



## Camp Registration, Consent, & Release Forms

Please Circle All That Apply: Day Camp or Overnight Camp

(Overnight camp dates- June 23, June 30, July 7, July 14, July 21, July 28, August 4 and August 11)

Circle Your Session(s): Session 1: June 24 – June 28      Session 2: July 1-July 5      Session 3: July 8 - 12  
Session 4: July 15 – 19      Session 5: July 22- 26      Session 6: July 29 -Aug 2      Session 7: August 5 – 9  
Session 8: Aug 12-16

Please Choose Additional Day Camp Add-ons (Check all that apply):

Early drop off (8:00 a.m.) \_\_\_\_\_ Late pick up (6 p.m.) \_\_\_\_\_

**OR Transportation to/from camp (Check one below):**

\_\_\_\_ Starlight Diner Route 100 Allentown, PA (near Fogelsville)      \_\_\_\_ Home Depot, 1350 MacArthur Road, Whitehall  
\_\_\_\_ Subway, Saucon Valley Square Route 378, Bethlehem      \_\_\_\_ Wegmans 512 Wegmans Drive, Bethlehem

Campers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day time Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Camper's Weight: \_\_\_\_\_ pounds      Height: \_\_\_\_\_ feet \_\_\_\_\_ inches

Please list all **INJURIES, ALLERGIES, MEDICATIONS, FOOD ALLERGIES/ SPECIAL DIETS, and SPECIAL NEEDS** that we should be aware of. Attach any necessary medical information and instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of recent physical exam: \_\_\_\_\_ Are immunizations up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

Is camper undergoing any treatments/therapies/medications to be continued at camp? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, attach information/directions on separate page.

**Emergency Contact Information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian name (print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# BLUE MOUNTAIN ADVENTURE CAMP PARENTAL CONSENT

By registering your child at Blue Mountain Adventure Camp, it is assumed that you have read and agree to the following. I UNDERSTAND AND AGREE TO THE FOLLOWING:

1. I authorize the camp director to administer over-the-counter medications to my child if it is deemed in the best medical interest of my child. I give permission to use these as necessary. If any medicines are unacceptable I will notify Blue Mountain Adventure Camp in writing.
2. I also give permission for Blue Mountain Adventure Camp to apply sunscreen to my child as needed throughout the camp day. If any sunscreen is unacceptable, I will notify Blue Mountain Adventure Camp in writing.
3. I further understand that Blue Mountain Adventure Camp cannot administer prescription drugs to my child, even with written parental consent, unless the medication is sent in a properly labeled container provided by a pharmacy.
4. I also understand that Blue Mountain Adventure Camp reserves the right to dismiss any camper when it is deemed necessary by the director to be in the best interest of the child or the camp. There will be no refunds for campers dismissed for disciplinary reasons.
5. In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize secure proper treatment for and order injections, anesthesia, or surgery for my child. My child's physician or his/her office should be contacted if possible.
6. I understand that I, or another individual who is approved to pick up my child from camp, may be asked to show photo ID in order to secure the release of my child from Blue Mountain Adventure Camp.
7. I understand that Blue Mountain Adventure Camp is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
8. My child has permission, without restriction, to participate in all meals, snacks, regular and special programming, including out of camp trips, transportation, and overnights, unless I notify the camp otherwise in writing. I understand and realize Blue Mountain Adventure Camp will follow safety procedures, but that all physical activities include a certain risk and that Blue Mountain Adventure Camp assumes no liability for injury or damage arising from or as a result of participation. I affirm that I have been advised that field sports, challenge courses, camp craft, kayaks, paddle boards, other water craft, indoor and outdoor games, hiking, rock climbing, zip line, big swing and other camp activities include certain risks and dangers. These risks include but are not limited to loss of or damage to personal property, injury or fatality. In consideration of, and as part payment for, the right to participate in all of Blue Mountain Adventure Camp's activities and the services and food arranged for my child by Blue Mountain Adventure Camp, and its agents, servants, and employees, I have assumed all of the above risks and intending to be legally bound hereby, will hold Blue Mountain Adventure Camp and its agents, servants, and employees harmless from any liability which may arise out of or in connection with any trips and related participation in any other activities arranged for by Blue Mountain Adventure Camp, its agents, servants, and employees. I hereby give permission for Blue Mountain to use any photograph or video of me taken during participation for use in commercial or non-commercial publicity. The terms hereof shall serve as a RELEASE AND ASSUMPTION OF RISK for any minors.
9. I authorize Blue Mountain Adventure Camp and the Blue Mountain Adventure Camp staff to transport my child in a Blue Mountain Adventure Camp van, car, shuttle, ATVs or other vehicle to/from Blue Mountain Adventure Camp for activities, day trips, emergency care, etc.
10. I understand that campers are not permitted to use cell phones and other electronic devices at camp during camp activities. I have discussed this with my child and we will comply with this policy.
11. Our counselors take photos of the adventures that our campers experience every day. Many parents ask our staff to share these photos, so we share them with a PRIVATE Facebook page. If you do NOT want your child's picture posted on our PRIVATE Facebook page, please check the box below:

