

CAMP SANDY COVE



CHRISTIAN CAMPING AT ITS BEST!

SINCE 1950

Summer of 2018

Dear Camp Sandy Cove Tripper and Parents,

Greetings from Camp Sandy Cove! Thank you for your interest in the Tripping Program. I would like to give you a clearer picture of the trip you have chosen.

The Coed Extreme Expedition will be awesome! This trip consists of a different day trip each day. You will be doing exciting trips such as outdoor rock climbing, caving, zip line/canopy tour, canoeing, rafting and even a day at a water park!

As this trip does involve a lot of physical activity, we would like to inform your family physician of your plans to participate. A space has been provided for the physician to sign his/her name informing us that he/she believes you are physically capable of such an experience. Please also sign your names in the designated area.

If there are any special needs that you should make known to us, please do not hesitate to call us. We are looking forward to a great time serving you in God's creation and hope that you enjoy it as much as we do.

In Christ's Love

Chief Tim Nielsen

Director

Physician's Signature

Parent's Signature

Camper's Signature



Summer Address (May - September):

436 Reflection Ln
High View, WV 26808-9601
Phone: 304 856-2959
Fax: 304 856-1683
www.campsandycove.org

Corporate Address (October - April):

60 Sandy Cove Rd
North East, MD 21901-5436
Phone: 443 674-9454
Fax: 410 287-3196
www.campsandycove.org



PARENT/GUARDIAN PERMISSION FORM
(This form to be used for minors only)

I hereby grant permission for my child, _____, to participate in whitewater rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing, with River & Trail Outfitters Inc. And I hereby agree as follows:

I fully understand and acknowledge that: (a) risks and dangers exist in my child's use of rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing equipment and my child's participation in rafting, kayaking, canoeing, tubing, biking, camping, climbing on a portable rock climbing wall and hiking or cross country skiing activities; (b) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of, from, or during a raft, kayak, canoe, tube, bike, portable rock climbing wall, hiking or cross country skiing and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal flotation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during his/her scheduled activities. Any claims or dispute arising from my child's participation in River & Trail Outfitters' activities or use of River & Trail Outfitter's equipment shall be venued in the Washington County District Court for the State of Maryland.

My child is in good health and is at or above the minimum age stated in River & Trail Outfitter's advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems, which will present any risk to his/her participation in the activities. Information on my child's physical handicaps or medical problems which I feel River & Trail Outfitters should know about will be given in writing in advance of the scheduled trip. 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 by law. Furthermore, I permit the use of any photos, slides, films, or sketches, of him/her taken during the day's activities for publicity, advertising, promotion or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators and executors.

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN RIVER & TRAIL OUTFITTER'S RAFTING, KAYAKING, CANOEING, TUBING, BIKING, CAMPING, PORTABLE ROCK CLIMBING WALL AND HIKING OR CROSS COUNTRY SKIING ACTIVITIES, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THEREWITH.

Group Name (if applicable) _____

Parents Name (Print) _____ Signature _____

Street and Apt. Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ Age: _____ Trip Date: _____

Child's Signature: _____

DO NOT LOSE—PLEASE GIVE COMPLETED FORM TO YOUR GROUP LEADER

HARPERS FERRY CANOPY TOUR NOTICE and ACKNOWLEDGEMENT OF RISK, RELEASE, ASSUMPTION OF RISK and INDEMNITY AGREEMENT

I acknowledge that, directly or indirectly, I have requested that I or my ward be allowed to participate in zip line and canopy tours or other activities (including but not limited to transport to and from the tour) provided by River and Trail Outfitters, hereafter RTO and River Riders, Inc. dba HARPERS FERRY CANOPY TOUR, hereafter HFCT (Which includes any commonly owned, related, parent or subsidiary corporations and entities, their owners, officers, directors, agents, and employees).

