



UNIT PLANNING GUIDE

CAMP FIREWALKER, LLC.

7173 S. Havana St. #400
Centennial, CO 80112

303-570-9590
nancbadams@aol.com

PREFACE

This guide is designed to assist units in planning a successful high-adventure experience at Camp Firewalker. Proper preparation for your adventure will result in a smoother and more enjoyable experience for you and for future participants.

It is important that each adult advisor is familiar with every aspect of the adventure. It is equally important that information is shared with each participant and their parents. Camp Firewalker is not a traditional camp; it is a wilderness high-adventure camp that can provide experiences that will last a lifetime. Every participant and their parents should understand and be aware of the potential hazards that exist in a wilderness camp. Great emphasis is placed on physical preparation. A good physical exercise routine for a few months preceding camp will greatly enhance your high adventure activity.

Camp Firewalker expects all camp participants to be well behaved and show respect for camp staff, adult leaders, and nature, leaving the camp area in excellent condition and the wilderness area undisturbed for the next group to visit.

Please read this guide carefully. Advisors will find the answers to many of their questions regarding Camp Firewalker in this guidebook. Good luck as you continue to prepare for your high-adventure. We at Camp Firewalker are excited to have you as guests and are looking forward to seeing you this coming summer.

TABLE OF CONTENTS

PREFACE	1
TABLE OF CONTENTS	2
DETAILS YOU SHOULD KNOW	3
ADULT LEADERSHIP	3
YOUTH PROTECTION	3
IMPORTANT INFORMATION	4
HEALTH AND MEDICAL RECORD	4
IMMUNIZATIONS	4
FIRST AID AND CPR CERTIFICATION.....	4
UNIFORMS	4
RESERVATIONS	4
PAYMENT POLICY	5
INSURANCE	5
PARENT’S MEETING	6
<i>Travel Plans - instructions</i>	6
<i>Physical Preparation</i>	6
RISK ADVISORY	7
EQUIPMENT LIST FOR CAMP FIREWALKER	10
HEALTH AND MEDICAL RECORD	11

CAMP FIREWALKER

HIGH ADVENTURE EXPERINCE

DETAILS YOU SHOULD KNOW

The Camp Firewalker high adventure experience is in a spectacular setting near Wellington Lake in the Pike National Forest. It is at an elevation of 8,000 feet above sea level making it truly a “high” adventure. The fee covers all high adventure activities, staff & tents to sleep in. Please plan to leave your pets at home.

The parking area is outside the camp gate. As your group arrives, vehicles will drive into camp, unload gear, and then move back out to the parking area. A few unit vehicles will be allowed to park in the camp for leader and emergency use. All other vehicles must park in the designated parking areas to keep roads clear.

If you have a group of 50 or less, you may be asked to share the camp with another small group (of same gender). If that happens, we will do our best to accommodate everyone and to ensure a great experience for all.

ADULT LEADERSHIP

The best available adult leadership should be recruited to accompany each unit. Each unit must have a minimum of 2 adult advisors. One must be at least 21 years of age; the second must be at least 18 years of age. It is recommended that there be one advisor for every ten participants. Advisors should be physically capable of participating in a wilderness camp for the length of the adventure and reflect high moral standards established by traditional values and religious teaching.

Camp Firewalker recommends groups identify alternate leadership able to “step in” at the last minute in the event a leader is not able to attend. We cannot provide staff to meet the unit leadership requirements. Unregistered guests or family members are not permitted unless scheduled in advance with the Camp Firewalker staff.

YOUTH PROTECTION

Any forms of hazing, initiations, ridicule, or inappropriate teasing are prohibited and will not be allowed. It is not acceptable to act in a manner that belittles, harasses or makes others uncomfortable.

Each group should develop a procedure regarding unacceptable behavior or conduct. The best method to accomplish this is to outline expectations before the trip, as well as consequences if a participant chooses to act in a way contrary to established guidelines. Parents or guardians must be informed of the guidelines. Remember, advisors are responsible for their participants at all times - Camp Firewalker cannot provide supervision should a participant be removed from the

high adventure programs for discipline reasons. They will be sent home at their own expense. Camp Firewalker cannot provide a refund for individuals sent home for disciplinary reasons.

Possession or use of alcoholic beverages or abuse of prescribed or non-prescribed drugs (including marijuana) is expressly prohibited at Camp Firewalker. Groups or individuals found in violation of this policy will be sent home immediately as arranged with the responsible parent or guardian. Smoking is prohibited on the camp premises.

