

Permission Form: Forest Springs Rafting Trip

TUESDAY, JULY 1
LEAVE CEYC 7:15 AM
RETURN 9-9:30 PM

Cost

\$50/ PERSON



RAFTING THE WOLF

Where are we going? We are going on a rafting day trip on the Wolf River with Forest Springs as our adventure hosts. 7-12th graders are invited.

When are we leaving and getting back? We will be leaving from the CEYC (670 W Broadway., Medford) at 7:15 am and will arrive back between 9-9:30 pm. Transportation is provided.

☐ My student will be dropped off at Forest Springs at 7:45 AM and picked up at 8:30 PM

Picked up by: _____

What do I need to bring and wear? Spending money for supper at Culver's in Antigo. Please have breakfast before you come. Lunch is provided. Please see the attached sheet for what to bring and how to dress info.

What's all this going to cost? Cost: \$50.00 per person. Please make checks out to FBC.

ONLY 15 SPOTS AVAILABLE

Permission Form, Wilderness Trip Informed Consent Forms, and Payment is due by Sunday, June 22th.

I, _____ give my child/ren, _____ on _____
Parent Name (please print) Student Name/s (please print) Date

permission to attend the Cutting Edge Youth Center event cited above on the date cited above with Amber Chaffee, and/or other adult chaperones. I am aware of the times, travel arrangements (if applicable), and costs (if applicable) for this event. Understanding that Amber and/or other adult chaperones present for this event will exercise responsible supervision, I hereby agree to release First Baptist Church and its representatives (including but not limited to chaperons, drivers, and vehicle owners) from any and all damages or liability relating to said minor's presence or participation in the aforementioned event. Understanding that attempts will be made to contact me, in the case of an emergency I agree to allow Amber and/or other adult chaperones to authorize medical treatment for my child/ren.

Parent Signature Parent Cell Phone # Email address

Emergency Contact Name (other than parent) Emergency Contact Phone #

Anything else we should know (allergies, medications, students spending the night at a friend's house, etc.):



Forest Springs Adventure Trip Release Form

ALL PARTICIPANTS MUST READ AND SIGN THIS RELEASE OF LIABILITY FORM PRIOR TO ARRIVAL AND PARTICIPATING IN PROGRAM ACTIVITIES

Participant's Agreement to personally assume all risk and release of all claims for liability and waiver of right to sue based upon my understanding of the activities and their inherent risks.

A Forest Springs Adventure Trip may include the following high risk activities:

- Canoeing • Climbing • Kayaking • Backpacking • Hiking • Rafting • Biking • Spelunking
- High Ropes Course • Low Ropes Course • Paintball • Camping • Cooking • Swimming

I (full name) _____ desire **Forest Springs Camp & Conference Center, Inc.**, a Wisconsin not-for-profit corporation, to permit me/my child to participate in any of the above activities. Any exceptions are listed below:

I certify that I/my child am in good health, free from communicable diseases and am able to participate in all camp activities unless noted. In case of medical and/or surgical emergency, I hereby give permission to the trained medical staff selected by the camp administration or sponsoring organization to hospitalize secure proper treatment for and order injection, anesthesia, x-rays, or surgery for me/my child as named above.

In order to participate in the above mentioned activities, I, the undersigned, agree and acknowledge that:

- There is risk of injury, including a potential for permanent disability or death resulting from any participation in the above mentioned activities and/or from the equipment involved in participation in such activities.
- I freely assume all such risks, both known and unknown, and assume full responsibility for my participation.
- I will read and understand the rules, including all safety related rules, and agree to fully comply with the rules and safety regulations during my participation.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin hereby release and hold harmless Forest Springs, their officers, officials, agents and/or employees, from any and all liability for injury, disability, death, loss or damage to personal property I/my child may suffer while participating in the activities.
- I acknowledge, understand and agree that I have read this release of liability and assume all risk associated with participating in activities related to my stay and that I sign this release of liability voluntarily and without inducement.
- Your registration/participation provides Forest Springs the authorization to use photos and videos of you and/or your group for promotional purposes.

All program activities, handling and use of program equipment must be supervised by Forest Springs Staff.

Participant Name (Please Print): _____ Date of Birth: _____

Participant Signature: _____ Date: _____

MINOR AGED PARTICIPANTS

Anyone under the age of 18 at the time of participation must have a parent or guardian sign below.

Parent or Guardian Signature: _____ Date: _____

This form must be completed prior to your arrival at Forest Springs.

Forest Springs reserves the right to deny any person or group participation on any High Risk Activities at any time based on equipment, weather, behavior, and medical conditions.

