



Application Packet: 2011 Military-Extension Adventure Camps



The University of Kentucky Family and Consumer Sciences Extension is offering camps for military parents and their teenage children ages 14-18 to attend together! We have SEVEN different camps to choose from in 2011! Everything at the camps, including all meals, is FREE! The camps are open to **military parents and their teenage children ages 14-18** from any state and from any branch of the military. This includes Active Duty, Reserve, and National Guard families. Priority will go to military parents/children who have experienced at least one deployment and who are geographically dispersed. These camps will be held:

- **June 20-24, 2011: White Water Rafting**, Oakhill, West Virginia, Near Eastern KY
Space for up to 28 participants (14 Service Members and 14 teenage children)
- **June 30-July 3, 2011: Canoeing/Coastal Camping**, Land between the Lakes, West KY
Space for up to 20 participants (10 Service Members and 10 teenage children)
- **July 21-24, 2011: Backpacking 101 and Green River Paddle Trip**, Mammoth Cave National Park, Southwest KY; Space for up to 20 participants (10 Service Members and 10 teenage children)
- **July 29-31, 2011: The Red River Gorge Backpacking and Canoeing Experience**
Daniel Boone National Forest, Southeast KY; Space for up to 18 participants (9 Service Members and 9 teenage children)
- **August 12-14, 2011: Wilderness Survival**, Big Bone Lick, State Park, Northern KY
Space for up to 20 participants (10 Service Members and 10 teenage children)
- **September 16-18, 2011: Challenge Course/Corn Maze**, Life Adventure Center, Central KY; Space for up to 50 participants (25 Service Members and 25 teenage children)
- **December 2-4, 2011: Cold Weather Camping**, Lake Cumberland, Southern KY
Space for up to 20 participants (10 Service Members and 10 teenage children)

Parent/child teams can attend any of the seven camps. All you have to do is fill out the correct pages (see instructions) and return them to the address below by the deadline for the camp for which you are registering. Make sure you fill out the correct pages for the camp you choose to attend. **Pages 2, 3, and 4 are to be filled out just once for the whole family. Every page from that point forward will need to be filled once for each participating individual.** Print off extra copies of pages that correspond with the camp you wish to attend, and attach to original family packet. We will also need a copy of every person's insurance card. If accepted you will receive a packet in the mail two weeks before the camp your family is attending with all the information you need for that camp. If you have any questions, contact Lauren Smith, Military-Extension Adventure Camp Coordinator, at 859-257-3072 or lauren.w.smith@uky.edu.

Return registration forms to: Lauren Smith
 Military-Extension Adventure Camp Project Coordinator
 University of Kentucky
 115 Huguelet Drive
 Room 245 Scovell Hall
 Lexington, KY 40546 – 0064

Military-Extension Adventure Camp Registration Form

Please complete ALL information on pages 2-12 for ALL camps. PLEASE PRINT CLEARLY.

PLEASE CHOOSE THE CAMP YOU WISH TO ATTEND*:

*If you mark more than one, please indicate first choice, second choice, etc.

- June 20-24, 2011:** White Water Rafting (Application due by May 1, 2011)
 June 30-July 3, 2011: Canoeing/Coastal Camping (Application due by May 31, 2011)
 July 21-24, 2011: Backpacking 101 and Green River Paddle Trip (Application due by June 10, 2011)
 July 29-31: Red River Gorge Backpacking and Canoeing Experience (Application due by June 10, 2011)
 August 12-14, 2011: Wilderness Survival (Application due by June 30, 2011)
 September 16-18, 2011: Challenge Course/Corn Maze (Application due by June 30, 2011)
 December 2-4, 2011: Cold Weather Camping (Application due by June 30, 2011)

Today's Date: _____ Primary Contact Name: _____

Service Member Parent/Guardian: _____ Gender: _____ Age: _____

Teenage child #1: _____ Gender: _____ Age: _____

Teenage child #2: _____ Gender: _____ Age: _____

(Please add additional family members on back if more space is needed)

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail for primary contact: _____

Emergency Contact Name (other than someone attending): _____

Work Phone: _____ Cell Phone: _____

Home Phone: _____ Email: _____

Deployment Status of Service Member in Family (check one):

- Never deployed & no plans to deploy
 Have been deployed once
 Have been deployed more than once

Military-Extension Adventure Camp Registration Form

Branch of Service:

- _____ Air Force
- _____ Marines
- _____ Army
- _____ Navy
- _____ Coast Guard

Please Circle ONLY One: Active Duty Reserve National Guard

How did you hear about Kentucky’s Military-Extension Adventure camps?