IMPORTANT INFORMATION

HEALTH AND MEDICAL RECORD

Only campers who have undergone recent surgery, have heart conditions, seizures or any other medical conditions must get a medical examination. The medical evaluation must take place within the past twelve (12) months by a physician licensed to practice medicine. An examination conducted by a physician's assistant or a nurse practitioner will be recognized for states where they may perform physical examinations to students enrolled in public school systems. *Camp Firewalker Health and Medical Record are available for use.* Advisors will need to collect the forms, bring them to camp and show them to the Camp Director.

IMMUNIZATIONS:

Make sure that all campers have had the following shots before attending camp.

- Tetanus and diphtheria within the past ten years
- Measles, mumps, and rubella (MMR) since first birthday
- Trivalent oral polio vaccine (TOPV); four doses since birth

The immunization requirement is waived for persons with beliefs against immunization.

FIRST AID AND CPR CERTIFICATION

Camp Firewalker encourages members of your team to be currently certified in American Red Cross Standard First Aid or equivalent and CPR from the American Heart Association, The American Red Cross or equivalent. The Camp Firewalker staff has members certified in both, but time is of the essence when emergencies arise and it is always helpful to have additional help with your team in any location you may be in.

RESERVATIONS

Reservations must be made on the Camp Firewalker Reservation Form. A deposit is required to hold an arrival date and the number of spaces requested.

No other units will be booked into the camp if a group has a minimum of 75 participants without prior approval of the large group.

PAYMENT POLICY

A fee is charged for all participants including adult advisors. A \$10.00 per person reservation fee is required to hold desired camp dates. Please send this deposit with the reservation form as soon as possible. Payment of one half of the remaining fee is due by 1 April with the balance due by 31 May.

ALL RESERVATION DEPOSITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE IN EVENT OF CANCELLATION. BE CAUTIOUS OF PAYING FEES FOR THOSE IN YOUR GROUP WHO HAVE NOT MADE A FINANCIAL COMMITMENT.

SEND REGISTRATION FEES AND APPLICATION TO:

CAMP FIREWALKER, LLC.

7173 S. Havana St. #400
Centennial, CO 80112

INSURANCE

Camp Firewalker maintains liability insurance to protect itself from accidents and injuries where the camp might be negligent. Your own health insurance policy is expected to protect you and your family from sickness and injuries. Name and policy number of the family policy must be noted on each medical form. Camp Firewalker is not liable for insurance needs while campers are traveling to and from the camp.

PARENT'S MEETING

SUGGESTED AGENDA

(Edit as necessary)

PURPOSE OF MEETING

- To acquaint parents and youth with Camp Firewalker and the risk advisory (included in the UNIT PLANNING GUIDE).
- To share with them the calendar of events leading up to departure for Camp Firewalker.
- To inform them of procedures regarding payment of fees, Camp Firewalker medical forms, equipment needs, and plan en route to and from Camp Firewalker.
- To have parents meet the leaders of the expeditions.

Opening

Camp Firewalker photos from previous trips placed on wall.
Table with snapshots, souvenirs, mementos from Camp Firewalker, etc.
Display personal equipment needed.

Meeting

Welcome and introductions

What is Camp Firewalker?

- *A talk by a youth or advisor who has been to Camp Firewalker and pictures of previous expeditions or a presentation of Camp Firewalker can be given.*
- Read and distribute copies of risk advisory to parents.

Administrative details

- Explain budget and items within budget.
- Reminder of fee payments - emphasize deadline dates. Travel Plans - instructions
- Clothing (special camp shirts)
- Basics—Boots/shoes, sleeping bag, water bottles, backpack, etc.

Physical Preparation

- Camp Firewalker medical forms
- Exercise programs

Collect the reservation fee

Questions and answers

RISK ADVISORY

CAMP FIREWALKER

Camp Firewalker has an excellent health and safety record over the past 20 years. Camp Firewalker strives to minimize risks to participants and advisors by emphasizing proper safety precautions. Because of the safety precautions required, most participants in Camp Firewalker programs do not experience injuries. Preparation for activities, awareness of risks, and safety precautions are emphasized. If you decide to attend Camp Firewalker, you should be physically fit, have proper clothing and equipment, and be willing to follow instructions and work as a team with your unit and take responsibility for your own health and safety. Like other wilderness areas, Camp Firewalker is not risk free and you should be prepared to listen to safety instructions carefully, follow directions and take appropriate steps to safeguard yourself and others.

