

2011 BUNK1 APPROVAL FORM

Camper Name: _____ Session: _____
Mother's Name: _____ Father's Name: _____
Personal E-mail: _____ Personal E-mail: _____
Work E-mail: _____ Work E-mail: _____

As a parent, **you have received a pre-approved registration code for Bunk1**. Do your camper's grandparents or other relatives want access to our online community? If so, **during the Bunk1 registration process you will have the ability to invite relatives**. This will happen as part of **step 4**. These relatives will receive a confirmation e-mail and **will be automatically approved**. If you do not want to invite relatives just hit the skip button and complete the registration.

If family and friends take the initiative and directly request access to the online community, then we must manually approve their request. (Campers are our first priority so approval can be slow.) Please complete the information below for each person you wish to have access to our online community. If we receive their approval request from Bunk1, we can respond because we can match the information they've provided to the information we have received from you. If we receive an approval request from someone you have not listed, we will contact you via email or phone before approving the membership.

Name: _____ Relationship to Camper: _____
Address: _____
Home Phone: _____ Email: _____

Name: _____ Relationship to Camper: _____
Address: _____
Home Phone: _____ Email: _____

Name: _____ Relationship to Camper: _____
Address: _____
Home Phone: _____ Email: _____

Name: _____ Relationship to Camper: _____
Address: _____
Home Phone: _____ Email: _____

I hereby give the Hollymont staff permission to approve the people listed above if they apply for membership in the online community. I understand that these individuals will have access to online photos from camp and will be able to purchase and send emails (Bunk Notes) to my child. I also understand that I will be contacted when someone not listed above registers on the website and requests membership approval on the basis of relationship to my daughter.

Parent's Signature

Date

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Mail this form to the address below by _____ (date)

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

To Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
- 2) Send the original, signed FORM 1 to camp by the requested date.
- 3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
- 4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Home Address: _____
(If different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper
 Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name(s): _____ Relationship to Camper: _____ Preferred Phones: (_____) (_____) _____
Relationship to Camper

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet.
 This camper has special food needs. *(Please describe below.)*

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
 I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. *(Please describe below.)*

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (_____) _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name

First

Middle

Last

(For Camp Use) Cabin or Group

(For Camp Use) Session Code(s):

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
 First Middle Last

Birth Date: _____
 Month/Day/Year

Immunization History: Provide the month and year for each immunization. Starred (★) immunizations must be current. Copies of immunization forms from health-care providers or state or local government are acceptable; please attach to this form.

Immunization	Dose 1 Month/Year	Dose 2 Month/Year	Dose 3 Month/Year	Dose 4 Month/Year	Dose 5 Month/Year	Most Recent Dose Month/Year
Diphtheria, tetanus, pertussis ★ (DTaP) or (TdaP)						
Tetanus booster ★ (dT) or (TdaP)						
Mumps, measles, rubella ★ (MMR)						
Polio ★ (IPV)						
Haemophilus influenzae type B (HIB)						
Pneumococcal (PCV)						
Hepatitis B						
Hepatitis A						
Varicella (chicken pox)	<input type="checkbox"/> Had chicken pox Date: _____					
Meningococcal meningitis (MCV4)						

Tuberculosis (TB) test Date: _____ Negative Positive

If your camper has not been fully immunized, please sign the following statement: I understand and accept the risks to my child from not being fully immunized.

Signature of Custodial Parent/Guardian: _____ Date: _____ Relationship to Camper: _____

Medication: This camper will not take any daily medications while attending camp.
 This camper will take the following daily medication(s) while at camp:

"Medication" is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. ***Please review camp instructions about required packaging/containers. Many states require original pharmacy containers with labels which show the camper's name and how the medication should be given. Provide enough of each medication to last the entire time the camper will be at camp.***

Name of medication	Date started	Reason for taking it	When it is given	Amount or dose given	How it is given
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

The following non-prescription medications may be stocked in the camp Health Center and are used on an as needed basis to manage illness and injury. ***Cross out those the camper should not be given.***

- | | |
|---|---|
| Acetaminophen (Tylenol) | Ibuprofen (Advil, Motrin) |
| Phenylephrine decongestant (Sudafed PE) | Pseudoephedrine decongestant (Sudafed) |
| Antihistamine/allergy medicine | Guafenesin cough syrup (Robitussin) |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Dextromethorphan cough syrup (Robitussin DM) |
| Sore throat spray | Generic cough drops |
| Lice shampoo or cream (Nix or Elimite) | Antibiotic cream |
| Calamine lotion | Aloe |
| Laxatives for constipation (Ex-Lax) | Bismuth subsalicylate for diarrhea (Kaopectate, Pepto-Bismol) |

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | |
|---|---|
| 1. Ever been hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months?... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath?..... <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months?..... <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Ever been treated for emotional or behavioral difficulties or an eating disorder?..... Yes No
3. During the past 12 months, seen a professional to address mental/emotional health concerns?..... Yes No
4. Had a significant life event that continues to affect the camper's life?..... Yes No
(History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____ Phone: (_____) _____
Name of dentist(s): _____ Phone: (_____) _____
Name of orthodontist(s): _____ Phone: (_____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this is form is completed when the camper arrives at camp. Keep a copy for your records.

