



The Adventure Education Center

535 B Lakeview Plaza Blvd. • Worthington, Ohio 43085
(614) 846-8946 • Fax (614) 846-1794
www.adventurecenter.org



Dear Parents:

Our drop-off and pick-up procedure each day is designed to ensure your child's safety. There will be lots of campers arriving or leaving at the same time, so we have created a traffic pattern. We feel this has the best chance of getting your child to the correct camp in the morning, as well as making sure your child goes home with the correct person in the evening. We know this will make your life easier!

In the morning, please enter the camp via the Winter Road entrance. As you drive in, you will see banners identifying each of the camps. Crew leaders will be in this general area waiting your arrival. As you drive through, just stop your car, and your crew leaders will assist your child out of the car and direct them to their activity area. You will then easily exit out onto Route 23. There is a map attached to show the route. It also identifies places to park if you need to talk to a crew leader or the Coordinator of your child's camp.

In your packet of information you should find two (2) Camper Pick-Up Cards that you can place your child's name on. These are for picking up your child at the end of the day. When you arrive, please show the crew leader your child's card. We want to be sure your child goes home with the correct person. Your child's safety is our number one concern. By assigning 2 cards to all campers you will have the flexibility to give one card to the car pool driver or other designated person picking up your child.

Other forms that you should find in your packet include a map to camp and a few forms to be filled out and sent back to the AEC/Supergames main office prior to camp starting. Those forms include: A Camper Emergency Form, a Camper Confidential form, a Camper Medication form (if needed), and individual camp release forms (as needed). You will be receiving a letter from your camp's Coordinator in May that will include information about what your child needs to bring to camp every day.

As a reminder, please send in your required forms by **June 15**.

We are all looking forward to another fun filled summer at The Adventure Camp! Please read this information carefully and feel free to call the main AEC/SuperGames office, 614-846-8946, if you have any questions or concerns. During the month of July you may also try to reach our camp office, staffed periodically, at 740-549-1154.

Sincerely,

Jeanne Lehman
Adventure Camp Director
A Non-Profit Organization

CAMPER CONFIDENTIAL



CAMPER NAME _____

Optional

CAMP ATTENDING _____

Photo

WEEK OF CAMP _____

So your crew leader will know you !!!

The information below is used to determine appropriate supervision, support, and accommodations for your child. Please check or complete the conditions that apply to your child

and elaborate. (Failure to fully disclose this information may prevent your child from fully enjoying the Adventure Camp experience.)

School Attending _____

Grade _____

Special needs or concerns: elaborate on any specific problem (failure to disclose this information may result in dismissal from camp) _____

- First time away from home overnight
- First time sleeping outdoors
- Sleepwalking
- Needs help making new friends

Special arrangements for dietary needs: Vegetarian

Other

Please be specific _____

Additional information about your camper: Please be specific

Water Sports Survey: (Coast Guard Approved life Jackets are required on all water activities with the exception of the pool)

Swimming Skills: (All water activities supervised by Red Cross trained lifeguards.)

- Cannot swim, needs specific supervision at all times
- Cannot swim but is comfortable in deep water with a life jacket & specific supervision
- Is comfortable in deep water, a good swimmer

Boating skills: (Place a check beside each activity experienced.)

- Canoeing
- Water Skiing
- White Water Rafting
- Sailing

SPECIAL CONDITIONS

Students are admitted only upon the condition that they remain at the Adventure Camp until the end of camp. Since staff is engaged, and other provisions are made in advance for the entire session, no rebate on tuition or other charges which have been paid, or are still due, will be made when a student becomes ill, is suspended, dismissed or withdrawn before the close of the session. The Adventure Camp is a primitive outdoor camp. In the case of weather related emergencies 3 permanent lodges are available for shelter. For the physical and emotional safety of all campers, there is the rare possibility that camp may be temporarily closed due to severe weather. The Adventure Camp reserves the right to determine an appropriate make-up if camp logistics and schedule permit. It is understood that all photography taken at The Adventure Camp may be used for promotional purposes.



Camper Emergency Form

The Adventure Education Center
A division of
Direct Instructional Support Systems Inc.
A non-Profit Corporation

Mail to this address:
The Adventure Camp
535 B. Lakeview Plaza Blvd.
Worthington, OH 43085
(614)846-8946

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.
(This side is to be filled in by parents/guardians of minors.)