I and my ward understand that these activities and services pose substantial risks of serious permanent injury or death and damage or loss of personal property as the result of: (1) the nature of the activities themselves, namely: zip line and canopy tours and observation of zip line/canopy tours; (2) the particular risks of the activities, including but not limited to the following: personal injury of any sort; property damage; hyperthermia; hypothermia; sunburn; manufacturer's defects in equipment; obstacles such as branches, trees, cliffs, depressions, gullies, and hidden stumps or rocks; rough, muddy or water crossings on the trails; participants failure to follow the guide's safety and tour instructions; becoming disoriented and lost. Participants may encounter jolting and jarring. Injury is possible if guest does not use harness and helmet properly and follow RTO and HFCT's safety guidelines and guide instructions; (3) collision with trees, rocks, towers, platforms, ramps, cables, other participants, other natural or man-made obstacles, and/or other vehicles (4) the failure or misuse of equipment; latent or apparent defects in condition of equipment, harness, cables, platforms, poles, protective clothing or property supplied by HFCT or other persons or entities; (5) use or operation by myself or others of equipment supplied by HFCT or other persons or entities; (6) the negligent acts or omission of other participants in this activity and of third parties; (7) the negligence or bad judgment of me, RTO, HFCT, and/or its employees; (8) heat, cold, wind, wind gusts, rain storms, snow, sleet, hail, lightening and other adverse weather conditions; (9) contact with water, plants, or animals including insect bites; bee stings; animal attacks and bites. (10) participant's own physical condition or participant's acts or omissions; (11) first-aid, emergency treatment or other services rendered; (12) the risks that injuries may occur in remote areas without adequate medical or other services; (13) consumption of food or drink; (14) conditions of and travel on roads, trails, waterways or rough terrain, and accidents connected with their use by foot, conveyances, bus, car or other means while participating in activities or using services; (15) and other known and foreseeable risks of these activities and services. I represent that I or my ward are in good physical condition and health, meet the requirements, and are able to participate in these activities. RTO and HFCT may also have been requested to arrange for participation in activities or use of services provided by others and I acknowledge that RTO and HFCT have made no representations whatsoever as to the safety or quality of those activities or services.

In consideration of and as partial payment for being allowed to participate in activities and use services provided by RTO and HFCT, I and/or my ward ASSUME, to the greatest extent permitted by law, all of the risks, whether or not specifically identified herein, of all the activities in which I and/or my ward participate and services I and/or my ward use; I and/or my ward RELEASE River and Trail Outfitters(RTO) and River Riders, Inc.(HFCT), from any and all liability arising from negligence or contract; and I WILL INDEMNIFY AND HOLD HARMLESS River and Trail Outfitters(RTO) and River Riders, Inc.(HFCT), from any and all costs, claims, and liability based upon negligence or contract, directly or indirectly, from my participation in activities or use of services, including legal costs and expenses, and for the costs of any medical or other expenses incurred for my benefit. I understand that this release does not include the release of statutory duties outlined in the West Virginia ZIPLINE AND CANOPY TOUR RESPONSIBILITY Act.

I and my ward consent to the use by RTO and HFCT of photographs and video recordings made of me and/or my ward while participating in activities or using services without further compensation and agree that all such materials, including negatives, are the sole property of RTO and HFCT.

I and my ward agree that the exclusive venue of any suit against River and Trail Outfitters(RTO) and River Riders, Inc.(HFCT), for any reason shall be the Circuit Court of Jefferson County, West Virginia; consent to the jurisdiction of that Court as to any action against me to enforce this agreement; agree that this agreement is to be interpreted under the laws of the State of West Virginia and/or Maryland which gives it the broadest interpretation and application; and agree that if any part of this agreement is found to be invalid that all other portions shall be fully enforced. (OVER or PAGE TWO FOLLOWS)

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I further agree that this document will be admissible in any civil action which I, my estate, agent or designee, may file against River and Trail Outfitters (RTO) and/or River Riders, Inc.(HFCT), for any reason.

I certify that I am eighteen (18) years of age or older.

ARTICLE 15. ZIPLINE AND CANOPY TOUR RESPONSIBILITY ACT.

§21-15-1. Legislative purpose. The Legislature finds that:

(1) The sport of ziplining and canopy touring is practiced by a large number of citizens of West Virginia and also attracts to West Virginia a large number of nonresidents, significantly contributing to the economy of West Virginia; and

(2) There are inherent risks in the sport of ziplining and canopy touring which should be understood by each participant and which are essentially impossible to eliminate by the zipline or canopy tour operator.

§21-15-3. Duties of a zipline or canopy tour operators.