**CAMPER HEALTH-CARE RECOMMENDATIONS
by LICENSED MEDICAL PERSONNEL FORM 2**

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

Mail this form to the address below by _____ (date)

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (_____) _____ (_____) _____

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- Acetaminophen (Tylenol)
- Ibuprofen (Advil, Motrin)
- Phenylephrine (Sudafed PE)
- Pseudoephedrine (Sudafed)
- Chlorpheniramine maleate
- Guaifenesin
- Dextromethorphan
- Diphenhydramine (Benadryl)
- Generic cough drops
- Chloraseptic (Sore throat spray)
- Lice shampoo or scabies cream (Nix or Elimate)
- Calamine lotion
- Bismuth subsalicylate (Pepto-Bismol)
- Laxatives for constipation (Ex-Lax)
- Hydrocortisone 1% cream
- Topical antibiotic cream
- Calamine lotion
- Aloe

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within last 24 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

Allergies: No Known Allergies

To foods (*list*):

To medications: (*list*):

To the environment (*insect stings, hay fever, etc.—list*):

Other allergies: (*list*):

Describe previous reactions:

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (*describe below*)

The camper is undergoing treatment at this time for the following conditions: (*describe below*) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (*name, dose, frequency—describe below*)

Other treatments/therapies to be continued at camp: (*describe below*) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (*describe below—attach additional information if needed*)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)"

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (_____) _____ Date: _____

Camper Pick Up Authorization Form

I give permission for my child _____
who will be at Camp Hollymont during the 2011 _____ session to
be visited and/or taken from camp by the following persons:

Name(s) _____ Date of Pick Up _____

Relationship to Camper _____ Phone _____

Name(s) _____ Date of Pick Up _____

Relationship to Camper _____ Phone _____

Name(s) _____ Date of Pick Up _____

Relationship to Camper _____ Phone _____

Parents Signature _____

Date _____

Parents Phone _____

2011 CHARGES and OPTIONS SHEET

Camper's Name _____ Age _____

City / State _____ Session / Status _____

PLEASE EXAMINE THE ENCLOSED FINANCIAL STATEMENT.

We offer options to give campers more variety in their camping experience. Enrollment in the special programs and trips is limited, so please sign up and include payment now to assure a place for your daughter in these popular and fun extra activities.

DESCRIPTION	CHARGES	TOTAL
Arts & Crafts	\$20 (7 Day), \$40 (13 Day session)	
American Red Cross Babysitting Cert	\$60 (for girls ages 11 - 15)	
Cooking	\$20 (7 Day session), \$40 (13 Day session)	
Digital Photography	\$20 (7 Day session), \$40 (13 Day session)	
Sewing	\$20 (7 Day session), \$40 (13 Day session)	
Horseback Riding	\$85 (7 Day), \$170 (13 Day), \$340 (27 Day)	
Biltmore House & Gardens	\$70	
One-Day Ski Trip to Lake James	\$175 (minimum age 8 years and 50 lbs)	
One-Day Whitewater Rafting Trip	\$150 (minimum age 8 years and 50 lbs)	
Zipline Adventure in the Nantahala	\$125 (minimum age 11)	
Overnight Campout Adventure	\$20	
Spending Money	\$50 (7 Day), \$100 (13 Day), \$200 (27 Day)	
Airport Transportation		
From Asheville Airport	\$20	
To Asheville Airport	\$20	
UPS Trunk Shipment	First Item - \$55	
(Download UPS trunk form from website)	Additional Items - \$35 each (to same address)	

To pay by credit card, please log on to:
www.hollymont.com/application/fees
 Access your bill by entering the passcode found on your billing statement.

Additional Charges & Options Total \$ _____

Clothing Order + \$ _____

Balance Forward from Statement + \$ _____

TOTAL AMOUNT ENCLOSED \$ _____
 Balance due on or before May 1, 2011

PARENT AUTHORIZATION: I HEREBY GIVE PERMISSION FOR MY DAUGHTER TO PARTICIPATE in Camp Hollymont activities. I understand that there is a certain degree of risk and possible injury by reason of the activities, and I release Camp Hollymont of any liability.

Signed: _____ Date: _____

THE DOVE'S NEST

The camp store is open on opening day and daily during canteen. You will pick up your order on opening day and may exchange items if necessary. Cotton tees are pre-shrunk unless otherwise stated.

For best selection, we suggest that you place your order in advance. Re-order turnaround times and limited winter storage do not make summer re-orders feasible. We try to anticipate the demand for new items and order appropriately. Not all clothing room items are listed on the clothing order form. We usually have sale items available for each session.

We request that each girl purchase a tribe shirt. Tribe shirts may be purchased once the camper knows her tribe (usually on Tuesday) and we will deduct the amount from her spending account.

2011 Designer Tee **NEW \$19**

We've put "Hollymont" on the front chest of a 100% white cotton tee in fun blue and green letters. The combination of the appliqué look and the screen print is a sure to please our fashion conscious campers.

SIZES: Youth Med & Lg, Adult Sm & Med

Welcome Home Tee \$20

NEW ITEM – Laurel Lodge is the heart of camp. We live and laugh and sleep there. The front left chest pocket and full back designs printed on a 100% white cotton tee allow wearers to remember the good times all year long.

