

ROCKHAVEN CAMP REGISTRATION FORM

Mail or fax completed form (one per camper) with deposit or full payment to:
 Rockhaven Camp: PO Box 1150 Bozeman, MT 59771
 Phone: 406.586.9194 ext. 267 Fax: 406.587.3726 - **You may register online and complete all forms at:**
www.rockhavencamp.org

STEP 1 CAMPER INFORMATION:

LAST NAME _____ FIRST _____
 GENDER M F BIRTH DATE ____/____/____ AGE _____ GRADE COMPLETED _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 HOME PHONE: (____) _____ CAMPER EMAIL _____
 ARE OTHER FAMILY MEMBERS ATTENDING ROCKHAVEN CAMP YES NO
 NAME OF CHURCH ATTENDING (if any) _____
 HOW DID YOU HEAR ABOUT ROCKHAVEN _____
 Has camper been to Rockhaven before? YES NO T-Shirt Size: Adult: S M L XL
 Child: S M L XL

STEP 2 PARENT / GUARDIAN INFORMATION:

PARENT / GUARDIAN 1: _____ Relationship: _____
Contact information where you can be reached during the week of camp:
 DAYTIME PHONE: (____) _____ EVENING (____) _____
 CELL PHONE (____) _____ EMAIL: _____
 PARENT / GUARDIAN 2: _____ Relationship: _____
Contact information where you can be reached during the week of camp:
 DAYTIME PHONE: (____) _____ EVENING (____) _____
 CELL PHONE (____) _____ EMAIL: _____

STEP 3 ADDITIONAL INFORMATION:

In case of emergency - if you cannot be contacted, give us the name of a friend or relative.
 NAME: _____ Relationship: _____
 DAYTIME PHONE: (____) _____ EVENING (____) _____
 CELL PHONE (____) _____ OTHER: (____) _____
The following person is legally restricted from seeing this camper: Case # _____
 Last Name _____ First _____

STEP 4 REGISTRATION and PAYMENT INFORMATION: (Check List)

- Complete registration form (1 per camper)
- Enclose \$25 deposit or full tuition or Campership Application
- Balance due two weeks prior to the first day of the program
- Include Medical & Liability Release and Adventure Releases
- Include a copy of insurance card
- Make checks payable to First Presbyterian Church, Bozeman,

FOR OFFICE USE ONLY

NOTE: Medical, Release and Campership forms can be downloaded at www.rockhavencamp.org. Or will be sent when registration has been submitted.

CAMPER REGISTRATION

DATE	PROGRAM	GRADE	TUITION	TOTAL
June 19-23	Day Camp PLUS (Day Camp and 1 Overnight) (2-5)		\$220	
June 19-23	Leaders In Training (LIT) (6-9)		\$200	
June 25-30	Middle School Adventure Camp (6-12)		\$375	
July 5-8	Sr. High Adventure Retreat (9-12)		\$275	
July 10-14	Discovery Day Camp Session 1 (K-5)		\$180	
July 17-21	Discovery Day Camp Session 2 (K-5)		\$180	
July 24-28	Discovery Day Camp Session 3 (K-5)		\$180	
July 30-Aug. 4	Seekers Elementary Overnight Camp (3-5)		\$325	
NOTE: Grade Levels are based on grade camper has completed				
			Camper Scholarship	\$
			SUBTOTAL	\$
			Optional Donation to Camp Scholarship Fund	\$
			Optional Donation to General Rockhaven Operations	\$
			TOTAL CAMP COST	\$
			\$25 per session non-refundable deposit enclosed	\$
			BALANCE DUE	\$

CAMPERS

PAYMENT

I hereby certify that the information given is correct, I have completed it accurately, and will report any information that may change to the Rockhaven office. I hereby authorize the enrollment of the camper (s) into Rockhaven Camp.

Parent/Guardian Signature _____

Print Name _____ 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: (_____) (_____) _____
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: (_____) (_____) _____
Email: _____

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

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

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.

MEDICAL LIABILITY, CONSENT AND RELEASE FORM

I, the undersigned, certify that I am the parent/legal guardian of _____,
(Camper Name)

A minor, and that the camper is in good physical condition and able to participate in all activities sponsored by Rockhaven Camp, a ministry of First Presbyterian Church. I consent to the participation of the Camper in any activity sponsored by the camp in which the Camper elects to participate.

