



Wet N' Wild Camp

Savage Mill 8600 Foundry Street Savage, MD 20763

Ph: 301 725-1313 Fax: 301 725-0445

Becca@TerrapinAdventures.com www.TerrapinAdventures.com

REGISTRATION FORM

Date: _____

Camper's Last Name _____ Camper's First Name _____ Middle Initial _____

Street _____ Apt. # _____ City _____ State _____ Zip _____

Camper's Home Phone (____) _____ Age _____ yrs Birth date ____/____/____ Male Female

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Phone _____ Home Phone _____

Cell or Work Phone _____ Cell or Work Phone _____

Parent/Guardian email (For confirmation and updates only) _____

Emergency Contact

Please list two more adults who are aware that they are given permission to pick up your child and may be called in an emergency should we be unable to reach a parent or guardian.

Emergency Contact _____ Emergency Contact _____

Relationship to child _____ Relationship to child _____

Home Phone _____ Home Phone _____

Cell or Work Phone _____ Cell or Work Phone _____

Sessions

Due to limited space, please indicate 1st and 2nd choices. Drop-off and pick-up is at Terrapin Adventures Monday – Friday.

Session A: August 2-6 (Monday, Tuesday and Friday at Terrapin Adventures, Wednesday/Thursday at Ultimate Water Sports. Pizza lunch is provided on Friday only)

Session B: August 2-6 (Monday, Tuesday at Ultimate Water Sports, Wednesday, Thursday, Friday at Terrapin Adventures. Pizza lunch is provided on Friday only)

Payment

Cost of camp is \$425, Early Bird price is \$395 if payment is received by April 1, 2010.

Enclosed is a check payable to Terrapin Adventures. **T-shirt** Size: (Adult) Small Med. Large

Card Number: _____ Visa/MC (please circle) Security code _____

Exp. Date / Amount to be charged \$ _____ Cardholder's Signature: _____

Name as it appears on card: _____ Cardholders Phone: _____

Cardholders Address: _____

****Payments will be refunded at 75% only if cancellation is more than 10 days before the start of camp session.**

Registration Confirmation

A confirmation letter (email) will be sent when your registration is processed. Please review the letter carefully. The letter will contain the information about the session your camper has registered for, including location, times and a daily packing list. Please do not hesitate to contact Camp Director, Becca Stewart with any questions becca@terrapinadventures.com.

Paperwork: Please complete the following five forms and fax or mail to Terrapin Adventures.

Registration Form (this form) Medical Form Medication Form TA Release UW Release



Wet N' Wild Camp

Savage Mill 8600 Foundry Street Savage, MD 20763

Ph: 301 725-1313 Fax: 301 725-0445

Becca@TerrapinAdventures.com www.TerrapinAdventures.com

MEDICAL FORM

Date: _____

Camper's Last Name _____ Camper's First Name _____ Middle Initial _____

Physicians Name _____ Physicians Phone No. _____

Health Insurance Company _____ ID # _____

Month/Year of last Tetanus (DPT) ____ / ____ Is camper currently enrolled in a Maryland School Yes No

If Yes, provide name of school _____ If No, provide immunization record or exempt certificate.

Does camper have any dietary restrictions? Yes No If yes, please explain _____

Does camper have any allergies? Yes No If yes, please explain _____

Does camper have any medications they will need at camp? Yes No If yes, please explain _____

The Medication Form must be completed for each medication the camper will take during camp or extended care.

Does your child have asthma? Yes No Does your child require the use of an epi-pen? Yes No
If yes, please complete Medication Form.

Does camper have any special needs or medical conditions? Yes No If yes, please explain _____

To help us better understand your child please add the following if it is relevant to a special need.

Please describe the usual symptoms, so we can recognize the condition or any deviation from the usual reaction:

How do you treat this at home and how would you like us to respond?

Does your child have any emotional issues we should be aware of? Yes No If yes, please explain.

Has your child been diagnosed with ADHD or ADD? Yes No Feel free to elaborate.

Parent/Guardian Signature _____ Date _____



Wet N' Wild Camp

Ph: 301 725-1313 Fax: 301 725-0445

Savage Mill 8600 Foundry Street Savage, MD 20763
Becca@TerrapinAdventures.com www.terrapiadventures.com

MEDICATION FORM

Date: _____

Camper's Last Name _____ Camper's First Name _____ Middle Initial _____

Name of Medication _____ Dosage _____

Start Date: _____ End Date: _____ Time of Day to be administered: _____

Reason for medication _____

Possible Side effects _____

Physician's Name _____ Physician's Phone No. _____

Physician's Signature: _____ Date: _____

I hereby give my permission for my child to receive medication at camp as prescribed by my child's physician.

Signature of Parent/Guardian: _____ Date: _____

If the physician and parent/guardian agree that the camper should administer their own medication, please complete this part of the form as well.

I _____ as the parent/guardian give my permission for my child to carry his/her own medication, self-administer the medication and self-monitor the medical condition.

I _____ as the physician request that _____ (camper) carry his/her own medication, self administer the medication and self-monitor the medical condition.

Physicians Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

For camp use only: Medication was administered on the following days (initialed by staff). A = camper was absent.