Please do NOT share photos of my child on the PRIVATE Facebook page.

12. I have read the enclosed Parent Handbook and understand all policies and procedures set for Blue Mountain Adventure Camp. I will abide by these policies and procedures and will review them with my child \_\_\_\_\_ (name of child). I support Blue Mountain Adventure Camp in its enforcement of these policies and procedures.

Print Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mountain Adventure Activities at Blue Mountain Resort**  
**Release & Assumption of Risk Agreement**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please Print Date  
ADDRESS: \_\_\_\_\_  
Street City State Zip  
E-MAIL: \_\_\_\_\_

**NOTICE OF RISK**

I, the undersigned, do hereby understand and agree that the mountain adventure activities including, but not limited to **Camping, Camp Fires, Chairlift Rides, The Woods, The Creek, Fishing, Bird Watching, Skateboarding, Zip Lines, Climbing Wall, Laser Tag, Disc Golf, Action Archery, Swimming, Kayaking, Paddle Boarding, Rock Climbing, Aerial courses including The Summit Aerial Park and OMT (On Mt Training) including Trail Hiking, Running, Biking, Yoga, Tai Chi and Obstacles (collectively referred to as Mountain Adventure Activities)** contain inherent and other risks that could lead to serious injury or death. These risks include but are not limited to: falling from or out of the various features; impacting the ground or pavement; traveling at various rates of speed; collisions with other participants, spectators, boats, bikes or vehicles; collisions with natural and man-made objects such as trees, rocks, holes, ditches, fencing, signage, lift equipment, snowmaking equipment, and other equipment on the mountain; falls related to rough or uneven terrain including variations in steepness and surface or subsurface conditions such as slippery walking surfaces and other environmental hazards. Collisions or encounters with Mountain Bikers and Vehicles can occur. Encounters with wild animals can occur.

I further agree to inspect each feature and associated equipment prior to any use. I understand that I will receive instruction related to the use of features where instruction is needed, and I agree to follow or ask for explanation of all the rules, policies and user responsibilities prior to any use of the same. I agree that user information provided by me is true and correct and further agree to adhere to all the feature rider limits.

**I accept for use, AS IS, the Blue Mountain Adventure facilities including the lifts and other associated equipment.** When using the chairlifts, I acknowledge that I am responsible for safely getting myself to the load line, loading the lift, riding the lift, unloading the lift, and moving away from the chair at the top of the lift when unloading.

