

FAMILY CAMP WOLF RIDGE HEALTH & LIBALITY FORM

Please Complete Both Sides of This Form & Return to Wolf Ridge 2 Weeks Prior to Your Session

DATES OF PROGRAM

PARTICIPANT NAMES & AGES

NAME OF PARTICIPANT _____ AGE _____
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EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____
DAY PHONE _____ EVENING PHONE _____ CELL _____
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DAY PHONE _____ EVENING PHONE _____ CELL _____

DIETARY RESTRICTIONS & PREFERENCES

INFORMATION WILL BE USED TO ALERT OUR KITCHEN
STAFF TO ALLERGIES & DIETARY RESTRICTIONS
(please check which of the following pertain to you)

NAME OF PARTICIPANT _____

no dietary restrictions vegetarian vegan gluten free other allergies or dietary restrictions (please describe)
(please note we cannot 100% accomodate vegan diets, you will want to provide some of your own foods to supplement the meals)

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HEALTH CONCERNS

Medical Information: Please list below any participants and health conditions or special circumstances we should know about for any of the family/party members you listed above. Please describe any environmental allergies, the allergic reaction and how it is treated. (i.e. Bee stings, heat stroke, etc)

INSURANCE & EMERGENCY BILLING INFORMATION

NAME OF INSURANCE COMPANY _____
(Please write "none" if you have no insurance)

POLICY HOLDERS NAME _____

GROUP # _____ POLICY # _____

PHYSICIAN _____ PHONE _____

Usually, there is no charge for first aid care given at Wolf Ridge by staff members of Wolf Ridge. However, you are financially responsible for health care given by other health care providers such as clinics & hospitals. Please provide the following information for use in case of emergency.

FAMILY INFORMATION & SPECIAL EVENTS

FAMILY E-MAIL ADDRESS (if you have one) _____

IF THERE ARE OTHER FAMILIES ATTENDING THIS PROGRAM THAT YOU WOULD LIKE A ROOM NEAR, PLEASE LIST THEM BELOW

IS YOUR FAMILY CELEBRATING AN IMPORTANT EVENT DURING THIS PROGRAM? (birthday, anniversary, etc) IF SO, WHAT IS IT?

RISK & LIABILITY FORM

Please read and sign below. Signature required for participation.

As a representative for my family/party, I am aware that this program involves certain risks, which I accept for all family/party members listed on the previous page. These risks may include, but are not limited to, being transported by van to certain activities, walking on rugged trails in various weather conditions, canoeing, rock climbing and belaying indoors, and participating on a high ropes course. In the event of an emergency and the absence of an adult in our party, I authorize treatment by emergency medical personnel. I understand that I am financially responsible for all medical charges incurred on behalf of myself or my dependents. I authorize the health care provider to release all information needed to secure payment of benefits, and I authorize the use of this signature on all insurance claims for myself and/or my dependent. I hereby release Wolf Ridge, all of their personnel, agents, affiliates, staff and directors, from all liabilities to me with respect to injury, sickness, disease, loss or damage. This release does not apply to liabilities arising from gross negligence or wanton or reckless conduct by anyone, including Wolf Ridge or their representatives. Apart from that exception, it applies to all liabilities, to me or my estate of any description, whether arising from ordinary negligence or otherwise, and whether involving fees and expenses of any kind. In the event that some other entity seeks compensation for these released liabilities, I or my estate will indemnify and hold harmless Wolf Ridge for all sums reasonably incurred in response to that claim. This release is to be interpreted and enforced under Minnesota law.

I authorize Wolf Ridge to use any photos taken during the program and comments made on evaluations by participants in publicity materials for Wolf Ridge.

Family Representative Signature _____ Date _____