Every operator shall:

(1) Construct, install, maintain and operate all ziplines and canopy tours in accordance with ACCT challenge course standards or substantially equivalent standards;

(2) Ensure that ziplines and canopy tours are inspected at least annually by the Division or a special inspector;

(3) Train employees operating ziplines and canopy tours in accordance with national standards associated with their profession;

(4) Procure and maintain commercial general liability insurance against claims for personal injury, death and property damages occurring upon, in or about the zipline or canopy tour which affords protection to the limit of not less than \$1 million for injury or death of a single person, to the limit of \$2 million in the aggregate, and to the limit of not less than \$50,000 for property damage; and

(5) Maintain records for a period of at least three years from the date of the creation of the record of:

(A) Proof of insurance;

(B) Inspection reports;

(C) Maintenance records; and

(D) Participant acknowledgment of risks and duties.

§21-15-4. Responsibilities of participants; prohibited acts.

(a) It is the duty of each participant to participate as instructed by the operator.

(b) Participants have a duty to act as would a reasonably prudent person when engaging in the sport of ziplining or canopy touring offered by an operator.

(c) No participant may:

(1) Use a zipline or canopy tour without the authority, supervision and guidance of the zipline operator;

(2) Drop, throw or expel any object from a zipline or canopy tour except as authorized by the operator;

(3) Perform any act which interferes with the running or operation of a zipline or canopy tour; or

(4) Engage in any harmful conduct, or willfully or negligently engage in any type of conduct with contributes to cause injury to any person.

I AND MY WARD HAVE CAREFULLY READ BOTH PAGES OF THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND SIGN IT AS MY OWN FREE ACT. I AND MY WARD CAN READ AND UNDERSTAND THE ENGLISH LANGUAGE.

I AND MY WARD HAVE COMPLETELY READ ALL OF THIS DOCUMENT BEFORE SIGNING.

Last Name of Group or Organization

_____/_____/20_____
First Date of Trip(s)

Name of Adult (Please Print)

Signature

Name of Minor/Ward (Please Print)

Signature of Minor

Address of Participant

Date of Birth of Participant

City State Zip

Telephone

Minor

Participation and Acknowledgement of Risk Agreement for Minors

(Must be completed by parent or legal guardian for participants under the age of 18)

www.adventurelinks.net • 800-877-0954 • 13220 Yates Ford Road Clifton VA 20124

In consideration of services and equipment to be provided by VASPACK, Inc. d/b/a Adventure Links, its owners, officers, employees, agents, contractors and volunteers (collectively, "Adventure Links"), and the participation of my child or ward (the "participant") in the Adventure Link's program associated with this agreement (the "program"), I hereby, on behalf of myself, the participant, my heirs, successors, assigns, personal representatives and estate agree as follows:

1. I certify that I am 18 years old or older, have had sufficient opportunity to read this entire agreement, have the authority to enroll the participant in the program and to enter into this agreement affecting the rights of the participant, and that the participant is within the program age limits.
2. I acknowledge all risks, including personal injury and death, arising in any way out of the participant's participation in the program (the "participation").
3. Taking into consideration the risks involved in the program, I acknowledge there are INHERENT RISK & DANGERS, seen or unseen, of bodily injury and loss of personal property by the participant, as a result of the participation.
4. To the fullest extent permitted by law, I hereby release Adventure Links and the Northern Virginia Regional Park Authority from any and all liability with respect to any and all injury, disability, death or loss or damage to person or property associated with the participation, except that arising from gross negligence.
5. I agree to indemnify and hold Adventure Links, the Northern Virginia Regional Park Authority, and their board members, officers and employees harmless from any and all claims, to the extent allowed by Virginia law, including without limitation claims brought by or on behalf of the participant, damages, losses, injuries, attorney's and other fees, costs and expenses arising out of or resulting from the participation.
6. I understand and agree that if a claim, suit, or attachment is brought or sought against me or the participant relating to the participation, that I shall not be entitled to any defense or indemnification by Adventure Links or the Northern Virginia Regional Park Authority.
7. I certify that I have adequate insurance to cover any injury, illness, loss, or damage to a person or property that the participant may cause or suffer while participating in the program, and agree to personally bear all costs arising from any such injury, illness, loss, or damage. I further certify that the participant is in good health and has no medical or physical conditions which could affect the participant's safety in the program. I also certify that I have adequately informed Adventure Links of any special circumstances regarding the participant's involvement in the program.
8. I acknowledge and agree that I am responsible for any medical expense or transportation cost related to the participant's illness, accident or departure from the program, and that neither Adventure Links nor the Northern Virginia Regional Park Authority are responsible for the theft, loss of or damage to any of the participant's personal property.
9. I hereby authorize Adventure Links, in its discretion, to seek medical treatment for the participant. I further authorize medical personnel to render treatment to the participant as necessary in their professional opinion. I agree that once the participant is in the care of a medical professional or facility, neither Adventure Links nor the Northern Virginia Regional Park Authority shall have any further responsibility for the participant. I understand that I am responsible for any medical and transportation expenses incurred by the participant.
10. I acknowledge that Adventure Links reserves the right to use any photos, audio or video for marketing purposes. I grant Adventure Links the right to quote me and the participant, and to use my and the participant's name, voice and image for marketing purposes. I also acknowledge that Adventure Links reserves the right to utilize any written comments for training or marketing purposes. If I consent to be listed as a reference for customers to contact, my reference information may be listed in Adventure Links marketing brochures or within the Adventure Links website. Upon written request, Adventure Links shall remove my information from its website and future printings of its brochures. I agree that Adventure Links may send me program information or updates of its services, unless I inform Adventure Links in writing that I do not wish to receive this information.
11. I acknowledge that all materials, information, software, products, computer programs, and services included or available through the Adventure Links website (the "website") are provided "as is" and "as available" (the "content"), and that the use of the website is solely at my own risk. The content is provided without warranties of any kind, either express or implied, including but not limited to any implied warranty of merchantability, fitness for a particular purpose, or no infringement. Additionally, Adventure Links does not warrant that the content is accurate, reliable, or correct; that the website will be available at any particular time or location; that any defects or errors will be corrected; or that the content is free of viruses or other harmful components. Finally, Adventure Links makes no warranties with respect to customer support for the website.
12. Any determination by any court of competent jurisdiction of the invalidity of any provision of this agreement that is not essential for accomplishing its purposes shall not affect the validity of any other provision of this agreement, which shall remain in full force and effect and which shall be construed to be valid under applicable law.
13. This agreement shall in all respects be interpreted and governed by the laws of the Commonwealth of Virginia, without regard to its conflict or choice of law principles. Any suit, action or proceeding arising under or in any way relating to this agreement may be brought only in the state courts of Clarke County, Virginia.
14. The Northern Virginia Regional Park Authority and its board members, officers and employees are intended third-party beneficiaries of this agreement except as to the last sentence of paragraph 13. Any suit, action, or proceeding arising under or in any way relating to this agreement where the Northern Virginia Regional Park Authority is a party may only be brought in the state courts of Fairfax County, Virginia.

[illegible][illegible][illegible]

City												State				Zip						
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Phone				-				-				Participant 008			/			/				
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[illegible]

Program Name:	
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Signature: _____ Today's Date _____

PARTICIPANT NAME: _____ **PROGRAM NAME:** _____

The following questions are not used to determine the eligibility of a participant in our program but rather to help our staff better understand the members of their group and what they strategies they might need to develop to ensure a successful day for all participants.

All information will be held in strict confidence.

Please circle either "yes" or "no" for the following questions.

Does the participant currently have or has had a recent history of:

- | | | |
|---------|----|--|
| 1) Yes | No | Diabetes |
| 2) Yes | No | Autism |
| 3) Yes | No | Asperger's |
| 4) Yes | No | Asthma/Respiratory Problems |
| 5) Yes | No | Epilepsy or Seizures |
| 6) Yes | No | Heart Disease |
| 7) Yes | No | High Blood Pressure |
| 8) Yes | No | Musculoskeletal injuries, breaks, sprains, or dislocations |
| 9) Yes | No | Bleeding Disorders |
| 10) Yes | No | Mental or Neurological Problems |
| 11) Yes | No | Does the participant smoke |
| 12) Yes | No | Is the participant pregnant |

Please explain any "yes" answer

Allergies of any kind

Describe any other health conditions our staff should be aware of during your time at Hemlock