SIZES: Youth Lg, Adult Sm, Med, Lg

Kelly Classic Tee \$19

NEW ITEM - Looking for color? For simplicity? Our Kelly green 100% cotton tee should be a perfect fit! The full chest design on this short sleeve shirt features a single tree and the word "HOLLYMONT".

SIZES: Youth Med & Lg, Adult Sm, Med

Tree Tee \$19

The view as you come onto campus and look out over the tennis courts to the mountains beyond inspired this white 100% cotton short sleeve tee. The front chest design features a line of trees and "HOLLYMONT".

SIZES: Youth Med & Lg, Adult Sm, Med

Chapel Tee \$19

Beautiful praise music rings out over the campus when campers and staff sing in the chapel. Our full back design celebrates that special time and place. The white 100% cotton short sleeve tee has a simple front left chest Hollymont design.

SIZES: Youth Med & Lg, Adult Med

Hollymont Friends Tee \$15

Our hot pink 100% cotton tee is super cute and sure to be a favorite with its colorful back design (four girls) reminding us of our Hollymont friends and front left chest design to remind us that Hollymont is our favorite camp.

SIZES: Adult Sm, Med

Happy Camper Tee \$15

Hollymont girls have a reputation for being energetic, "happy campers". The front chest design features our happy camper and Proverbs 15:13a is printed on the back of this 100% cotton white tee.

SIZES: Youth Lg, Adult Sm, Med

Life is Good Tee \$15

Simple things are often the best. Our front chest screen print highlights three simple pleasures at Hollymont – horseback riding, beautiful North Carolina mountains, and whitewater rafting. The white, 100% cotton tee also has a small, center back design.

SIZES: Youth Lg, Adult Sm, Med, Lg,

Heart Long Sleeve \$19

Campers can proudly wear this royal blue Ultra Cotton long sleeve tee with a heart on the back filled with words to remind us of so many great Hollymont memories.

SIZE: Youth Medium

Circle Long Sleeve \$19

This 6.1 oz 100% cotton tee is "on target" with its fun four-color full back design highlighting the many benefits of Hollymont.

SIZES: Youth Med & Lg (Light Grey)

Hollymont Hoodie **NEW \$ 30**

Looking for a little something to keep you warm on cool mornings? Our lightweight, pullover, 9 oz 80/20 blend, powder blue hoodie with classic pouch front pockets is the perfect addition to your wardrobe. **This is a ladies cut garment so the sizes will run small.**

SIZES: Adult Sm, Med, Lg, XLg

Pink Madras Hoodie \$48

Our 50/50 poly/cotton pink fleece hoodie is both sporty and classic. "Hollymont" is appliqued across the front chest in a pink madras tackle twill that matches the madras liner in the hood.

SIZES: Youth Med & Lg, Adult Sm

Track Shorts **NEW \$ 24**

We've printed "Hollymont" on the left front leg of a pair of 100% moisture wicking black polyester track shorts. The hot pink side strip makes this a simple pair of shorts that looks good and wears well.

PLEASE NOTE: SIZES RUN SMALL.

SIZES: Adult Sm, Med, Lg, XLg

Seersucker Pants \$28

Stay cool and look terrific in lightweight 100% cotton classic blue and white seersucker pants. The drawstring waist allows for all day comfort. "Hollymont" is printed in spring green on the front left leg.

SIZES: Youth Lg, Adult Sm, Med, Lg

Hollymont Retro Shorts \$15

We've placed a Hollymont design on a stylish Kelly Green 50/50 blend cotton jersey knit short with Ladies' fit, elastic waistband and white binding on the side seam and leg opening. **PLEASE NOTE: SIZES RUN SMALL**

Sizes: Adult Lg & XLg,

Embroidered Shorts \$15

Our 50/50 blend red, cotton short has "HOLLYMONT" embroidered in white on the left front leg. Other features include an elastic waistband and V-notch seams. **Quantities limited.**

PLEASE NOTE: SIZES RUN SMALL.

SIZES: Youth Lg, Adult Sm, Med, Lg, XLg

Applique Shorts \$17

50/50 blend cotton, Carolina blue Soffee shorts with "HOLLYMONT" appliqued on the back. The "patch" as the vendor calls it has a light pink background with brown polka-dot letters. **Quantities limited.**

SIZES: Youth Med & Lg, Adult Med

Water Bottle \$17

If you are going to keep up the pace at Hollymont, then it's essential to stay adequately hydrated.

This CamelBak® half liter BPA Free Tritan waterbottle is sure to quench your thirst and keep you going in style.

Laundry Bag \$15

Need a place to stash dirty camper laundry? Need an extra bag to carry home valuable camp paraphanelia? Our mesh drawstring laundry bag with Hollymont design printed on the front will meet your needs, whether its laundry or luggage.

Travel Mug \$17

For Hollymont campers and parents on the go, this stainless steel travel mug is a lifesaver. Its insulated to keep your beverage hot.....or cold and the lid prevents spillage. Arrive at your destination hydrated and clean.

***** **COMING IN JUNE** *****

HOLLYMONT STATIONERY



2011 CLOTHING ORDER FORM

Camper's Name _____ Age _____ City/State _____

Sessions Beginning:

_____ June 19 (A-7day, A, AB1)

_____ July 17 (B2-7day, B2, B2C)

_____ July 3 (B1-7day, B1, B)

_____ July 31 (C-7day, C)

Please circle desired size.