Name _____ Birthdate _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

If not available in an emergency, notify:

Name _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Health History

(Check. Give approximate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting

Disorders

- Hypertension
- Mononucleosis

Disease

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (Date Not Needed)

- Hay Fever
- Poison Ivy
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Other(specify) _____

Operations or serious injury (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (send with instructions) _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of physician _____ Phone _____

Preferred Hospital _____

Do you carry family medical/hospital insurance Yes No

If yes, indicate: Carrier _____ Policy/Group # _____

Please identify the nature of allergic reaction to foods, drugs, insect bites, or dust

For Female

Has this person menstruated? If not, has she been told about it?

If so, is her menstrual history normal? Special considerations _____

Suggestions on health-related information for camp personnel _____

Over, please →

Camper Emergency Form page 2

Immunization History

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. Parent/Guardian must fill in this information using their home health record.

Vaccines	Year of basic immunization	Year of last booster
Diphtheria, Pertussis, Tetnus (Tdap)		
Measles, Mumps and Rubella (MMR)		
Hepatitis A		
Hepatitis B		
Polio		
Influenza		
Chicken Pox		
Other		

IMPORTANT -This Box Must Be Completed for Attendance*

Statement of Understanding

You are aware in signing this statement for participation in the programs of the Adventure Education Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability to participate in the activity. If for any reason, you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using all the high ropes courses, initiative course, outdoor climbing wall, field archery course, orienteering course, or during the Adventure Camps include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Please note that most activities are conducted outside in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. The facilitators will take every reasonable precaution to minimize exposure to known risks, however, as a participant, you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your facilitator. Sponsoring agencies have the responsibility to provide a progression of appropriate activities that lead to the experiences at the Adventure Education Center.

The AEC may also have photographers covering activities to take photos to use in AEC materials (brochures, fliers, manuals, etc.) It is understood you will not receive any compensation for the use of your image in any AEC materials.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children are fully capable of participating in the activities. I assume full responsibility for my family and myself, including any minor children for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; To release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____

Signature of minor camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, the the camp should be contacted for a legal waiver which must be signed for attendance



Offsite Camper Emergency Medical Form

Mail to this address:
The Adventure Camp
535 B. Lakeview Plaza Blvd.
Worthington, OH 43085
(614)846-8946

Information on this form is not part of the camper acceptance process, but is gathered to assist us in identifying appropriate care.
(This side is to be filled in by parents/guardians of minors.)

Name _____ Birthdate _____ Sex _____ Age _____

Parent or Guardian _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

Second Parent or Guardian or Emergency Contact _____

Home Address _____ Phone _____
Street & Number City State Zip Area/Number

Business _____ Phone _____
Street & Number City State Zip Area/Number

If not available in an emergency, notify:

Name _____

Address _____ Phone _____
Street & Number City State Zip Area/Number

Health History

(Check. Give approximate dates.)

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Bleeding/Clotting

Disorders

- Hypertension
- Mononucleosis

Disease

- Chicken Pox
- Measles
- German Measles
- Mumps

Allergies (Date Not Needed)

- Hay Fever
- Poison Ivy
- Insect Stings
- Penicillin
- Other Drugs
- Asthma
- Other(specify) _____

Operations or serious injury (dates) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (send with instructions) _____

Other diseases _____

Name of dentist/orthodontist _____ Phone _____

Name of physician _____ Phone _____

Preferred Hospital _____

Do you carry family medical/hospital insurance Yes No

If yes, indicate: Carrier _____ Policy/Group # _____

Please identify the nature of allergic reaction to foods, drugs, insect bites, or dust

Suggestions on health-related information for camp personnel _____

Offsite Camper Emergency Medical Form - Page 2

Immunization History

Required immunizations must be determined locally. Please record the date (month and year) of basic immunizations and most recent booster doses. Parent/Guardian must fill in this information using their home health record.

Vaccines	Year of basic immunization	Year of last booster
Diphtheria, Pertussis, Tetnus (Tdap)		
Measles, Mumps and Rubella (MMR)		
Hepatitis A		
Hepatitis B		
Polio		
Influenza		
Chicken Pox		
Other		

