

# ADULT ADVENTURE CAMP AT ROUNDTOP MOUNTAIN RESORT

## REGISTRATION FORM

### CAMPER INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

### REGISTRATION INFORMATION:

June 5<sup>th</sup> and 6<sup>th</sup> camp = \$139

Payment Type: Credit Card:  MasterCard  Visa  Discover  
 Cash  Check Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Emergency Contacts:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Please complete the following: **MEDICAL INFORMATION:**

Roundtop will comply with all applicable state and federal laws related to the privacy of health information.

Yes	No	Does you currently have:
___	___	Allergic reactions to; insects, food, or plants? Anaphylaxis? Specify _____
___	___	Do you carry Epinephrine _____
___	___	Allergic to Medication? Specify _____
___	___	Currently taking any Prescriptions or Meds Specify _____
___	___	Diabetes _____
___	___	Heart Disease _____
___	___	Epilepsy/Seizures _____
___	___	Asthma _____
___	___	Mental or Neurological Problems _____
___	___	Musculoskeletal injuries, breaks, sprains, dislocations _____
___	___	Pregnant _____
___	___	Ever had surgery _____

Please explain any "yes" answers or other concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Primary Care Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Health Insurance Co. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Verification of Accuracy and Full Disclosure

I acknowledge that I have provided all known medical related information that may effect my participation. I agree to notify the staff if there is any change in my physical or medical condition prior to my scheduled activity.

Please initial here \_\_\_\_\_

### Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my participation while at the Adult Adventure Camp.

# **ADULT ADVENTURE CAMP RELEASE AGREEMENT**

## **NOTICE OF RISK**

I, the undersigned do hereby understand, acknowledge and agree that participation in the Adventure Camp will include outdoor adventure activities such as; Team Building, High and Low Ropes, Zip Lines and other climbing related activities, Canoeing, Kayaking, Fishing and Hiking. These activities like all outdoor adventure activities contain an inherent risk of serious injury or death.

## **ASSUMPTION OF RISK**

**UNDERSTANDING THE HAZARDS INHERENT TO THE ACTIVITY, I AGREE TO ASSUME FOR MYSELF, ALL OF THE RISKS INVOLVED.**

## **RELEASE FROM LIABILITY**

**In consideration of being allowed to participate in the Adventure Camp at Roundtop Mountain Resort, I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND SKI ROUNDTOP OPERATING CORP., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, IN ANY WAY RELATED TO MY PARTICIPATION OR USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE, RECKLESSNESS OR IMPROPER CONDUCT ON THE PART OF THE SAME.**

I agree that I will advise the facilitator of any medical or health concern that might effect my participation in the program.

I agree to report all injuries to a facilitator or other staff member before leaving the area.

I hereby grant my permission for Roundtop Mountain Resort to use any photograph, film, videotape or sound recording of myself for any legitimate business purpose.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**I agree that I have read, understand and the “Notice of Risk”, “Assumption of Risk” and “Release of Liability” and agree to be legally bound hereto.**

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Signature of Participant

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Date