PRICE

**Number
Ordered**

TOTAL

LOOKING for a different size? If we have less than 6 in stock, we don't list the size on the order form. Call our office.

SIZES	Youth Med	Youth Lg	Adult Sm	Adult Med	Adult Lg	Adult XLg			
2011 Designer Tee	Youth Med	Youth Lg	Adult Sm	Adult Med			\$19.00	X _____	= \$ _____
Kelly Classic Tee	Youth Med	Youth Lg	Adult Sm	Adult Med			\$19.00	X _____	= \$ _____
Tree Tee	Youth Med	Youth Lg	Adult Sm	Adult Med			\$19.00	X _____	= \$ _____
Chapel Tee	Youth Med	Youth Lg	NONE	Adult Med	NONE	NONE	\$19.00	X _____	= \$ _____
Welcome Home Tee	NONE	Youth Lg	Adult Sm	Adult Med	Adult Lg	NONE	\$20.00	X _____	= \$ _____
Pink Madras Hoodie	Youth Med	Youth Lg	Adult Sm	NONE	NONE	NONE	\$48.00	X _____	= \$ _____
Hollymont Hoodie	NONE	NONE	Adult Sm	Adult Med	Adult Lg	Adult XLg	\$30.00	X _____	= \$ _____
Circle Long Sleeve Tee	Youth Med	Youth Lg	NONE	NONE	NONE	NONE	\$19.00	X _____	= \$ _____
Heart Long Sleeve Tee	Youth Med		NONE	NONE	NONE	NONE	\$19.00	X _____	= \$ _____
Happy Camper Tee	NONE	Youth Lg	Adult Sm	Adult Med	NONE	NONE	\$15.00	X _____	= \$ _____
Hollymont Friends Tee	NONE	NONE	Adult Sm	Adult Med		NONE	\$15.00	X _____	= \$ _____
Life Is Good Tee	NONE	Youth Lg	Adult Sm	Adult Med	Adult Lg	NONE	\$15.00	X _____	= \$ _____

Please note: Sizes run small on shorts.

Track Shorts - Black	NONE	NONE	Adult Sm	Adult Med	Adult Lg	Adult XLg	\$24.00	X _____	= \$ _____
Applique Shorts - Blue	Youth Med	Youth Lg		Adult Med	NONE	NONE	\$17.00	X _____	= \$ _____
Embroidered Short - Red	NONE	Youth Lg	Adult Sm	Adult Med	Adult Lg	Adult XLg	\$15.00	X _____	= \$ _____
Retro Shorts - Green	NONE	NONE	NONE	NONE	Adult Lg	Adult XLg	\$15.00	X _____	= \$ _____
Seersucker Pants	NONE	Youth Lg	Adult Sm	Adult Med	Adult Lg	NONE	\$28.00	X _____	= \$ _____

Waterbottle							\$17.00	X _____	= \$ _____
Travel Mug							\$17.00	X _____	= \$ _____
Laundry Bag							\$15.00	X _____	= \$ _____

Please return completed form with payment by May 1. ----->

TOTAL ORDERED

\$

Sales tax included in the item price

Parent's Signature: _____

Date: _____

Sneak Preview

Here are a few of our 2011 summer designs

2011 Designer Tee



Welcome Home Tee



Kelly Classic Tree Tee



Hollymont Trees Tee



Circle Long Sleeve Tee



Heart Long Sleeve Tee



Hollymont Hoodie



Pink Madras Hoodie



Chapel Tee



Happy Camper Tee



Seersucker Pants



Track Shorts



2011 SKILL SELECTION SHEET

Camper Name _____

Age: _____

Session Beginning

June 19 ----->	Circle Session:	A 7-Day	A 13-Day	AB1 27-Day
July 3 ----->	Circle Session:	B1 7-Day	B1 13-Day	B 27-Day
July 17 ----->	Circle Session:	B2 7-Day	B2 13-Day	B2C 27-Day
July 31 ----->	Circle Session:	C 7-Day	C 13-Day	

*AB1, B, and B2C campers will receive another skill form during the last week of their first Hollymont session.

Choose 10 skills in order of preference -1st choice, 2nd choice, 3rd choice, etc.

If you have pre-registered for paid skills, don't forget to mark them among your top six choices.

- _____ Aerobics **for girls ages 10 - 15**
- _____ Arts & Crafts (Additional Cost: \$20 for 7 day session, \$40 for 13 day session)
- _____ Archery
- _____ Athletic Conditioning **for girls ages 12 - 15**
- _____ Babysitting **American Red Cross class for girls ages 11-15** (Additional Cost: \$60)
- _____ Basketball
- _____ Cheerleading
- _____ Choir
- _____ Cooking (Additional Cost: \$20 for 7 day session, \$40 for 13 day session)
- _____ Creative Writing
- _____ Dance
- _____ Digital Photography (Additional Cost: \$20 for 7 day session, \$40 for 13 day session) **Camp provides the digital camera.**
- _____ Drama
- _____ Guitar **(Please bring your own guitar.)**
- _____ Gymnastics
- _____ Horseback Riding **(\$85 - 7 day session, \$170 - 13 day session, and \$340 - 27 day session)**

