold harmless the participant against damages, costs, expenses, attorney fees, and judgment due to Camp's negligence, or negligence of camp's employees and agents, while on camp facility or during and off-site program.

The participant hereby releases Camp from liability and agrees to hold harmless Camp from any loss, damage, personal injury or death resulting from the participant's negligence, and the participant assumes full responsibility for the risk of bodily injury, death or property damage if due to the participant's negligence and that of its employees and agents. The participant agrees to indemnify and defend Camp against damages, costs, expenses, attorney fees, and judgment due to the participant's negligence or negligence of the participant's employees and agents, while on camp facility or during an off-site program.

RELEASE OF LIABILITY

I understand that parts of Friendly Pines Challenge and Horse Programs may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in Friendly Pines activities. I recognize the inherent risk of injury or disability in Friendly Pines activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Friendly Pines Camp, Inc. and its staff members, Directors, and related personnel, from all liability for any injury to me from participating in Friendly Pines activities. I understand that these terms shall serve as a release of liability from my heirs, executors, administrators and for all members of my family.

Date: _____

Participant's Signature (if at least 18 years old): _____

Parent/Guardian's Signature (if under 18 years old): _____

Participant's Address: _____

City, State, Zip: _____

Home Telephone #: _____ Business #: _____

PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____

Relationship to participant: _____

Home Telephone #: _____

Business #: _____

DATE OF PROGRAM: _____

GROUP NAME: _____