- _____ Unit Family Readiness Group
- _____ Email list
- _____ ISFAC
- _____ Operation: Military Kids State Team member or website
- _____ Unit Newsletter
- _____ Other – please list: _____

Any special accommodations needed for a family member? If so, please list:

Any special dietary needs for a family member? If so, please list:

Please return to: Lauren Smith
 Military-Extension Adventure Camp Project Coordinator
 University of Kentucky
 115 Huguelet Drive
 245 Scovell Hall
 Lexington, KY 40546-0064
 lauren.w.smith@uky.edu
 859-257-3072














Note: Priority for slots at each camp will be done by date registration is received. If a camp is full, you will be given the option of being put on a waitlist for that camp or attending a different camp that is still open. If your family has been selected for one of the slots you will be contacted. You will then receive a participant packet at least two weeks prior to that camp that will include: general instructions, camp rules & guidelines, a packing list, directions, a tentative agenda, and emergency numbers. Once all slots are filled, any registrants who are not initially selected will be placed on a wait list and you will be notified accordingly.



Educational programs of Kentucky Cooperative Extension serve all people regardless of race, color, age, sex, religion, disability, or national origin. University of Kentucky, Kentucky State University, U.S. Department of Agriculture, and Kentucky Counties. Cooperating. Disabilities accommodated with prior notification.

Military-Extension Adventure Camp Registration Form

Military-Extension Adventure CAMP RULES & REGULATIONS

-  Absolutely no alcoholic beverages, drugs, explosives or firearms are allowed on camp premises.
-  No smoking allowed in any building, smoking is allowed only in marked areas. Instructions will be included in your Participant Packet.
-  Comfortable shoes should be worn at all times.
-  Parking is permitted only in marked areas. Driving and parking instructions will be included in your Participant Packet.
-  No pets are permitted at camp facilities. Service animals are allowed.
-  A life jacket **MUST** be worn at all times by anyone around any waterfront area and during all water activities.
-  This is a time to spend connect with your family. Cell phones should be used in emergencies only.
-  In the event of an injury to anyone in your family, notify camp staff immediately. An incident report form must be completed for any injury that occurs.
-  Please notify Kerri Ashurst of any medical or health problems of family members **BEFORE** you come to camp. She will inform medical and camp staff.
-  It is the responsibility of the parent or guardian to make sure participating teenage children understand and know all the rules **BEFORE** attending camp.
-  It is the responsibility of the parent or guardian to supervise their children at camp at all times.
-  There is a zero tolerance policy at camp for bullying, fighting, physical or verbal abuse, sexual harassment, inappropriate touching, or corporal punishment of children. Anyone violating this rule will be asked to leave the camp premises immediately.
-  Families are responsible for the cleanliness of the camp facilities. It should be as clean when you leave as it was when you arrived.

We understand that if we do not meet these expectations, we may be dismissed from camp and will be responsible for transportation off the premises.

Service Member Parent/Guardian: _____

Teenage child #1: _____

Teenage child #2: _____

(add additional teenage children if more space is needed)



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Military-Extension Adventure Camp Registration Form

Registration/Health Form and Insurance Form

The following information must be filled out for EACH family member that will be attending a Military-Extension Adventure camp. The information on this form is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parent/guardians of all minors (under age 18).

Name _____ Age _____

LAST FIRST MIDDLE

Home address _____

STREET ADDRESS CITY

STATE ZIP

Phone _____ Race* _____ Gender [] Male [] Female

*Necessary to comply with affirmative action-Civil Rights Standard

School Grade _____ (for children only)

Custodial parent/guardian _____ Phone: _____ Cell: _____

Home address _____

STREET ADDRESS CITY STATE ZIP

Second parent or guardian or emergency contact _____ Phone: _____

Address _____ Cell: _____

STREET ADDRESS CITY STATE ZIP

Emergency contact (someone **NOT** attending camp):

Name _____

Relationship _____ Phone: _____

Address _____ Cell: _____

STREET ADDRESS CITY STATE ZIP

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No
 If so, indicate carrier or plan name: _____ Group # _____

****Photocopy of front and back of health insurance card or current K-chip must be attached to this form.****

General Questions (Explain "yes" answers below.)