In case of physical injury, illness or medical emergency of Camper, I ask that you, the Camp representatives, make reasonable attempts to contact me; however, if I cannot be reached, I authorize you to contact our family physician if he/she can be reached, and to take whatever measures are necessary to ensure the safety and wellbeing of the Camper. This authorization and consent authorizes physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licenses, technicians or nurses to render the diagnosis, treatment or care they deem advisable for the Camper in the exercise of their best professional judgment. I understand that every reasonable attempt to contact me will be made before providing diagnosis, treatment or care, time and conditions permitting, but that diagnosis, treatment or care may be provided in an emergency without my consent.

The undersigned parents, parent or guardian take full responsibility for any injuries incurred by the Camper, either in transportation to or from or at permitted activities, and agree to release the Camp, Church, Officers, Director or Employees and Volunteers ("RELEASEES") from and against any loss, liability or claim for physical or bodily injury or death to the Camper arising out of negligence of the Releasees in connection with or related to permitted activities. This release does not apply to intentional infliction of injury or sexual misconduct of any sort by the Releasees.

The undersigned parents, parent or guardian represent to the Camp and Church that the Camper is currently covered by health insurance listed in the Medical Form which applies (except for deductibles) to injuries arising out of Permitted Activities.

SIGNATURES OF PARENTS, PARENT OR GUARDIAN

I/We have read and agree to all of the above terms, including without limitation consent for my/our child, the above Camper, to participate in Rockhaven camp activities, medical treatment consent, and release of liability.

Parent/Guardian Signature

Parent/Guardian Print Name

Date

Parent/Guardian Signature

Parent/Guardian Print Name

Date

PERMISSION TO USE PHOTOS, DISTRIBUTE ADDRESS OR TRANSPORT CAMPER

I give permission for the use of photographs or videos including my child's image in camp publicity. Yes No

I give permission for the distribution of my child's mail/email addresses to camp mates. Yes No

I give permission for First Presbyterian Church to transport my child. Yes No

Parent /Guardian Signature

Date

ROCKHAVEN CAMP

A Ministry of First Presbyterian Church, Bozeman, MT

PO Box 1150 Bozeman, MT 59771

Phone: 406.586.9194 Ext. 267 Fax: 406.587.3726 Email: scott@rockhavencamp.org Web Site: www.rockhavencamp.org

ROCKHAVEN TEAM BUILDING & ADVENTURE PROGRAMS

Climbing Tower - Challenge Course – High Ropes Course

Participant Responsibilities and Informed Consent:

We want you to be fully informed about our Challenge/Adventure program, the setting in which your participation will take place and your responsibilities for your own safety and the safety of others. After becoming familiar with these things and satisfying yourself about any other questions or concerns, please sign and give this form to your group leader who will collect the forms & bring them upon arrival at Rockhaven.

Rockhaven Camp and Retreat Center

PO Box 1150 Bozeman, MT 59771

Phone: 406.586.9194 Ext. 267

Director: Scott Thrasher – scott@rockhavencamp.org

Web Site: www.rockhavencamp.org

- The Challenge Course Leaders have had both training and experience to prepare them for their role as a facilitator of the activities associated with our Challenge Course.
- Participants will be invited to participate in a variety of activities including such things as: stretching exercises, warm-ups, active games, group initiative problems, and high and low ropes course elements any of which may involve rigorous physical activity.
- Although safety procedures will be reviewed, any activity could result in injury, or distress. It is the participant's responsibility to adhere to all stated safety practices. Our principle of "**Challenge by Choice**" means that each individual has the responsibility to choose the level of participation she or he will give to each activity. While all will be encouraged to try new things, it is the participant's responsibility to avoid extending him or herself beyond physical and emotional readiness.
- Many of our Challenge Course activities will take place outside. You could encounter stinging insects, ticks, rough trails, uncomfortable or severe weather and/or other natural elements.
- It is the responsibility of each participant to provide accurate health and medical information to the course leader(s). Leaders should be informed of concerns such as: allergies, physical disabilities or handicaps (temporary or permanent), mental or neurological disorders, current medications, etc. This information will be held in confidence unless permission is given to share items with other participants. It is wise to let the group know about certain conditions so condition aggravation or injury can be avoided.
- Participants are expected to work together and strive to meet stated group goals and stated individual goals.
- Participants are expected to support and encourage each other throughout these activities. Strive to avoid put-downs or phrases that devalue you or another person and identify for the group any occasion when you feel devalued so that devaluing behavior can be changed.
- Everyone is expected to participate honestly in verbal processing after each activity.