Parents, guardians and potential participants in Camp Firewalker programs are advised that participation at Camp Firewalker can involve exposure to accident, illness, or injury associated with high elevation and physically demanding high adventure programs in a remote mountainous area. Campers may be exposed to occasional severe weather conditions such as lightning, hail, and heat. Other accidental possibilities include injuries from tripping and falling, motor vehicle accidents, asthma and diabetes related incidents, heart attacks, and heat exhaustion.

Wild animals such as bears are native and usually present little danger if proper precautions are taken.

Camp Firewalker's staff are trained in preventing accidents, first aid and CPR and are prepared to assist in recognizing, reacting, and responding to accidents, injuries and illnesses. *Medical and search and rescue services are provided by Camp Firewalker in response to an accident or emergency. However, response times can be affected by location, weather, or other emergencies and could be delayed.*

RECOMMENDATIONS REGARDING CHRONIC ILLNESSES

Cardiac or Cardiovascular Disease

Adults who have experienced any of the following should undergo a thorough evaluation by a physician before considering participation at Camp Firewalker.

- Angina (chest pain caused by coronary artery disease or congenital heart disease)
- Myocardial infarction (heart attack)
- Surgery or angioplasty to treat coronary artery disease
- Stroke or transient ischemic attacks
- Claudication (leg pain with exercise caused by hardening of the arteries)
- Family history of heart disease under age 50
- Smoking

The altitude at Camp Firewalker and the physical exertion involved may precipitate either a heart attack or stroke in susceptible persons. Participants with a history of any of the 7 conditions

listed above should have a physician-supervised stress test. **Even if the stress test is normal, the results of testing done at lower elevations and without the strain of the events at Camp Firewalker, do not guarantee safety.** If the test results are abnormal, the individual is advised not to participate.

Hypertension (high blood pressure)

The combination of stress and altitude appears to cause significant increase in blood pressure in many individuals. Occasionally hypertension reaches such a level that it no longer is safe to engage in strenuous activity. Persons whose blood pressures are increased mildly (greater than 135/85) may benefit from being treated before coming to Camp Firewalker and continuing treatment while at Camp Firewalker. Those persons who are hypertensive before coming to Camp Firewalker (blood pressure greater than 150/95) are strongly urged to be treated and to have a normal blood pressure (less than 135/85) before coming. Medications should be continued while at Camp Firewalker.

Insulin-Dependent Diabetes Mellitus

Exercise and the type of food eaten affect insulin requirements. Any individual with insulin-dependent diabetes mellitus should be able to monitor personal blood glucose and know how to adjust insulin doses based on these factors. The diabetic person should also know how to give a self-injection. Both the diabetic person and one other person in the group should be able to recognize indications of excessively high blood sugar (hyperglycemia or diabetic ketoacidosis) and to recognize indications of excessively low blood sugar (hypoglycemia). The diabetic person and at least one other individual should know appropriate initial responses for these conditions. It is recommended that the diabetic person and one other individual carry insulin during hikes or treks away from the main camp (in case of accidents) and that a third vial be kept at the main camp with the camp staff for backup. Insulin can be carried in a small thermos which can be re-supplied with ice or cold water as needed.

A diabetic person who has had frequent hospitalizations for diabetic ketoacidosis or who has had frequent problems with hypoglycemia should not participate at Camp Firewalker until better control of the diabetes has been achieved. Call Pinion Ridge Corporation to discuss clearance for individuals hospitalized within the past year.

Seizures (epilepsy)

A seizure disorder or epilepsy does not exclude an individual from participating at Camp Firewalker. However, the seizure disorder should be well controlled by medications. A minimum one-year seizure-free period is considered to be adequate control. Camp Firewalker staff may consider exceptions to this guideline. The Camp Firewalker staff may place some restrictions on activities (i.e. rock climbing, rappelling, and high ropes) for those individuals who are approved for participation but whose seizures are incompletely controlled.

Asthma

Individuals with asthma must consult with a physician to establish "good" control of this condition. The asthma should be controlled to essentially normal lung function with the use of oral or aerosol bronchodilators. The patient should bring ample supplies of medication to Camp Firewalker. Individuals undergoing allergic desensitization therapy who require injections while

at Camp Firewalker should bring and store them with the Camp Firewalker medical staff on arrival.