Please Note: Wisconsin state law requires that all medication brought to camp by a camper under 18 years of age be kept by the sponsoring organization's or Forest Springs adult leadership, and to be administered by those leaders.
Please have your medication clearly labeled.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Native American Games, Inc. dba Shotgun Eddies Raft Rentals, their agents, owners, officers, volunteers, participants, employees, and other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SERR"), hereby agree to release, indemnify, and discharge SERR, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in river raft trip 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 cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: whitewater rapids will be encountered. Rafts could turn over or I could be "washed" overboard. I can slip or fall during a hike, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. Exposure to the natural elements can be uncomfortable and/or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Also prolonged exposure to cold water can result in hypothermia and in extreme cases death and accidental drowning is also a possibility.

Furthermore, SERR 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 environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SERR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SERR's equipment or facilities, **including any such claims which allege negligent acts or omissions of SERR.**
4. Should SERR or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against SERR, I agree to do so solely in the state of Wisconsin, and I further agree that the substantive law of the state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or enforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SERR on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Age _____

Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by SERR to participate in its activities and use its equipment and facilities, I further agree to indemnify and hold harmless SERR from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____



Forest Springs

Adventure Ministries Youth Health Form

All campers must have this form signed by a parent or legal guardian and presented at registration

Last Name First Name Initial Birth Date Age ☐ Male ☐ Female

Parent / Guardian Name

Address City State Zip + 4

(_____) (_____) _____
Home Phone # Other Phone # ☐ Cell ☐ Work

Health History:

Asthma	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heart Condition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Seizures	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Hepatitis B	<input type="checkbox"/> <input type="checkbox"/>	Sleepwalking	<input type="checkbox"/> <input type="checkbox"/>
Ear Aches	<input type="checkbox"/> <input type="checkbox"/>	Pregnant	<input type="checkbox"/> <input type="checkbox"/>	Special Diet	<input type="checkbox"/> <input type="checkbox"/>
Epilepsy	<input type="checkbox"/> <input type="checkbox"/>	Physical Disabilities	<input type="checkbox"/> <input type="checkbox"/>	Stomach Aches	<input type="checkbox"/> <input type="checkbox"/>

Allergic To:

Insect Stings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Penicillin	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Foods: _____ Other Drugs: _____

Date of Last Tetanus Booster: ____/____/____

Please list any medication your child is on: _____

Liability/Medical Release:

I hereby certify that _____, named above, is in good health, free from and not exposed to communicable diseases within the last three weeks prior to camp, and is able to participate in all the camp activities unless otherwise noted. I hereby give permission to the trained medical staff selected by the camp administration to hospitalize, secure proper treatment for, and order injection, anesthesia, x-rays, or surgery. I also agree not to obligate Forest Springs to pay any medical bills related to treatment.

X _____
Parent's / Guardian's Signature

_____/_____/_____
Date

OVER →

Emergency Contact Person
(In case we are unable to reach you):

Last Name First Name Initial

Address City State Zip + 4

(_____) (_____) _____
Home Phone # Other Phone # ☐ Cell ☐ Work

Relationship to Camper: _____

Your insurance Information:

Health Insurance Company

Insurance Company Address

Insurance Policy # ____/____/____
Expiration Date

List any activity restrictions and/or medication your child is on:

Please Note:

We are **no longer required** to have a signed Physician's Authorization form for prescription medications.

All medications brought to camp must be in original containers. Forest Springs staff will not dispense any medications not in original containers.



1 DAY RAFTING TRIP WHAT TO BRING AND HOW TO DRESS

Each participant is responsible for his or her own personal items needed for the day. Everyone must have a signed Health Form, Adventure Trip Release form, and Rafting Waiver Form to participate.

WHAT TO BRING:

- ☐ The best footwear is a pair of securely strapped sandals like Chaco's or Keen style, or a lace-up athletic shoe. We will not allow you to go barefoot at any time during the day.

Do not plan to wear flip flops or Crocks on this trip.

- ☐ Modest one-piece swimsuit or tankini for gals, Trunk style shorts for guys.
- ☐ Shorts
- ☐ T-shirt
- ☐ Light Jacket
- ☐ Hat of some kind for protection from the sun.
- ☐ Sunblock
- ☐ Insect Repellent (or plan to share with someone else)
- ☐ Water bottle
- ☐ Eye-glass strap (for prescription glasses or sunglasses)
- ☐ Feel free to bring some candy or other snacks for your own enjoyment for the ride, if leader approves.

FOREST SPRINGS WILL PROVIDE:

- All the necessary rafting equipment; life jackets, first-aid kits, dry bags, and lunch.
- Instructors to facilitate the day's activities.
- The rafting company will provide the rafts and paddles.