Disabilities accommodated with prior notification.

Has/does the participant:

| | Yes | No | | Yes | No |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> | <input type="checkbox"/> | 16. Ever had back problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have a chronic or recurring illness/condition? | <input type="checkbox"/> | <input type="checkbox"/> | 17. Ever had problems with joints; e.g., knees, ankles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Ever been hospitalized? | <input type="checkbox"/> | <input type="checkbox"/> | 18. Have an orthodontic appliance being brought to camp? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Ever had surgery? | <input type="checkbox"/> | <input type="checkbox"/> | 19. Have any skin problems (e.g., itching, rash, acne)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have frequent headaches? | <input type="checkbox"/> | <input type="checkbox"/> | 20. If female, have an abnormal menstrual history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ever had a head injury? | <input type="checkbox"/> | <input type="checkbox"/> | 21. Had problems with diarrhea/constipation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Ever been knocked unconscious? | <input type="checkbox"/> | <input type="checkbox"/> | 22. Had mononucleosis in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Wear glasses, contacts or protective eye wear? | <input type="checkbox"/> | <input type="checkbox"/> | 23. Have diabetes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Ever had frequent ear infections? | <input type="checkbox"/> | <input type="checkbox"/> | 24. Had problems with sleepwalking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Ever passed out during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Ever been dizzy during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have a history of bed-wetting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Ever had an eating disorder? | <input type="checkbox"/> | <input type="checkbox"/> | 27. Ever had seizures? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Ever had chest pain during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> | 28. Ever had emotional difficulties for which professional help was sought? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Ever had high blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| 15. Ever been diagnosed with a heart murmur? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

Please explain any 'yes' answers, noting the number of the questions. _____

| Which of the following has the participant had? | Please give all dates of immunization for (or attach official copy from doctors office): | | | | | | | |
|--|--|--------|-------|-------|-------|-------|-------|-------|
| | Vaccine: | Dates: | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr | Mo/Yr |
| <input type="checkbox"/> Measles | DTP | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Chicken Pox | TD (tetanus/diphtheria) | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> German measles | Tetanus | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Mumps | Polio | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis A | MMR | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis B | or Measles | | _____ | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Hepatitis C | or Mumps | | _____ | _____ | _____ | _____ | _____ | _____ |
| | or Rubella | | _____ | _____ | _____ | _____ | _____ | _____ |
| TB Mantoux Test | Haemophilus influenza B | | _____ | _____ | _____ | _____ | _____ | _____ |
| Date of last test _____ | Hepatitis B | | _____ | _____ | _____ | _____ | _____ | _____ |
| Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative | Varicella (chicken pox) | | _____ | _____ | _____ | _____ | _____ | _____ |

Health History: The following information must be filled in by the parent -guardian, or adult camper or staff member. The intent of this information is to provide camp health care personnel the background to provide appropriate care.

Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that the camp can be aware of your needs.

ALLERGIES List all known Describe reaction and management of the reaction.

Medications allergies (list)

Food allergies (list)

Other allergies (list) - include insect stings, hay fever, asthma, animal dander, etc.

Please list any **DIETARY RESTRICTIONS** that apply to this individual. _____

Is there any additional information that camp staff should know to help you/your child be successful and have fun at camp? (behavioral, physical, emotional, special restrictions, etc.) If your child receives medication during the school year, we strongly urge you to keep your child on this medication during camp. _____

Name of family physician _____ Phone _____

Address _____

Name of family dentist/orthodontist _____ Phone _____

Address _____

For Camp Use Only

Date Health Form Reviewed by Camp Medical Personnel: _____

Signature of Reviewer: _____

For Military-Extension Adventure Camp Grant Personnel Use Only

Date Received:

Dates of Camp Attendance:

Signature:

Important – This section must be complete for attendance at any camp!