Additional information and guidelines for preparation:

- Any of your personal belongings could be damaged or lost, please leave these things in a safe place.
- Wear comfortable clothing suitable for outdoors. Wear pants or shorts that allow freedom of movement and do not drag the ground. Do not wear a skirt, dress, and pants with elastic waists. If doing a High Challenge Course, do not wear baggy pants.
- Wear soft shoes like athletic shoes, light hiking boots and socks.
- Minimum of t-shirt long enough to tuck in is required. Do not wear tank tops or shirts with bare backs or shoulders. Bring additional items or layers as weather indicates (shirts, jackets, rain gear, etc.)
- A soft hat or cap is fine but may need to be removed for some activities.
- Do not wear large belt buckles, large hairpieces, or jewelry (including watches, bracelets, necklaces, finger rings, earrings, or pierced-body items. Such items will have to be removed before participating in most challenge activities to prevent injury to self and others.
- Before participation, empty pockets of keys, knives, wallet, sling shots, frogs and any other objects. If you wish to carry such personal items it is suggested that you do so in a hip pack or day pack which can be set aside during activities. Make sure your pack has your identification on it.
- Use of chewing gum, chewing tobacco, snuff or smoking will not be permitted during activities.

Please complete the following personal information and return to the camp or Lead Facilitator prior to participation in the Rockhaven Challenge program. (Please Print)

Name of group you're coming with: _____

Reservation dates/challenge course: _____

Name: _____ Are you over 18? Yes No If younger, how old? _____

In case of emergency, please notify: _____

Relation to participant: _____ Phone:(____) _____ Cell: (____) _____

Other means of notification: _____

Do you have health/accident insurance? No Yes If yes, give name & address of company: _____

Do you have any limiting physical disabilities or handicaps (temporary or permanent)? No Yes If yes, identify and explain: _____

Do you have any limiting mental or neurological condition (phobias, anxiety, depression, seizures, etc.)? No Yes If yes, identify and explain: _____

Are you currently taking any medication(s), prescribed or otherwise? (E.g. cold medication) No Yes If yes, identify and explain: _____

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

Do you have any condition that might affect your participation such as cardiac, back, hernia, migraine headaches, etc? No Yes If yes, identify and explain: _____

Sign and return this page to the Course Leader or Lead Facilitator:

I have read the above information about the Rockhaven Climbing Tower, Challenge Course, or Ropes Course and understand my responsibilities and agree to fully comply. I understand that participation may be physically and/or emotionally demanding. I affirm that my health is good and that I do not have any undisclosed condition that bears upon my fitness to participate in activities. I understand that injury or disability could occur to me during my participation and I participate of my own free choice. I assume all obligations, financial and otherwise, which might result from my participation and any injury that might occur. I hold harmless and release, Rockhaven, its staff, Board, and First Presbyterian Church, Bozeman and all related agencies from all liability for any injury to me or personal loss resulting from participation in Rockhaven activities.

Participant's Signature _____ Date _____

Complete Mailing Address: _____

Telephone: Home (____) _____ Cell (____) _____

Parent/Guardian's Signature (If Participant is under 18 years old): _____



Montana Whitewater, Inc., Participant Release of Liability, Waiver of Claims, Assumption Of Risk and Indemnity Agreement

Please read and understand the following section before signing. This document affects your legal rights.

In consideration of the services of Montana Whitewater, Inc., Yellowstone Zipline, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "MWW"), I hereby agree to release and discharge MWW, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. Inherent Risks I acknowledge that my participation in a river trip, fishing trip or a zipline/challenge course entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The inherent rafting risks include, among other things: that physical and **water related activities (such as tubing or rafting)** can be strenuous and should not be participated in by persons with heart or cardiovascular ailments; whitewater rapids will be encountered; encountering rapids, changing water flows, dam discharges, increased flows and the possibility that I will be jolted, jarred, bounced, thrown to and fro, separated from my tube or boat, etc. during rides through some of these changing water flows; the tube/raft may break down or be faulty; it is possible that loss of control of the tube/raft could occur resulting in collision or capsizing or sinking and that if a tube/raft turns over or flips I could be "washed" overboard; tubes/rafts are slippery when wet and are naturally unstable so that I could slip and fall or be knocked out of the tube/raft even in flat or non-moving water; while in the water I may become disoriented, panicked and/or experience trauma from rocks, boulders, etc; I can slip or fall during hiking or portaging or getting to and from the tube/raft or tubing/rafting areas and I understand that the areas in which I might hike sometimes hide dangerous obstacles such as tree wells, tree stumps, creeks, rocks and boulders, forest dead fall, etc.; the tube/raft or any portion of it may collide with or encounter other boats, man-made or natural objects including submerged or semi-submerged trees, rocks, branches, boulders, bridges, etc.; again your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; also prolonged exposure to cold water can result in "cold water immersion" syndrome or "cold shock," hypothermia and/or death.