Experience: _____	Beginner (never ridden or very young)	# of summers riding at Hollymont _____
_____	Walk	# of years riding outside of Hollymont _____
_____	Trot	
_____	Canter	
- _____ Land Sports / Group Games
- _____ LIFE - Living in Faith Everyday **for girls ages 13 - 15 (bring Bible)**
- _____ M & M - Modeling & Manners
- _____ Outdoor Living
- _____ Pilates **for girls ages 11 - 15** (taught Sessions B2 and C only)
- _____ Hand Sewing (Ages 6-16) (Additional Cost: \$20 for 7 day session, \$40 for 13 day session)
- _____ Machine Sewing (Ages 12-16) (Additional Cost: \$20 for 7 day session, \$40 for 13 day session)
- _____ Sign Language
- _____ Soccer
- _____ Swimming -----> Beginner Intermediate Advanced
- _____ Tennis -----> Beginner Intermediate Advanced
- _____ Volleyball
- _____ Water Aerobics - **must be 4'6" tall**

READ INFORMATION ON BACK-----> SIGNATURE REQUIRED----->

PARENT AUTHORIZATION: I give permission for my daughter to participate in all Hollymont skills and skill related activities (hikes, overnight campouts, and out-of-camp trips included). I understand that there is a certain degree of risk and possible injury by reason of any activity, and I release Camp Hollymont of any liability.

Signed: _____

Date: _____

Skill Schedules and Notes:

- 1. Descriptions of the skills and detailed session skill schedules may be downloaded from the website.**
2. On full skill days, campers attend 6 skills except when pre-empted for trips.
3. Campers and parents need to choose skills together. **Choose 10 skills in order of preference - 1st choice, 2nd choice, 3rd choice, etc.** We try to place campers in their top six choices.
4. If you have pre-registered and **paid for a skill** (horseback riding, arts & crafts, sewing, cooking, ARC babysitting, or digital photography) and you **list the skill as a 7th -10th choice, then we will assume that you want to be placed in your top six choices and we will not place you in the paid skill unless one of your top six choices is not available.** (Prior to the end of the camp session a credit will be issued.)
5. Campers who wish to change their skills may do so on Skill Change Morning. The skill coordinator will be in Dove's Den **before breakfast** on the first Wednesday. New schedules will be issued after morning watch.
6. Skill selection sheets should be mailed to our office in May.
7. Skill placement is usually not completed until Sunday evening (check-in). On Monday morning, skill schedules are given to the campers and class roles are given to the counselors teaching the skills. **Hollymont reserves the right to delete any skill if an insufficient number of campers request the skill or if we do not have a staff person available to teach the skill.**
8. To allow the maximum number of campers to participate in skills that are limited in class size, we give preference to 13-day campers in the following skills: arts & crafts, cooking, sewing, and digital photography.
9. If you are attending camp for four or more weeks, a second skill sheet will be completed at the end of the first 13-day session. At that time campers may request to take another class in arts & crafts, cooking, sewing, and photography. However, incoming 13-day session campers will have first preference. Campers who get into a paid skill will be billed for the additional session.
10. There is a great deal of activity at camp for a young first year camper to absorb and there are only five skill days in a 7-day session.

We do not recommend first time or 7-day session campers ages 6-8 take any optional trips.

If this is your camper's first year and she is 9 or 10 years of age, we recommend that she take no more than one optional trip.

2011 TRANSPORTATION INFORMATION

Camper's Name _____ Age: _____ Weight: _____ (Refer to page 2-safety guideline #2)

Telephone Number: _____ Parent's E-mail Address: _____

Based on our observations of air traffic patterns, we strongly recommend that you schedule air arrivals and departures before 12 p.m. (NOON).

ARRIVAL INFORMATION

(Please plan to arrive between 9 a.m. and noon)

_____ A (7 , 13, 27 day sessions arriving Sunday, June 19) _____ By car _____ By plane
_____ B1 (7, 13, 27 day sessions arriving Sunday, July 3)
_____ B2 (7, 13, 27 day sessions arriving Sunday, July 17) _____ Airline
_____ C (7 , 13, 27 day sessions arriving Sunday, July 31)
_____ Flight # _____ Arrival Time

DEPARTURE INFORMATION

_____ By car _____ By plane

(Please plan to depart between 10 a.m. and noon.)

_____ A session (Friday, July 1) _____ Flight # _____ Airline
_____ B1 / AB1 sessions (Friday, July 15)
_____ B2 / B sessions (Friday, July 29) _____ Departure Time
_____ C / B2C sessions (Friday, August 12)
(camp closes and staff depart Friday evening, August 12)

_____ A 7-day session departing Saturday, June 25
_____ B1 7-day session departing Saturday, July 9
_____ B2 7-day session departing Saturday, July 23
_____ C 7-day session departing Saturday, Aug 6

*7 Day sessions depart
between
9:30 a.m. and 11:00 a.m.*

UNACCOMPANIED MINOR / ESCORT SERVICES

Airline carriers require that children (age 14 and under) traveling by themselves be placed in the unaccompanied minor program. There is a fee for the UM/Escort service.

A WORD OF ADVICE !!

It's a good idea to search the airline's website for "Children Traveling Alone" to familiarize yourself with their policies and procedures. In the past **US Air** has provided the UM/Escort service **for DIRECT FLIGHTS only.**

You need to inquire about the UM/Escort service policy on connecting flights BEFORE purchasing tickets.