Parent/Guardian Authorizations: This health history is correct and complete as far as I know. I give permission here in noted to engage in all camp activities except as noted. I hereby give permission to the camp staff to provide routine health care, administer over the counter medications, assist in administering camper's prescription medications as needed, and seek emergency medical treatment including ordering x-rays and routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian _____

Printed Name _____

Date: _____

Insurance Carrier

CIGNA

Coverage

Insurance coverage is on an **excess** basis only. The participants' personal health insurance policy will be primary and provide coverage for accident and sickness. The **excess** policy will cover any out-of-pocket expense not paid by the participants' personal insurance up to the limits of the policy listed below. (This includes payment of the deductible and coinsurance amounts if applied under the participants' personal policy.) The sickness medical expense will be limited to \$500 on an **excess** basis. The benefit period is one year. The first expense must be incurred within 60 days of the accident or sickness. If the participant does not have personal health insurance coverage, this **excess** policy will pay first dollar, up to the limits of this policy. Pre-existing conditions are not covered. A pre-existing condition is any condition for which a prudent person should have sought treatment or was treated in the previous six months

Coverage Benefits & Limits

| | |
|--|----------|
| Accident Medical Expense (Excess) | \$25,000 |
| Accident Dental Expense (Excess) | Included |
| Deductible | Nil |
| Sickness Medical Expense (Excess) | \$500 |
| Deductible | Nil |
| AD&D and Paralysis, Principal Sum | \$10,000 |
| Benefit Period | One Year |
| Effective Date | 1/1/11 |
| Expiration Date | 1/1/12 |

Consent to Medical Treatment/Insurance Statement

It is understood that authority is given to the University of Kentucky, or anyone they may designate, to have my son/daughter treated for injuries or illnesses they incur during a designated camp, conference, or field trip activity at the University of Kentucky.

I understand that I will be notified if a health problem arises, but in the event I cannot be reached by telephone, I hereby give the University of Kentucky, or anyone they may designate, permission to seek medical treatment for the participant named below, including surgery (on an emergency basis) or additional advanced treatments (MRI, lab tests, etc.) as deemed necessary by competent medical personnel.

I am aware that, as the adult participant, or as the parent or legal guardian of the participant named below, I will be responsible for any expenses incurred outside of the limits provided by the University of Kentucky's Camps/ Conference/Field Trip Policy. I also understand that the University of Kentucky insurance coverage is on an "excess" basis only. The excess policy will cover any out-of-pocket expense not paid by the participant's personal insurance up to the limits of the policy listed above.

Date Name of Participant Signature (Parent or Guardian if claimant is a minor)

Emergency Contact (if other than parent)

Name: _____ Relationship: _____

Phone number: (home) _____ (work) _____

| AUTHORIZATION TO RELEASE INFORMATION | | |
|---|------|-----------|
| <p>I authorize any Health Care Provider, Insurance Company, Employer, Person or Organization to release any information regarding medical, dental, mental, alcohol or drug abuse history, treatment or benefits payable, including disability or employment-related information concerning the patient, to any CIGNA company, the Plan administrator or their employees and authorized agents for the purpose of validating and determining benefits payable. This data may be extracted for use in audit or statistical purposes. I understand that I or my authorized representative will receive a copy of this authorization upon request. This authorization or a photostatic copy of the original shall be valid for the duration of the claim.</p> | | |
| Signature (Parent or Guardian if claimant is a minor) | Date | Phone No. |
| <p>PAYMENT AUTHORIZATION: I authorize all current and future medical benefits, for services rendered and billed as a result of this claim, to be made payable to the physicians and providers indicated on the invoices.</p> | | |
| Signature (Parent or Guardian if claimant is a minor) | Date | |

ADULT

General Use Specific Project: _____

I, (*print full name*) _____, being eighteen (18) years of age or over, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation, to interview, photograph, and/or videotape me; and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:

| | |
|--|---|
| <input checked="" type="checkbox"/> UK Educational Publications/Videos | <input checked="" type="checkbox"/> UK Promotion/Advertising |
| <input checked="" type="checkbox"/> UK Electronics Publishing (e.g., World Wide Web) | <input checked="" type="checkbox"/> Local/Regional/National News Media (w/permission of UK) |

Signature: _____ Date: _____
Signature

Witness: _____ Date: _____
Signature

Name and mailing address (please print)

Name: _____
 Address: _____
 E-mail: _____ Phone: _____

Send copy of form to:
 University of Kentucky
 Agricultural Communications Service
 131 Scovell Hall
 Lexington, KY 40546-0064

MINOR CHILD

General Use Specific Project: _____

I, (*print full name*) _____, hereby grant permission to the University of Kentucky and its affiliates and subsidiaries, including but not limited to the UK Alumni Association, UK Athletics Association, and UK Research Foundation to interview, photograph, and/or videotape my minor child, _____, and/or to supervise any others who may do the interview, photography, and/or videotaping; and/or to use and/or permit others to use information from the aforementioned interview and/or the aforementioned images in educational and promotional activities for the following without compensation:

Please check all that apply:

| | |
|--|---|
| <input checked="" type="checkbox"/> UK Educational Publications/Videos | <input checked="" type="checkbox"/> UK Promotion/Advertising |
| <input checked="" type="checkbox"/> UK Electronics Publishing (e.g., World Wide Web) | <input checked="" type="checkbox"/> Local/Regional/National News Media (w/permission of UK) |

Signature of Parent or Guardian: _____ Date: _____
Signature

Relationship: _____

Witness: _____ Date: _____
Signature

10/27/2004

Military-Extension Adventure Camp Registration Form

Life Adventure Center of the Bluegrass CONSENT AND RELEASE AGREEMENT

***This form must be filled out for EVERY individual participant for every camp EXCEPT the White Water Rafting Trip**

Participant name (print clearly) _____

UK Cooperative Extension/Military Extension Adventure Camp Initiative

In consideration of permission to participate in, or continue participating in, the activities and programs of Life Adventure Center of the Bluegrass, and to use its facilities, I hereby acknowledge and agree as follows:

I understand that my participation in programs offered by Life Adventure Center of the Bluegrass is purely voluntary. I recognize that the program is designed to use experiential and engaging teaching techniques. At all times, I will choose my level of participation in any activity. Further, I agree that I must comply with requests, directions, and instructions of the individuals offering the programs and my failure to do so may result in my removal from the program. I agree that I will use and wear the appropriate safety equipment.

I recognize that my participation in Life Adventure Center of the Bluegrass programs is with some risk of bodily injury. I accept those risks with full knowledge of the dangers involved (including but not limited to: increased heart rate, blood pressure, strained or sprained muscles, fractured bones, partial or complete paralysis, heart attacks, psychological injury, death, or any possibility of serious injury), and hereby certify that I know of no physical or medical problems that would increase my risk of illness or injury, as a result of participating in Life Adventure Center of the Bluegrass programs.

I understand that under Kentucky Law a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that one voluntarily accepts if one participates in farm animal activities. KRS247.4027

In the event of an injury or sudden illness, I consent to the administration of first aid and resuscitative measures performed on my behalf by trained or qualified personnel. I assume full responsibility for all medical expenses incurred as a result of injuries suffered by my participation in Life Adventure Center of the Bluegrass programs.

I hereby release and discharge Life Adventure Center of the Bluegrass, its agents, employees, representatives, the building and grounds owners, any related entities, and all others from any and all liability, responsibility, loss, damage, costs, claims, and causes of action

(including, but not limited to, those for bodily injury, death, and property damage or loss to me) arising out of or resulting from my use of or presence upon these facilities and/or participation in Life Adventure Center of the Bluegrass programs, specifically including, but not limited to, any and all liability, responsibility, loss, damage, costs, claims, and/or causes of action that arise from or are caused by the negligence or fault of Life Adventure Center of the Bluegrass programs, its agents, employees, representatives, the building and grounds owners, any related entities, or other participants in the Life Adventure Center of the Bluegrass programs.

I have read the entire Consent and Release Agreement and accept the conditions stated herein as a requirement for my participation in Life Adventure Center of the Bluegrass programs.

PUBLICITY RELEASE:

I grant Life Adventure Center of the Bluegrass and persons acting through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videotapes, and sound recordings of myself or my child for use in materials they may create. I release the corporation (photographers, employees, members, and agents) from all debt claims and/or liabilities of any kind whatsoever arising out of my child's appearance in the presentation, the making, or the use of such films or recordings. I hereby waive my right to inspect the finished produce that may be used in connection herewith. Individual names will not be published.

I prefer that this participant not have his/her picture taken.

PLEASE READ BEFORE SIGNING

PARTICIPANT SIGNATURE **PRINTED NAME** **AGE** **EMERGENCY #**
PARENT/GUARDIAN SIGNATURE (required if under 18): _____
DATE _____

Name _____ Address _____
City _____ State _____ Zip _____ E-mail _____
Phone _____

We would like to keep in touch with you! Please give us your address so that we can keep you up to date on future programs and events at LAC. We promise not to bombard your inbox or fill your mailbox with junk. This information will be used for in house purposes only; LAC will not sell or distribute your name or address to any other organization or individuals.