The inherent zipline/challenge risks include, among other things: that **zipline/challenge** activities risks are use of fabricated structures, surfaces, cables or ropes and include, but are not limited to: falling off of structures, being hit by swinging apparatus, falling on or being impacted by other participants, hanging from a cable, the possibility that I will be jolted, jarred, bounced, thrown to and fro or shaken about while on the zipline/challenge course, lose my balance or grip, slippery or wet equipment, becoming entangled in ropes/harnesses, impacting the ground and/or zipline apparatus, equipment failure, displaced safety equipment, belay or anchor or harness failure, general slips/trips/falls or painful crashes while using any of the equipment or zipline/challenge structures or landing platforms or rope bridges or the premises at large, operating out of control or beyond my or another participants' limits, the negligence of other visitors who may be present, participants giving or following inappropriate zipline/challenge advice or move sequences, and my own negligence or inexperience. Changing weather conditions are possible; exposure to the natural elements can be uncomfortable and/or harmful; I understand that prolonged exposure to cold water can result in "cold water immersion" syndrome or "cold shock," hypothermia and in extreme cases death; communication in the terrain in which this activity occurs is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

The inherent fishing risks include, among other things: that the **fishing activity** includes the risk of prolonged exposure to cold water can result in hypothermia and in extreme cases death. It is possible that I could be injured if I come in contact with and be injured by fishing equipment/gear (waders, hooks, knives, poles, etc.) for either spin or fly fishing, food boxes, storage containers, etc. The fishing equipment may break down or be faulty; streams and river banks are slippery and are naturally unstable so that I could slip and fall or land in the river where I would be required to swim or self-rescue. I can slip or fall during hiking, fishing, portaging, wading in the creeks or rivers or getting to and from the fishing areas; I understand that the areas in which I might hike sometimes hide dangerous obstacles such as tree wells, tree stumps, creeks, rocks and boulders, slippery streams, poisonous or noxious plants, etc.

The inherent risks related to all the activities include: Exposure to the natural elements can be uncomfortable and/or harmful; I understand that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke and heat cramps; also prolonged exposure to cold water can result in "cold water immersion" syndrome or "cold shock," hypothermia and/or death; exposure to potentially dangerous wildlife, insects, plants; accidental drowning is also a possibility and, rescue and medical treatment may not be immediately available. Furthermore, MWW employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction. Communication in the river terrain in which this activity occurs is always difficult and in the event of an accident, rescue and medical treatment may not be immediately available.

I expressly acknowledge that the use of drugs or alcohol during my participation in any or all of the activities associated with or provided by MWW is done at my own peril and is not condoned, encouraged or excused by MWW in any way. I understand that MWW reserves the right to deny me or any other person participation before or during an activity if it finds that person to be mentally or physically impaired or unprepared.

By signing this Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement, I acknowledge that I AM ULTIMATELY RESPONSIBLE for my own safety during these MWW activities.

2. Express Assumption of Risk I expressly agree and promise to accept and assume all the risks existing in the activities in which I choose to participate. My participation in these activities is purely voluntary, and I elect to participate in spite of the risks. I expressly agree and acknowledge that the terms and conditions of this Participant Agreement, Acknowledgement and Assumption of Risk Agreement is valid evidence that I intend to assume all risks associated with this activity and is intended to be contractual in nature. I expressly agree that I am signing this Agreement of my own free will and there are no reasons why I lack the capacity to enter into this Agreement.

3. Release and Waiver of Rights Including for Claims of NEGLIGENCE On behalf of myself and any of the children for which I am responsible I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless MWW from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my/our use of MWW equipment or facilities, including any such Claims which allege negligent acts or omissions of MWW.