6/22	6/29	7/6	7/13	7/20	7/27	8/3	8/10	8/17
6/23	6/30	7/7	7/14	7/21	7/28	8/4	8/11	8/18
6/24	7/1	7/8	7/15	7/22	7/29	8/5	8/12	8/19
6/25	7/2	7/9	7/16	7/23	7/30	8/6	8/13	8/20
6/26	7/3	7/10	7/17	7/24	7/31	8/7	8/14	8/21



Wet N' Wild Camp

Savage Mill 8600 Foundry Street Savage, MD 20763

Ph: 301 725-1313 Fax: 301 725-0445 campdirector@TerrapinAdventures.com www.TerrapinAdventures.com

TERMS AND CONDITIONS, RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTIONS OF RISKS AND INDEMNITY AGREEMENT

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury or death. Please read carefully.

I acknowledge that directly or indirectly, I have requested my child to participate in activities provided by Terrapin Adventures (TA) (which includes Terrapin Adventures, LLC, Savage Mill LLLP, (collectively referred to as "THE RELEASEES").

Description of Activities In this agreement "Adventure Activities" include but are not limited to traversing on zip lines and ropes courses, walking on cable suspension bridges, climbing ladders, negotiating a ropes challenge course, hiking in woods, kayaking, mountain biking, fishing, tubing, rappelling, horseback riding, sailing, windsurfing, geo-caching, being transported in a commercial passenger van, climbing up on towers or platforms.

Acknowledgement – Safety I acknowledge that I my child is required to wear an approved helmet and other safety equipment while participating in certain Adventure Activities. I am aware that there are guides or instructors available to answer questions that I may have as to the proper use of the equipment. I am aware that the physical exertion required of Adventure Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that my child's mental and physical health are in a condition compatible with participating in the Adventure Activities and that I should seek medical advice if I know or suspect that my condition may be incompatible with Adventure Activities. I acknowledge that my child is not under the influence of alcohol, nor is under the influence of any drugs, including prescription, illegal or over-the-counter medication, which could impair my ability to participate in the Adventure Activities. If my child is taking medication, I affirm that I have seen a physician and have approval to participate in the Adventure Activities while under the influence of medication. I acknowledge that my child is at least twelve years of age.

Assumption of Risks I understand that these Adventure Activities and services have an inherent level of risk of injury, personal property damage, and possible death. I am aware that participating in these activities involves some hazards including hiking on rough and uneven terrain; changing weather conditions which may cause parts of the courses to become slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impact or collision with trees/poles, other participants or guides; negligence of other participants or guides; and negligence on the part of THE RELEASEES, including the failure on the part of THE RELEASEES to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Adventure Activities. I acknowledge that even if I follow all appropriate practices and procedures there is still a risk of injury or death. I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting there from.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration of THE RELEASEES allowing me to participate in Adventure Activities and permitting my use of their property, ziplines, platforms, bridges, towers, trails, kayaks, bikes, roads, vehicles and other structures and equipment (herein referred to as "the facilities"), and for other goods and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. To waive any and all claims that I have or may have now or in the future against THE RELEASEES and to release THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, whether foreseen or unforeseen, as a result of my use of the facilities and my participation in the Adventure Activities, due to any cause whatsoever, including gross negligence, breach of contract, or breach of any statutory or other duty of care.
2. To hold harmless and indemnify THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participating in Adventure Activities.
3. The Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. The Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law.

TERMS AND CONDITIONS cont.

5. If any dispute or controversy arises among the parties to this Agreement concerning any provision of this Agreement, that dispute or controversy shall be submitted for binding arbitration pursuant to terms of the Federal Arbitration Act. The dispute or controversy shall be submitted for resolution to a board of arbitration in Columbia, Maryland, composed of one member. Such arbitration shall be conducted pursuant to the rules of the American Arbitration Association (the "AAA"), Commercial Rules (expedited version) and a decision of the board of arbitration (including an award of costs) shall be final and binding upon the parties. Each of the parties consents to the jurisdiction of the courts of the State of Maryland for enforcement of any arbitration award as stated above. THE PARTIES HEREBY AGREE TO AND EACH HEREBY DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES.

6. Each provision of this Agreement shall be considered separable and if for any reason any provision or provisions in this Agreement are determined to be invalid or contrary to any existing or future law, that invalidity shall not impair the operation of this Agreement or affect those portions of this Agreement which are valid.

I am not relying upon any oral or written representations or statements made by THE RELEASEES with respect to the safety of Adventure Activities other than what is set forth in this Agreement. I acknowledge that THE RELEASEES have not made any representations as to the safety of the Adventure Activities.

I confirm that I have read, been fully informed, and understand this Agreement prior to signing it, and I am aware that by signing this Agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against THE RELEASEES.

For participants of a minority age, I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree, to his/her release of all THE RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify THE RELEASEES from any and all liabilities incident to this participant of minority age's participation in these Adventure Activities.

Weight Restriction

Participation in some activities is restricted, due to safety reasons, to persons of a certain age, weight and height. Please indicate your child's

Weight _____ lbs
Height _____ inches
Age _____ please indicate age in years

I permit the use of any photos taken during the days activities for use by THE RELEASEES for promotional purposes. Yes No

**THIS IS A RELEASE OF LIABILITY.
DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND ITS CONTENTS**

Completing the enclosed registration form denotes that the undersigned guardian:

- 1. Attests to the accuracy of the data enclosed on the registration form.
- 2. Agrees that my child may participate fully in camp activities including off-site trips.
- 3. Understands and agrees to the payment policies including cancellation and refunds.
- 4. Certifies that the participating child is in good health and has been seen by a physician within the past year.
- 5. Agrees to the Terms and Conditions, Release of Liability, Waiver of Claims and Assumptions of Risks and Indemnity Agreement.

Camper Name: _____ **Date of Birth:** ____ / ____ / ____

Signature of Parent/Guardian: _____ **Date:** _____