Military-Extension Adventure Camp Registration Form

Fort Knox Child, Youth and School Services CONSENT AND RELEASE AGREEMENT

***This form PLUS pages 17-24 must be filled out for EVERY individual participant for the White Water Rafting Camp ONLY**

RELEASE AND INDEMNITY FORM

In consideration of the Fort Knox Child, Youth and School Services hosting, staging and sponsoring the UK Cooperative Extension/Military Extension Adventure Camp Initiative and related programs and activities at _____(location of camp) from _____(arrival date) to _____(departure date), we _____(name) and _____(name), parents/guardians of _____(the participant) do hereby on our own behalf and on behalf of our successors, assigns, heirs, executors, personal representatives and administrators: (a) remise, release and forever discharge the Fort Knox Child, Youth and School Services and all of its present and former directors, officers, agents and employees (collectively the "Releasees", which term includes their respective successors, heirs, executors and administrators) and do hereby undertake and agree to indemnify and hold harmless the Releasees, from and against all action, suits, loss, damages, rights, claims and demands whatsoever at law or in equity (collectively the "Claims") which we may now or hereafter have against the Releasees, or any of them for or by reason of, or in any way arising out of or on account of, all foreseen and unforeseen (and whether or not advised the possibility thereof) bodily and personal injuries (including death) and property damage and all consequences thereof, resulting from or in any way connected, directly or indirectly, with the Participant's presence at the Camp and/or the Participant's use of the facilities at the Camp and/or the Participant's presence at Camp programs and activities not held at camp; (b) undertake and agree to indemnify and hold harmless the Releasees from and against any and all Claims which any third party may now or hereafter have for or any reason of or in any arising out of or on account of, all foreseen and unforeseen bodily and personal injuries (including death) and property damage and all consequences thereof, caused to or incurred or sustained by said third party resulting from or in any way connected, directly and indirectly, with the Participant's presence at the Camp; and (c) undertake and agree to indemnify and hold harmless the Releasees from and against all property damage of any kind caused at the Camp or elsewhere, as a result of or in connection with the Camp's programs and activities.

It is the specific intent and purpose of this instrument to release and discharge any and all claims and causes of action of any kind or nature whatsoever, whether specifically mentioned or no, and the Releaser specifically waives any claim or right to assert that any cause of action, claim or demand or alleged cause of action or claim or demand has been, through oversight or error or intentionally or unintentionally, omitted from this Release and Indemnity.

We fully understand the nature of the programs and activities associated with the Camp and inherent risk of bodily and personal injury (including death) resulting hereon.

We agree that any violation of the rules of the Camp by the Participant or any behavior that puts the Participant or others at physical or emotional risk will result in immediate dismissal from the Camp at the discretion of the Program Manager or Director of Child, Youth and School Services. In the event we cannot be reached in an emergency, we hereby consent to any medical treatment of the Participant deemed necessary by the medical staff designated by the Program Manager or Director.

PUBLICITY RELEASE:

I grant Fort Knox Child, Youth and School Services and persons acting through them, the rights to use, reproduce, assign and/or distribute photographs, films videotapes and sound recordings of Participant for use in materials they may create. I release the Child, Youth and School Services (photographers, employees, members and agents) from all debt claims and/or liabilities of any kind whatsoever arising out of Participant's appearance in the presentation, the making, or the use of such films or recordings. I hereby waive my right to inspect the finished product that may be used in connection herewith. Individual names will not be published.

YES, I agree with Publicity Release

NO, I do not agree with Publicity Release

We have read and understand the above, and sign below voluntarily.

Dated at _____(City), _____(State)

This day _____of _____(month), 20____(year).

Parent/Guardian Signature_____

Witness Signature_____

Parent/Guardian Signature_____

Witness Signature_____

Note: In order for this form to be considered complete, a witness signature MUST accompany each parent/guardian signature.



U.S. Army Child, Youth
& School Services



**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.**

PAGE 1 OF 4 PAGES - (READ & RETURN ALL 4 PAGES)

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.