4. Indemnity. As liquidated damages, I agree that, should MWW or anyone acting on their behalf, be required to incur attorney's fees and/or costs to enforce this agreement, I agree to indemnify and hold them harmless (in other words, I agree to pay for...) for all such fees and costs.

5. Personal Skill & Insurance I certify that I have sufficient skill and fitness to participate in the activities offered by MWW. I further certify that I have no medical, mental or physical conditions which could interfere with my safety or ability to participate in these activities, or else I am willing to assume and bear the cost of all risks that may be created, directly or indirectly, by any such condition. I further certify that I have adequate insurance to cover any injury, damage or emergency transportation costs I may cause or suffer while participating, or else agree to bear the costs of such injury, damage or emergency transportation costs myself.

6. Medical Issues. I further agree that, in the event that MWW deems it necessary to administer emergency first aid or CPR or to remove me from its activities or to extricate me from the field or from the remote venue in which the tour operates for ANY type of health related reason that, by signing this document, I am giving MWW permission to: administer emergency first aid or CPR, secure emergency transport or medical care and/or disclose any medical information it may have about me to any health care provider which may become involved in my care, treatment or removal from the field. By signing this document I am waiving any right to object to or bring any type of action or claim against MWW for its administration of emergency first aid or CPR or for securing emergency transport or medical care and/or for the disclosure of personal medical information it may have about me to any health related person who becomes involved in my care or removal from MWW activities or the field.

7. Photographic Assignment. I understand that MWW reserves the right to take photographic or film (of whatsoever nature) records of any or all of the activities conducted on its trips and I hereby agree that MWW may use such records for promotional and/or commercial purposes without any remuneration to me. I hereby assign all right, title and interest I may have in or to any and all media in which my name or likeness might be used by MWW.

8. Release as Contract and Personal Capacity. I expressly agree and acknowledge that the terms of this Participant Release of Liability, Waiver of Claims, Assumption of Risks and Indemnity Agreement is contractual in nature, supported by Montana law and that I am signing it of my own free will. I expressly acknowledge that I am not under the influence of drugs or alcohol at the time of my signing of this agreement and that there are no other impediments or reasons why I would lack the capacity to sign this document.

9. Forum Selection, Severability, Breach of Contract/Warranty Waiver, Etc. In the event I file a lawsuit against MWW, I agree to do so solely in the State of Montana, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state and I hereby irrevocably waive any other jurisdiction or venue to which I or my estate or my children's estates might otherwise have be entitled. I agree to submit to the jurisdiction of the Montana courts. I agree that if any portion of this agreement/contract is found to be void or unenforceable, the remaining portion shall remain in full force and effect; this document is intended to be interpreted as broadly as possible. A copy or electronically stored version of this release contract can be used as if it was the original. I understand that this document constitutes the entire Agreement between myself and MWW and that it cannot be modified or changed in any way by representations or statements of any nature (be they vocal, advertising, etc.) outside of this document; in other words, I am also waiving any claims I might have for breach of contract or warranty for statements or representations made outside of this release contract.

By signing this document, I acknowledge for myself and any of the children I am responsible for that I/we may be waiving our legal right to a jury trial to hold the provider legally responsible for any injuries or damages resulting from risks inherent in the activities or recreational opportunities or for any injuries or damages I/we may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT (ALL 3 PAGES). I HAVE READ AND UNDERSTOOD IT, AND I AGREE TO BE BOUND BY ITS TERMS.

All participants must sign this section:

Participant Signature: _____

Printed Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

E-mail address: _____ Phone #: _____ Date: _____

Participants 17 years of age and younger must also have a parent sign this section:

Parents or Guardians Additional Indemnification (Must be completed for participants under 18 years of age) I/we represent that I/we have complete and absolute authority to bind, contract for and legally act on behalf of the minor child listed above; I/we believe and represent that I/we have the legal authority to make the waivers and releases contained herein. I/we understand and acknowledge that MWW relies to its detriment on this representation and would not allow the minor child to participate in this trip without this representation. In consideration of _____ (print minor's name) ("Minor") being permitted by MWW to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless MWW from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use of participation by Minor.

Parent Signature: _____

Printed Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

E-mail address: _____ Phone #: _____ Date: _____

Emergency Contact (Name & Phone)

Name: _____ Phone: _____