Will your daughter need/want the airline escort service for her return flight? _____ Yes _____ No

Have you paid for the airline escort service for your daughter's return flight? _____ Yes _____ No

Please make advance escort arrangements with the airlines.

1. **Verify that your airline offers an escort service for the return flight. Pre-pay the escort fee.**
2. Complete the airline's unaccompanied minor form for your daughter's return flight.
3. Provide Hollymont with a copy of both your daughter's return ticket and the receipt for her return escort.
4. Please also have your daughter give her passport and other travel documents to the camp personnel who meet her up at the airport (if she flies to camp) or her counselor (if she arrives by car). Once your daughter has connected with Hollymont personnel at the airport, she will use her cell phone to call you and let you know she has safely arrived. Please ask her to give cell phone to the Hollymont personnel at the airport. We will place her documents and cell phone in a secure location until closing day.

1. Based on our observations of air traffic patterns, **we strongly recommend that you schedule air arrivals and departures before 12 (noon).** *(If your daughter’s destination is outside the United States, please try to schedule a flight leaving Asheville between 6 a.m. and 10 a.m.)*

2. Staff members will be waiting at the airport to greet your daughter when she arrives. After camp, we will escort your daughter to the Asheville airport and stay with her until her flight boards. **There is a \$20 transportation charge (each way) to and/or from the Asheville airport per camper.**

3. Please inquire with the airlines about their “Unaccompanied Minor” program. (Specifically ask if their escort service offers assistance with connections in other cities.) You can also search their websites for "Children Traveling Alone". **Please make arrangements with the airlines and pay for the escort service in advance.**

4. **"Holly Mont"** is the person who should be listed as meeting your daughter at the Asheville airport and as the person who will take your daughter to the airport for her return flight home. The Asheville airline agents work closely with our camp and the designated "Holly Mont" staff members to coordinate the Unaccompanied Minor program

For our records we need to know who will meet your daughter when she reaches her destination city.

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone # _____

Telephone # _____

Amount paid to the airlines for escort service _____ (Please attach copy of receipt)

5. **Please complete and return this transportation form by May 1.**

Also please notify our office when changes occur in arrival or departure information.

6. Please note that ALL checked baggage is subject to fees per airline carrier policy.

7. Please read and share the guidelines below with your camper.

Hollymont Vehicle Safety Guidelines

1. Obey all instructions given by the driver or the staff assistant.

2. All passengers and drivers must wear seat belts. Please do not share seatbelts.

**** In accordance with North Carolina law, campers less than age 8 and less than 80 pounds must ride in a weight appropriate child restraint or booster seat certified to meet federal motor vehicle safety standards.**

****** If there is no shoulder belt-equipped seating position available for a belt-positioning booster seat, campers less than age 8 and between 40 and 80 pounds must be restrained by a properly fitted lap belt only.**

3. Throwing objects inside the vehicle or out of the windows is prohibited.

4. Remain in your seat while the vehicle is moving.

5. Refrain from extending any part of your body (head, arms, feet, etc.) out of the vehicle.

6. To avoid distracting the driver, do not yell, scream, or talk too loudly.

****If you are transporting your camper by car, please be aware that the law applies to all passenger vehicles - whether the vehicle registration is in-state or out-of-state.**

******WARNING: Belt-positioning booster seats must NEVER be used with just a lap belt.**

2011 UPS Shipping Form

For children who return home by car -

To lighten the car load, parents may request that trunks and luggage be sent home via UPS (ground).

For children who return home by air -

Tightened baggage security measures are to be expected. (Refer to the TSA website: www.tsa.gov)

Presently, campers are allowed to take on the plane: one carry-on bag and one personal item.
All airlines that service the Asheville Regional Airlines CHARGE for checked baggage.

Campers and their baggage must fly together.

To Ship Trunks / Luggage
from camp to an address within the continental US
via UPS (Ground)

there will be a charge of: 1st piece \$55.00 (price will increase if the weight is over 70 lbs)

Additional pieces are \$35 each if shipped to same address

DAMAGES - Please be aware that UPS will not reimburse for damages that occur during shipping unless the trunk/luggage is shipped in a box. If you want your items boxed, please provide an appropriately sized box for that purpose. Boxes will be taped at camp. All other shipping containers must have a lock.

Please return this form and add the required money to your daughter's account.

Camper Name: _____ Session attending _____

How many pieces of luggage will you be shipping home via UPS ground? _____

Description of Luggage: _____

Person Receiving UPS: _____

Address to Ship To: _____

TRUNKS

For Campers flying to/from camp

Please keep in mind that the Asheville airport has four different airline carriers and limited jet service. We expect that each airline carrier will have different baggage handling procedures based on the type of planes they use to fly out of Asheville and the number of campers flying out of Asheville on a given day.

Bags are likely to be searched at the airport so they cannot be locked.

The Transportation Security Administration has a website: www.tsa.gov.

Prior to your daughter's flight, please check the site for travel advice and their updated list of prohibited and permitted items. Please review this list with your daughter to help her understand how to pack, *particularly her carry-on items*.

SHIPPING OUTSIDE THE CONTINENTAL UNITED STATES

Over the years we have noted the difficulties that arise from shipping trunks outside the continental US.