PAGE 2 OF 4 PAGES - (READ & RETURN ALL 4 PAGES)

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

PAGE 3 OF 4 PAGES - (READ & RETURN ALL 4 PAGES)

PLEASE COMPLETE ALL INFORMATION

| | | |
|---------------------------|-------------------------------|--|
| <small>FIRST NAME</small> | <small>INIT.</small> | <small>LAST NAME</small> |
| <small>ADDRESS</small> | | |
| <small>CITY</small> | | <small>STATE</small> |
| | | <small>ZIP</small> |
| <small>HOME PHONE</small> | <small>DATE OF BIRTH</small> | <small>DATE OF BEGINNING OF ACTIVITIES</small> |
| - - - - - | - - - - - | - - - - - |
| | <small>MONTH DAY YEAR</small> | <small>MONTH DAY YEAR</small> |

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

| | | | |
|--|---------------------------|--------------------------|--------------------------|
| <small>MY E-MAIL ADDRESS IS:</small> | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"><small>FIRST NAME</small></td> <td style="width:5%;"><small>INIT.</small></td> <td style="width:50%;"><small>LAST NAME</small></td> </tr> </table> | <small>FIRST NAME</small> | <small>INIT.</small> | <small>LAST NAME</small> |
| <small>FIRST NAME</small> | <small>INIT.</small> | <small>LAST NAME</small> | |

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

**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: _____

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

PAGE 4 OF 4 PAGES - (READ & RETURN ALL 4 PAGES)

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| FIRST NAME | | | | | | | | | | LAST NAME | | | | | | | | | | | | | | | | | | | | | | | | |
| ADDRESS | | | | | | | | | | CITY | | | | | | | | | | | | | | | | | | | | | | | | |
| HOME PHONE | | | | | | | | | | STATE | | | | | | | | | | | | | | | | | | | | | | | | |
| E-MAIL | | | | | | | | | | ZIP | | | | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | BEGINNING TRIP DATE | | | | | Ad | | | | | Brochure | | | | | Internet | | | | | Billboard | | | | | Other | | | | |
| MO | DAY | YEAR | MO | DAY | YEAR | MO | DAY | YEAR | MO | DAY | YEAR | | | | | | | | | | | | | | | | | | | | | | | |

HORSE RENTAL AGREEMENT AND LIABILITY RELEASE FORM

I am aware that during the horse trip or wagon ride (and associated activities such as rafting, hiking, swimming, climbing, mountain biking, etc.) in which I am participating under the arrangement of New River Trail Rides, Inc. (and/or associated companies/lessors/subsellers: New River Riding Stable, Inc., Mountain Cove, Inc., Adventure Expeditions, Inc., Riverworks, Inc., Gauley Outdoor Center, Inc., ACE), its agents, employees and associates, certain substantial risks and dangers may occur, including, but not limited to, hazards of horseback riding in rough terrain, disease, strains, fractures, partial and/or total paralysis, death, accidents, drownings, loss or damage to personal property, snake bites, illnesses, or injuries in remote places without medical facilities, hazards of mounting and dismounting, hazards of loading or unloading people or materials from vehicles, hazards of the force of nature, travel by automobile, bus or other conveyance and consumption of alcoholic beverages, if any, 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. For the purpose of this form, horseman shall be defined as New River Trail Rides, Inc. who engages in organizing, promoting, presenting and providing equestrian activities. Decisions by guides or company staff are part of the inherent risk of horseback riding and wagon rides.

In consideration of and as part payment for the right to participate in such horseback activities and the services, food and alcoholic beverages, if any, arranged for me by New River Trail Rides, Inc., its agents, employees, and associates, I have and do hereby assume all of the above risks, and release, and will hold harmless, New River Trail Rides, Inc., 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 understand that a collision with any object or person, except an obviously intoxicated person of whom the horseman is aware, or if the participant falls from the horse or from a horse-drawn conveyance, the responsibility for such collision or fall shall be solely that of the participant or participants involved and not that of the horseman. 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), and assumption of risks for my heirs, executors and administrators and for all members of my family, including any minors accompanying me.

I certify that I will not hold New River Trail Rides, Inc., 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. If medical evacuation, including ambulance and helicopter, due to existing medical conditions is arranged by New River Trail Rides, Inc., I agree to release New River Trail Rides, Inc. 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.

The venue of any dispute that may arise out of this agreement between the parties to which New River Trail Rides, Inc., or its agents is a party shall be either the Fayette County or West Virginia State Supreme Court of the Federal District Court in Beckley, WV. If any portion of this release is found to be invalid, the remainder shall remain in 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 FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

NEW RIVER TRAIL RIDES, INC. DOES NOT CARRY MEDICAL INSURANCE _____ (INITIALS) **HAVE YOU HORSEBACK RIDDEN BEFORE?** Yes No

accept decline the use of a helmet.