IMPORTANT -This Box Must Be Completed for Attendance*

Statement of Understanding

You are aware in signing this statement for participation in the programs of the Adventure Education Center that certain activities are physically demanding. Therefore, physical fitness will increase your enjoyment and ability to participate in the activity. If for any reason, you question your ability to participate in the activity, please consult with the instructors prior to participation. While it is impossible to foresee all possible dangers, some of the specific hazards which you might encounter while using all the high ropes courses, initiative course, outdoor climbing wall, field archery course, orienteering course, or during the Adventure Camps include: slipping or falling on the trail, bumps, bruises, cuts, insect bites, poison ivy, sprains, fractures, or other injuries. Please note that most activities are conducted outside in all kinds of weather so proper dress (rain gear, warm clothing) are essential to avoid undue exposure to the elements. The facilitators will take every reasonable precaution to minimize exposure to known risks, however, as a participant, you acknowledge the nature of the activity and the fact that not all of the stresses and hazards connected with the activity can be foreseen. You have the personal responsibility to follow the established safety rules and procedures to the extent that you participate in such activities. If at any time you have questions about the activity, you have the responsibility to consult with your facilitator. Sponsoring agencies have the responsibility to provide a progression of appropriate activities that lead to the experiences at the Adventure Education Center.

The AEC may also have photographers covering activities to take photos to use in AEC materials (brochures, fliers, manuals, etc.) It is understood you will not receive any compensation for the use of your image in any AEC materials.

I recognize that there is a significant element of risk in any adventure, sport or activity associated with the outdoors. Knowing the inherent risks, dangers, and rigors involved in the activities, I certify that my family and I, including any minor children are fully capable of participating in the activities. I assume full responsibility for my family and myself, including any minor children for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family.

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for Treatment: I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; To release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied for trips out of camp.

Signature of parent or guardian _____ Date _____

Signature of minor camper/staffer _____ Date _____

*If for religious reasons you cannot sign this, the the camp should be contacted for a legal waiver which must be signed for attendance

Lake Activity Waiver, Contract, and Release of Liability and Indemnification Agreement

I am aware that during the Lake activities (including zip line, water slide, climbing wall, trampolines, and other inflatables and non-inflatables) in which I am participating under the arrangement of ACE Adventure Center (and other associated companies), its agents, employees and associates, certain substantial risks and dangers may occur, including but not limited to:

- Disease and Drowning and problems related to near drowning
- Fractures and punctures, vehicle accidents, lightning, briars and thorns
- Partial or total paralysis, explosions, snakebites, heart attack
- Eye injury including blindness, heat stroke, cuts and infection, strains
- Cleaning solvents and other chemicals, falling limbs or trees
- Insect bites and bee stings, contaminated water
- Equipment malfunction, failure or lack of safety equipment
- Actions of myself, other players, judges, referees, or others
- Illness or injuries in remote places without medical facilities
- Failure or lack of communications equipment
- Problems or hazards related to consumption of alcohol or drugs

1. **In consideration of in part payment** for the privilege of being permitted to participate in any way in the lake activities, and the services, food, and alcoholic beverages if any, arranged for me by ACE I have and do hereby assume all of the above risks, and release, and will hold harmless ACE, its agents, employees, associates, and associated companies, or any other person from any and all liability, actions, caused of action, debts, claims, and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my participation. I further give permission for use or sale of any photograph or video (including live webcam0 showing me without further compensation to me. The term hereof shall serve as a release, contract, indemnification (payment all court and other legal costs if I, my heirs, or assigns lose in a court action), indemnification by parents or guardians (reimbursement of awards and legal fees in a winning suit brought by the minor, signing parent, or other parent), and assumption of risks for my heirs, executors and administrations and for all members of my family, including any minors accompanying me.
2. I certify that I will not hold ACE, its agents, employees or associated companies responsible for actions of independent or quasi-independent providers of activities which have been arranged for me, or recommended to me by the afore listed entities.
3. I certify that I will not hold ACE, its agents, employees or associated companies responsible for any harm occurring wholly or partially as a result of any existing health problems including, but not limited to:
 - Reactions to bee stings or the constriction of airways due to cold water, cold air, or asthma
 - Broken bones due to osteoporosis
 - Hemophilia, pregnancy, heart disease, high blood pressure
 - Loss of stamina or coherency due to diabetes
4. If medical evacuation, including ambulance or helicopter, due to new or existing medical conditions is arranged by ACE, I agree to reimburse ACE for any charges.
5. The risk of injury from the lake activities is significant, including the potential for permanent disability and death, and while personal discipline will minimize this risk, the risk of serious injury does exist.
6. I understand the nature of lake activities and I am in good health and in good physical condition. If I believe the lake activities are unsafe or that I am not capable to continue in the lake activities, I will immediately discontinue participation in the lake activities.
7. **I, on behalf of myself, my person representatives, heirs, or assigns, hereby voluntarily agree to release, waive, discharge, and hold harmless, defend and indemnify ACE Adventure Center and any other companies or persons that may have recommend that I play in the lake here from any and all claims, actions, or losses for bodily injury, property damage, wrongful death, loss of services or otherwise that may arise out of my use of lake equipment of my**

participation in lake activities. I agree to indemnify (pay all court and other legal costs if I, my heirs, or assigns lose in a court action) ACE Adventure Center for any court proceeding that may be brought against them on my behalf.