A detailed list of contents is required for Customs along with value assignments (\$\$) for each item in the trunk. We are not able to accomplish this task at camp.

We do not recommend shipping trunks outside the continental U.S. It is easier to send the trunks home with the camper (by car or by airplane).

In the past, we have had a few campers from Mexico who shipped their trunks to a U.S. border city. The families picked up the trunks in the United States and took them across the border themselves.

Nantahala Gorge Canopy Tours

P. O. Box 309
Long Creek, SC 29658
(864) 647-9587 • FAX: (864) 647-5361

(Nantahala Gorge Canopy Tour information only)

Date _____ Trip Time _____ Group Name _____

Nantahala Gorge Canopy Tours is an activity offered by Nantahala Gorge Canopy Tours, Inc.

Please Complete the Information Below (Please Print)

Do you need to talk to the NGCT Leadership about any matters, including Medical Conditions, Medications or Physical Limitations? NO _____ YES _____

Please Explain: _____

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DAY TIME PHONE: _____ NIGHT TIME PHONE: _____ DATE OF BIRTH: _____

EMAIL ADDRESS*: _____ * To receive our e-newsletters, specials, hot deals, or other information, please enter your email address!
(OPTIONAL) (We do not sell this information.)

PLEASE READ BOTH SIDES CAREFULLY • CANOPY TOUR REGISTRATION, WAIVER & RELEASE OF LIABILITY, AND ASSUMPTION OF RISK ACKNOWLEDGEMENT

Description of Canopy Tour:

Nantahala Gorge Canopy Tours (“NGCT”) provides adventure recreation and environmental education. The Canopy Tour includes Zip Lines, Sky Bridges, Obstacles and all other related Canopy Tour activities. Zip Lines are high cable traverses using safety harnesses and associated hardware. Participants zip through the forest canopy and are challenged with the difficulties of stepping off a high platform, confronting a fear of heights, and accepting these risks and other new challenges. Sky Bridges are walkways high in the forest canopy consisting of planking supported by steel cables and rope. Obstacles may include an incline and swinging bridge, moving platform or rappel. Participants wear safety harnesses clipped into overhead steel cables with attached safety lanyards. Guides trained to lead participants toward their desired recreational and educational outcomes will lead the tour through the forest canopy. All equipment will be fitted and checked by the staff; the guides will monitor progress throughout the tour and guides will supervise all equipment transfers. While under the care of your guides, it is your responsibility to follow instructions and monitor the continued fit and readiness of your equipment. Participants must be reasonably fit and able to control the speed of their travel along the zip lines by grasping the cable above their heads with leather gloves. Participants also may be required upon occasion to pull themselves along a stretch of cable if they lose momentum before reaching any given landing platform (guides may assist with this process). The tour includes hikes on uneven terrain. Participants must be physically able to complete these tasks.

Medical Concerns: The Canopy Tour is designed for participants of average mobility and strength who are in reasonably good health. Obesity, high blood pressure, cardiac and coronary artery disease, pulmonary problems, pregnancy, arthritis, tendonitis or other joint and muscular-skeletal problems may impair the safety and well-being of participants on the course, as may other medical, physical, psychological and psychiatric problems. All such conditions may increase the inherent risks of the experience and cause the Participant to be a danger to themselves or others. Participants with underlying medical problems that put them at greater risk of injury or illness during a Canopy Tour must carefully consider those risks before choosing to participate and they must fully inform tour staff in writing prior to the beginning of the tour. NGCT reserves the right to exclude any applicant from participation for medical, safety or other reasons.

Inherent and Other Risks: Serious injuries are uncommon in Canopy Tours, but the risk of injury or death certainly exists by reason of falls, contact with other participants, and fixed objects moving about or being transported on the grounds on which the Canopy Tour is initiated and conducted. A number of risks are inherent to the Canopy Tour. These are risks that cannot be eliminated without changing the essential nature of the experience. The emotional risks range from unwelcome or inadvertent touching, simple hurt feelings to panic and psychological trauma (such as fear of heights.) The physical risks of participating range from small scrapes and bruises to bites and stings, broken bones, sprains, neurological damage and, in extraordinary cases, even death. The property on which the tour is conducted includes hilly, rocky and wooded terrain, cliffs, ravines, creek beds, potential harmful plants and animals, which may bite or sting. Injuries may be a natural consequence of the Canopy Tour undertaken as a result of the environmental hazards (including terrain and weather), a result of errors in judgment or failure to exercise reasonable care by guides, staff or participants, or otherwise, and may occur in spite of the reasonable efforts of guides and staff to prevent them. In all cases, those inherent risks, as well as other risks of injury or death to persons or damage to property, which are not inherent and whether or not described above, must be accepted by those who choose to participate.

WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF THE RISK ACKNOWLEDGEMENT

DEFINITIONS:

“Facilities” shall mean the grounds and other facilities and improvements situated on or forming part of the property located at Hwy 19 West, Bryson City, North Carolina 28713.

“Indemnitees” shall mean collectively and individually Nantahala Gorge Canopy Tours, Inc., Falling Waters Settlement, Inc. d/b/a Falling Waters Resort and Wildwater, Ltd. And their respective shareholders, owners, directors, officers, employees, agents, clients, customers, contractors, subcontractors, affiliates, subsidiaries, agents, representatives, successors and assigns.