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

Signature of Parent or Guardian (If Signing for Minor)

READ AND INITIAL REVERSE SIDE

_____(INITIAL) I understand that for the safety of the rider and the welfare of the horses/mules height and weight restrictions apply. We enforce a maximum weight limit of 250 lbs. on all our rides. Children must meet the particular age, height and weight restrictions on our trips.

My approx. height is: _____ My approx. weight is: _____

_____(INITIAL) I understand the instruction(s) (both written and verbal) I receive from New River Trail Rides/Riding Stable is for my own safety and for the safety of the horses and mules. Should I fail to adhere to any of the Company rules or regulations, New River Trail Rides/Riding Stable has the right to end my trip immediately (without a refund) and/or take precautionary measures to ensure my safety, the safety of the other guests and the safety of the horses/mules.

_____(INITIAL) I understand that this stable chooses its rental horses for their calm dispositions and sound basic training as is required for use as riding horses for novices and beginning riders, and this stable follows a rigid risk reduction program. If a horse is frightened or provoked it may divert from its original training and act according to its natural survival instincts which may include, but are not limited to: Stopping short, changing directions or speed at will; shifting its weight; bucking, kicking, rearing, biting or running from danger.

_____(INITIAL) Riders must not carry loose items on rides that may fall, blow away, flap in the wind, bounce, or make sharp noises, possibly scaring a horse. I understand that should I lose an item on the trip along the trail, the trip will not stop to retrieve it. Cell phones are not allowed on horseback trips. You may take cameras if they have a strap on them that can be secured to you or your saddle. I understand that I can not hand off my camera to another rider along the trail.

_____(INITIAL) I understand that saddle girths (saddle fasteners around the horse's belly) may loosen during a ride. If a rider notices this he/she must alert the nearest guide or wrangler, as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

_____(INITIAL) I understand that this is a guided trail ride at a walking pace.

Pertinent medical conditions that my guide should be aware of: _____

PARTICIPANT RESPONSIBILITIES

The West Virginia Equestrian Activities Responsibility Act (WV Code 20-1 through 7) imposes the following duties on participants in equestrian activities:

1. Participants have the sole individual responsibility for knowing the range of his or her own ability to manage, care for, and control a particular horse or perform a particular equestrian activity.
2. It is the duty of each participant to act within the limits of the participant's own ability, to maintain reasonable control of the particular horse at all times.
3. Heed all posted warnings.
4. Perform equestrian activities only in an area or in facilities designated by the horseman.
5. Refrain from acting in a manner which may cause or contribute to the injury of anyone.
6. Report any incident involving personal injury or illness experienced during the course of any equestrian event. If such injury or illness occurs, the participant shall leave personal identification, including name and address.

_____(Initials)

| PERSON THAT MADE YOUR RESERVATIONS: | | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|--|--|--|------------|--|
| LAST NAME | | | | | | | | | | FIRST NAME | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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 Resort (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

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

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 webcam 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 Resort 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. Thieves are everywhere, so we recommend you lock your valuables in the glove box or trunk of your vehicle.
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.

PLEASE COMPLETE ALL INFORMATION

Will you be participating in any guided activities (rafting, climbing, etc.) while at ACE? Yes No

| | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|----------------------------|--|-----|--|--|
| FIRST NAME | | | | | | | | | | LAST NAME | | | | | | | | | |
| ADDRESS | | | | | | | | | | | | | | | | | | | |
| CITY | | | | | | | | | | | | | | | STATE | | ZIP | | |
| HOME PHONE | | | | | | | | | | DATE OF BIRTH | | | | | BEGINNING DATE OF ACTIVITY | | | | |

Has your address changed since your last visit to ACE? Yes No

Would you be interested in receiving an e-mail newsletter containing discounts and specials? Yes No

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | |
| PERSON IN YOUR PARTY THAT MADE YOUR RESERVATIONS | | | | | | | | | | | | | | | | | | | |
| FIRST NAME | | | | | | | | | | LAST NAME | | | | | | | | | |

ACE does not carry insurance.

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

NAME/PHONE OF EMERGENCY CONTACT:

Name: _____

Number: _____

Relation: _____

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.

Signature of Both Parents if Participant is Less Than 18 Years of Age

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