8. I have read and understand the rules, including safety related rules, and agree to comply with all regulations. Failure by others to enforce my adherence to the rules does not negate my responsibility to follow the rules.
9. This is a public area in which only minimal security may be provided; the same precautions against crime should be exercised here as anywhere else.
10. This agreement, waiver, contract, and release shall be governed by the laws of West Virginia and I agree that any court actions will be heard in Fayette County, West Virginia or in Federal Court of Southern West Virginia.
11. If any part of this agreement, contract, waiver, or release is found to be unenforceable by a court or other body having jurisdiction, the provisions shall be altered and not eliminated as may be considered reasonable, and as amended shall be enforced.
- 12. I HAVE READ THE ABOVE WAIVER, CONTRACT, RELEASE AND AGREEMENT AND BY SIGNING IT I AGREE THAT IT IS MY INTENTION TO EXEMPT AND RELIEVE ACE, LESSORS OF THE PREMISES, EMPLOYEES, AND OTHER PARTICIPANTS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I AM PLAYING AT MY OWN RISK.**

Ace does not carry insurance.

I have read and agree to all terms in this two (2) page document.

Signature of Participant (All Participants, including Minors, Must Sign Here)

I certify that I am the parent or guardian with legal responsibility for the above signed participant and agree to his/her release. I have discussed the risks with my child and my child fully understands the risks. I certify that he/she is of such an age and has the knowledge to understand the risks involved. I also agree to indemnify (pay all court and other legal costs if I, my heirs, or assigns lose in a court action) the above named companies and individuals from all liabilities resulting from his/her participation in these activities for myself, my heirs, assigns, and next of kin.

Signatures of Both Parents if Participant if Less Than 18 Years of Age

CONTRACT & LIABILITY WAIVER & INDEMNIFICATION AGREEMENT

(Horse Riding Requires an Additional Waiver)

(Caving Requires an Additional Waiver)

I am aware that during the river or mountain biking trip (and associated basecamp or other activities such as lodging, camping, kayaking, mud obstacle course, hiking, swimming, horse riding, climbing, canopy tours, caving, ropes course, paintball, snow tubing, ATV, lake activities, including Aqua-Jump, etc.) in which I am participating under the arrangement of American Canadian Expeditions, Ltd., dba ACE Whitewater, aka ACE Adventure Center (and/or associated companies including but not limited to: Mountain Cove, Inc., Adventure Expeditions, Inc., Riverworks, Inc., Gauley Outdoor Center, Inc.), its agents, employees, associates, and equipment manufacturers, certain substantial risks and dangers may occur, including, **but not limited to:**

- hazards of traveling on a raft, canoe, or kayak in normal, rough or flooded river conditions,
- hazards of walking on railroad tracks (trains can be hard to hear in river gorges),
- attacks from wild or domesticated animals,
- hazards of jumping, diving, or being thrown into unfamiliar water with submerged hazards, undercut rocks, and man made hazards,
- hazards of rafts flipping or dumping guests,
- hazards of long, cold swims,
- hazards of being pinned under and/or against trees, rocks or other objects,
- contact with paddles, helmets, other guests or guides, food boxes or other containers,
- diseases from contaminated water,
- allergies from cleaning reagent,
- hazards of hiking, biking or horseback riding in rough terrain,
- disease,
- strains or sprains,
- fractures, or punctures,
- partial and/or total paralysis,
- loss or damage to personal property,
- snake bites, insect bites, and bee stings (ACE rarely carries medications),
- illnesses, or injuries in remote places without medical facilities,
- failure of or lack of communication equipment,
- failure or lack of safety equipment,
- injuries occurring in rescue operations (rafts may bump other rafts, ropes may cause entanglements, rocks may be slippery),
- entrapment in caves,
- falls from man-made and natural cliffs,
- hazards of entering and leaving the raft,
- hazards of loading or unloading people or materials from vehicles,
- hazards of the force of nature,
- falling limbs or trees,
- problems or hazards related to travel by automobile, bus, ATV or other conveyance (vehicle accidents),
- problems or hazards related to consumption of alcoholic beverages by anyone
- being struck by falling people,
- death,
- accidents,
- drownings,
- entrapment in rafts,
- slippery mud,
- eye injury including blindness,
- equipment malfunction (paddles may break, rafts may come apart, etc.),
- frostbite or other cold related injuries,
- heat stroke, sunburn,
- briars & thorns,
- lightning,
- explosions (gas grills),
- fresh water amoeba infection