“Indemnitor” shall mean the individual signing below, on behalf of himself or herself and any minor under his/her care, as well as their respective heirs, administrators, executors, personal representatives and assigns.

Indemnitor represents and warrants to the Indemnitees that (i) he/she has read this document in full, (ii) any questions he/she may have had concerning anything described or explained herein or otherwise concerning his/her participation in activities offered by NGCT at the Facilities have been fully and adequately answered by NGCT's staff, and (iii) Indemnitor is knowingly and voluntarily electing to participate in one or more activities offered by NGCT. Indemnitor expressly and knowingly acknowledges the risks, whether actual or potential, of participating in activities offered by NGCT at the Facilities as herein described, and Indemnitor does hereby expressly and knowingly assume all such risks. Indemnitor hereby releases, relinquishes, acquits and forever discharges the Indemnitees and each of them from any and all liabilities, claims, causes of action, damages, obligations, suits, demands, costs and expenses of any sort or kind whatsoever or however arising, in law or in equity, whether known or unknown, whether in tort or in contract, which Indemnitor had or now has, or may have had or now may have, or that Indemnitor at any time in the future has or may have, against Indemnitees or any of them as a consequence or arising out of (a) illness, injury and/or death to or of Indemnitor at the Facilities or as a result of Indemnitor's presence at the Facilities or participation in activities offered at the Facilities or otherwise occurring at the Facilities, (b) damage to or the destruction of vehicles, trailers or other property brought to the Facilities by Indemnitor, and (c) Indemnitor's use of the Facilities and/or the services provided at the Facilities. Indemnitor does further hereby defend, indemnify and hold Indemnitees and each of them harmless from and against any and all liabilities, claims, causes of action, damages, obligations, suits, demands, costs and expenses of any sort or kind whatsoever or however arising, in law or in equity, whether known or unknown, whether in tort or in contract, which Indemnitees or any of them may suffer or incur, including, without limitation, attorneys' fees, court costs and litigation expenses, as a consequence or arising out of (i) illness, injury and/or death to or of any person at the Facilities resulting from Indemnitor's presence at the Facilities or participation in activities offered at the Facilities or otherwise caused by Indemnitor, (ii) damage to or the destruction of vehicles, trailers or other property located at the Facilities caused by Indemnitor, and (iii) Indemnitor's use of the Facilities and/or the services provided at the Facilities.

Indemnitor represents to Indemnitees as follows:

I am 18 years of age or older.

I am signing this release, waiver of liability, and assumption of risk acknowledgement voluntarily and of my own free will.

I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the Facilities and its services in a safe manner.

I understand and agree that it is my responsibility to assess the hazards presented by my use of the Facilities and services provided at the Facilities and further agree that I am the ultimate judge as to whether I can use the Facilities and services without risk of harm to myself, others or property in my possession or under my control.

I have inspected the Facilities, agree that I will be using the Facilities on an AS-IS, WHERE-IS basis, and understand and EXPRESSLY ASSUME all the dangers incident to using the Facilities and the services provided at the Facilities.

My use of the Facilities is entirely optional and my own free choice.

I authorize anyone working at the Canopy Tour activity to call for such medical care for me or minor in my care, or to transport me or any minor in my care to the appropriate clinic or hospital, if in the opinion of anyone working at the Facilities, medical attention is needed for me or a minor in my care. This authorizes a licensed health care provider or other first-aid provider to carry out emergency medical care deemed necessary for me or any minor in my care in an emergency where normal permission is unavailable. I agree that upon transporting me or any minor in my care to any medical facility, clinic, or hospital that the responsibility of Indemnitees shall be complete and Indemnitees shall not have any further responsibility for me or any minors in my care. I agree to pay all costs associated with such medical care and related transportation for me or a minor in my care, and I hereby indemnify and hold Indemnitees and each of them harmless from any costs incurred by them in connection therewith.

I hereby grant full permission to use any photographs or video of me and each minor in my care taken during our participation in activities at the Facilities for any purpose in promoting activities at the Facilities and/or any or all of the Indemnitees.

I agree that I will not, at any time, climb, play or otherwise use the Facilities or any part of the Facilities while not an authorized participant.

I UNDERSTAND AND ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT MY SIGNATURE BELOW EXPRESSLY WAIVES ANY RIGHTS I HAVE TO BRING A CLAIM AGAINST OR SUE THE INDEMNITEES OR ANY OF THEM FOR PERSONAL INJURIES, DEATH OR PROPERTY DAMAGES. I FURTHER UNDERSTAND THAT THIS IS A CONTRACT THAT LIMITS MY LEGAL RIGHTS AND THAT IT IS BINDING UPON ME, MY HEIRS AND LEGAL REPRESENTATIVES.

Signature of Participant

Participant's Printed Name

Date

Participants under 18 Years of Age: As parent/guardian signing this agreement for the above named minor, I acknowledge and agree that I have read this document in full and that by signing this agreement on behalf of the minor, I, the minor and their parents agree to be bound by its terms. I hereby release from liability, forever discharge, indemnify and hold harmless Indemnitees for any claim or suit arising out of said minor's participation in activities at the Facilities or the minor's presence at the Facilities.

Signature of Parent/Guardian

Parent/Guardian's Printed Name

Date

Signature of Parent/Guardian

Parent/Guardian's Printed Name

Date