**ASSUMPTION OF RISK**

Understanding, acknowledging and agreeing to all the risks involved, **I hereby agree to expressly and voluntarily accept and assume for myself and/or my minor child all the risk involved with the use of the facilities.**

**RELEASE OF LIABILITY**

In consideration of being allowed to use the Blue Mountain Adventure Park, **I AGREE THAT I WILL NOT SUE AND WILL RELEASE FROM ANY AND ALL LIABILITY THE TUTHILL CORPORATION DBA BLUE MOUNTAIN RESORT AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES IF I OR ANY MEMBER OF MY FAMILY IS INJURED WHILE USING ANY OF THE BLUE MOUNTAIN FACILITIES OR WHILE BEING PRESENT AT THE FACILITIES, EVEN IF I CONTEND THAT SUCH INJURIES ARE THE RESULT OF NEGLIGENCE, INCLUDING GROSS NEGLIGENCE, OR ANY OTHER IMPROPER CONDUCT FOR WHICH A RELEASE IS NOT CONTRARY TO PUBLIC POLICY, ON THE PART OF THE BLUE MOUNTAIN RESORT.**

Notwithstanding the foregoing, if I sue Blue Mountain, I agree that I will only sue it, whether it be on my own behalf or on behalf of a family member, in the Court of Common Pleas of Carbon County or in the United States District Court for the Middle District of Pennsylvania and further agree that any and all disputes which might arise between Blue Mountain and myself shall be litigated exclusively in one of said Courts. I understand and agree that this Agreement is governed by the laws of Pennsylvania. I further agree that if any part of this Agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**If I do not agree with the above, I will not use, and will not let my child use Blue Mountain's facilities**

I, the undersigned have read, understand, and agree to be legally bound by the above release agreement.

Participant signature: \_\_\_\_\_ Date \_\_\_\_\_  
(If a minor [under 18], the signature of a parent or legal guardian is required)

Parent or Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(The signature of one parent or guardian binds both parents or legal guardians in reference to this agreement)

**SEE RIDER LIMITS AND PHOTOGRAPH & VIDEO PERMISSION ON PAGE 2.**

**PLEASE INITIAL EACH SECTION TO CONFIRM THAT YOU HAVE READ AND UNDERSTAND EACH FEATURES HEIGHT, AGE AND WEIGHT REQUIREMENTS. PLEASE COMPLETE THE PERSONAL INFORMATION BOX AT THE END**

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ZIP LINES

WEIGHT: Maximum weight is 250 lb (113.39 kg)

\_\_\_\_\_  
INITIALS

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AERIAL PARKS

WEIGHT: Maximum weight is 250 lb (113.39 kg)

\_\_\_\_\_  
INITIALS

**PARTICIPANT'S PERSONAL INFORMATION**

Height: \_\_\_\_\_

Age: \_\_\_\_\_

Weight: \_\_\_\_\_

**By signing below, I hereby give permission for Blue Mountain to use any photograph or video of me taken during participation for use in commercial or non-commercial publicity.**

**Photograph/Video Signature** \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(PRINT CLEARLY)



**RELEASE OF LIABILITY – READ BEFORE SIGNING AND FILL OUT COMPLETELY**



In consideration of being allowed to participate in any way in the JIM THORPE RIVER SPORTS, INC. / NORTHEAST PA KAYAK SCHOOL, INC. program, its related events and activities, I, \_\_\_\_\_ the undersigned,

(PRINT NAME ABOVE)

acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE **JIM THORPE RIVER SPORTS, INC. / NORTHEAST PA KAYAK SCHOOL, INC.**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I hereby give permission for JIM THORPE RIVER SPORTS, INC. / NORTHEAST PA KAYAK SCHOOL, INC. to use any photograph or video of me taken on a trip or in a class for use in commercial or non-commercial publicity. I give permission to have my name put on an internal email list which will not be sold.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_ Age \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE** (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above all the Releasees, and, for myself, my child and our heirs, assigns, next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted my law. I also attest to the fact that the listed age of the minor participant above is accurate and truthful.

X \_\_\_\_\_ XX \_\_\_\_\_ Date Signed \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (PRINT NAME)

04/2014