and that these risks and dangers may be caused by the negligence of the owners, employees, officers or agents of the above listed companies, negligence of others, accidents, breaches of contract, the forces of nature, or other causes. **These risks and dangers may arise from foreseeable or unforeseeable causes including that a guide may misjudge terrain, weather, trail or river route location or water level and may be unaware of your fitness or abilities. Staff may give incomplete warnings or instructions. Decisions by guides or company staff are part of the inherent risk of rafting and of other activities.**

Any alteration to this waiver will **prohibit** the participation in all activities.

In consideration of and as part payment for the right to participate in such river and land activities and the services, food and alcoholic beverages, if any, arranged for me by American Canadian Expeditions, Ltd., its agents, employees, and associates, **I have and do hereby assume all of the above risks, and release, and will hold harmless, American Canadian Expeditions, Ltd.**, its agents, employees, associates and associated companies, or any other person from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise out of or in connection with my trip or participation in any of the basecamp or related activity. I further give permission for use or sale of any photograph or video showing me without further compensation to me. The terms hereof shall serve as a release, contract, indemnification (allowing collection of legal fees from plaintiffs), indemnification by parents or guardians (reimbursement of awards and legal fees in a winning suit brought by the minor or other parent), and assumption of risks for my heirs, executors and administrators and for all members of my family, including, minor's parents, any minors accompanying me.

I certify that I will not hold American Canadian Expeditions, Ltd., its agents, employees or associated companies responsible for actions of independent or quasi-independent providers of activities which have been arranged for me by, or recommended to me by the afore listed entities. I am participating for enjoyment or thrills and understand that the activities require physical exertion and involves a challenge containing a potential risk of injury or death.

I certify that I will not hold American Canadian Expeditions, Ltd., its agents, employees or associated companies responsible for any harm occurring wholly or partially as a result of any existing health problems including, but not limited to:

- reactions to bee stings or the constriction of airways due to cold water **or asthma**,
- broken bones due to osteoporosis,
- hemophilia,
- heart disease,
- high blood pressure,
- pregnancy,
- loss of stamina or coherency due to diabetes.

If medical evacuation, including ambulance, Hi-railer, Helicopter, due to new or existing medical conditions is arranged by ACE, I agree to reimburse ACE for any charges.

I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers, or employees of the above listed companies.

This is a public area in which only minimal security may be provided; the same precautions against crime should be exercised here as anywhere else.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which ACE Whitewater or its agents is a party shall be the Fayette County Court in Fayetteville, WV. If any portion of this contract and release is found to be invalid, the remainder shall remain in full force.

I HAVE READ THE ABOVE WAIVER AND RELEASE/CONTRACT AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE THE ABOVE LISTED COMPANIES & EMPLOYEES FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE. I RECOGNIZE THAT I AM FREE NOT TO PARTICIPATE IN ANY ACTIVITIES.

PARTICIPANT RESPONSIBILITIES

The West Virginia Whitewater Responsibility Act (WV Code 20-3B-1 through 5) imposes the following duties on participants in whitewater expeditions:

- (a) Participants have a duty to act as would a reasonably prudent person when engaging in recreational activities offered by commercial whitewater guides in this state.
- (b) No Participant May:
 - (1) Board upon or embark upon any commercial whitewater expedition when intoxicated or under the influence of non-intoxicating beer, intoxicating beverages or controlled substances; or
 - (2) Fail to advise the trip leader or the trip guide of any known health problems or medical disability and any prescribed medication that may be used in the treatment of such health problems during the course of the commercial whitewater expedition.

CHECK (✓) HERE

or IF NONE

- (3) Engage in harmful conduct or willfully or negligently engage in any type of conduct which contributes to or causes injury to any person or personal property; or
- (4) Perform any act which interferes with the safe running and operation of the expedition, including failure to use safety equipment provided by the commercial whitewater outfitter or failure to follow the instructions of the trip leader or trip guide in regard to the safety measures and conduct requested of the participants; or
- (5) Fail to inform or notify the trip guide or trip leader of any incident or accident involving personal injury or illness experienced during the course of any commercial whitewater expedition. If such injury or illness occurs, the participant shall leave personal identification, including name and address, with the commercial whitewater outfitter's agent or employee.

I understand that the Responsibility Act immunizes the outfitter from tort (legal) actions as long as the industry standard of care is met.

West Virginia Bicycle Riders' Responsibility:

1. West Virginia state law requires all bicyclists fifteen years of age and under must wear a helmet. Ace requires that ALL riders wear a helmet.
2. **Participants are responsible for all issued rental equipment including but not limited to damage to bicycle and its corresponding components and helmets. A credit card or other collateral will be held with rental form to cover any damage expenses.**
3. The trail map is a general guide only and is not to scale. Ace cannot be held responsible for inaccurate information or the condition of the trails.
4. **All rented equipment will be returned at the specified time and checked back in. If I fail to return by the specified time I will be charged for the additional time. I agree to wash bike when I return. After proper return, collateral items will be charged or returned.**
5. For rental bikes, Ace Adventure Center does not provide shuttle service. In the event that I become lost or the bike breaks down while riding and I request a pick up, and if driver & vehicle is available, then I will be responsible for any and all expenses that incur. If I do not return the bike to the Bike Check Out Area I agree to pay for replacement cost.

I HAVE BEEN ISSUED A HELMET AND AGREE TO WEAR IT AT ALL TIMES WHILE BIKING. _____

INITIALS

PLEASE COMPLETE ALL INFORMATION

FIRST NAME										INIT.		LAST NAME									
ADDRESS																					
CITY															STATE			ZIP			
HOME PHONE					DATE OF BIRTH					DATE OF BEGINNING OF ACTIVITIES											
-					-					- 09											
					MONTH DAY YEAR					MONTH DAY YEAR											

Has your address changed since your last visit to ACE? YES NO
 Would you be interested in receiving a E-mail newsletter containing discounts and specials? YES NO

MY E-MAIL ADDRESS IS:																					
@																					
PERSON IN YOUR PARTY THAT MADE YOUR RESERVATIONS																					
FIRST NAME										LAST NAME											

**NAME AND PHONE NUMBER OF PERSON TO CONTACT IN CASE OF EMERGENCY
 (Please list someone not on the trip with you).**

Name: _____
 Phone Number: (_____) - _____
 Relation: _____

If you found us on the web, what key word did you use to find us: _____

I agree to personally inspect my helmet, personal flotation device and paddle for any defects before leaving the basecamp.

**ACE does not carry medical insurance.
 I have read and agree to all the terms in this four (4) page contract.**

Signature of Participant (All Participants, Including Minors, Must Sign Here)

We, the parents or guardians, hereby certify that we have discussed the risks with our child and our child fully understands and comprehends ALL the risks.

Signatures of Both Parents If Participant is Less than 18 Years of Age

NAME OF CAMP _____
CREW LEADER _____
DATE OF CAMP _____



CAMPER MEDICATION FORM

Direct Instructional Support Systems, Inc.
PARENT OR STUDENT REQUEST FOR ASSISTANCE
IN THE ADMINISTRATION OF MEDICATION BY
D.I.S.S. PERSONNEL

Name of Camper _____

Name of Medication _____

Route or Method of Administration _____

Dosage: _____ Time(s) _____

I/We understand and acknowledge that D.I.S.S. personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of D.I.S.S. who is not medically trained. I/We hereby release D.I.S.S. officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Furthermore, I/We understand the parental responsibility to be: (1) to deliver the medication to the camp (in the original bottle); (2) to notify the camp if the child changes physicians; (3) to obtain a revised statement, signed by the physician who originally prescribed the drug, and to deliver it to the camp when the child's therapy is changed in any manner; and (4) to recover any medication not administered by the camp.

Date _____

Signature of Student's Parent(s) or Legal Guardian(s)

(Return this form with the medication - in original bottle - on the first day of camp if your child needs to have medicine dispensed during camp hours)



ADVENTURE CAMP

Pick Up Release Card

Office: (614) 846-8946

Camp Emergency Number: (740) 549-1154

Camper's Name

For your child's safety, please present this card at pick up.



ADVENTURE CAMP

Pick Up Release Card

Office: (614) 846-8946

Camp Emergency Number: (740) 549-1154

Camper's Name

For your child's safety, please present this card at pick up.

Adventure Camp Camper Drop-off & Pick-up