Asthmatic individuals whose exercise-induced asthma cannot be prevented with bronchodilator premedication; individuals requiring systemic corticosteroid therapy or who have required multiple hospitalizations for asthma should not attempt to participate in the strenuous activities encountered at Camp Firewalker. At least one other unit member should know how to recognize asthma attacks, how to recognize worsening of an attack, and how to administer bronchodilator therapy. Any person who has required medical treatment for asthma within the past six years must carry a full sized prescription inhaler if that person is approved to go on a high adventure activity.

Recent Orthopedic Surgery

Every Camp Firewalker participant will put a great deal of strain on feet, ankles, and knees. Experience has demonstrated that a participant who has had orthopedic surgery *including arthroscopic or other musculoskeletal injuries* within the past six months, may find it difficult or impossible to negotiate many of Camp Firewalker's high adventure activities. A person with a cast on any extremity may participate only if approved by a physician. Ingrown toenails are a common problem and must be treated 30 days prior to arrival.

Psychological and Emotional Difficulties

A mental disorder does not exclude an individual from participation. Parents and advisors should be aware that Camp Firewalker is not designed to assist participants to overcome psychological or emotional problems. Experience demonstrates that these problems frequently become magnified, not lessened when a participant is subjected to the physical and mental challenges of high adventure at high elevation. *Any condition should be well controlled without the services of a mental health practitioner. Under no circumstances should medication be stopped immediately prior to a Camp Firewalker adventure. Participants requiring medication must bring an appropriate supply.*

Medications

Each participant at Camp Firewalker who has a condition requiring medication should bring an appropriate supply. In certain circumstances, duplicate or even triplicate supplies of vital medications are appropriate. *People with an allergy to bee, wasp or hornet sting must bring an epi pen or equivalent with them to Camp Firewalker.*

An individual should always contact the family physician first and then call Camp Firewalker if there is a question about the advisability of participation. Camp Firewalker reserves the right to make decisions regarding the participation of individuals at camp.

ATTENTION ADVISOR!
**PLEASE EMAIL PAGES 7-11 TO EACH PARTICIPANT AND
THEIR PARENTS OR GUARDIANS.**

All participants attending camp
Need to fill out the forms on page 12 & 14.

**Refer to page 4 to identify if you have any
individuals that will need a Medical Evaluation.
Individuals who need a medical evaluation
will need to fill out the form on page 13**

EQUIPMENT LIST FOR CAMP FIREWALKER

Clothing

- Tennis shoes/hiking boots
- Raingear
- Socks (extra pairs)
- Underwear
- Long sleeve shirt (wool or flannel)
- Long pants
- Short sleeve shirts
- Swimwear
- Sweater or jacket (water proof)
- Gloves*
- * *Hat or cap (with brim)*

Equipment Needed at Campsites

- Sewing kit
- Water Bottles
- First Aid Kit
- Duct tape for equipment repair
- Tarps for under sleeping bags
- Dining fly for shade & rain
- Chairs or buckets to sit on
- Nylon cord or rope
- Camp shovel
- Insect repellent

Sleeping

- Sleeping Bag
- Pillow
- Ground Pad
- Sleeping clothes

Personal and Miscellaneous

- 2 - One quart water bottles
- Head Lamp / flashlight
- Lip balm & sunscreen
- Pack for hikes and water bottles
- Soap & shampoo (**biodegradable**)
- Toothbrush & toothpaste
- Towel
- Insect Repellent
- * *Sunglasses*
- * *Camera and film*
- * *Watch*
- * *Fishing equipment*
- * *Notepad & Pen*
- * *Camp chair*
- * *Garbage bag (cover gear from rain)*

*** Denotes optional but recommended equipment**

It is important that we do not have food or sweet smelling items in the individual campsites, as we like to discourage the bears from visiting our camp. Bears have been seen in the area in the past. Please help us with this.

Please, do not bring extra snacks or food items into your tent!

Camp Firewalker Medical and Health Records

Name _____ Social Security Number _____ Phone _____ Date of Birth _____

Address _____ City, State, Zip _____

Family Medical Insurance Company _____	Policy # _____
Insurance Company Address _____	Phone # _____
City, State, Zip _____	
<i>Please attach a copy of your Insurance Card. If you have none, so state.</i>	

EMERGENCY POINT OF CONTACT:

Name _____ Relationship _____
 Address _____ Phone # _____
 City, State, Zip _____ Bus Phone # _____
 Alternate Contact _____ Phone # _____

Camp Firewalker recognizes the right of individuals not to have immunizations etc. because of religious beliefs, however, a statement signed by the parents is required, indicating that the individual is free from contagious disease and is able to physically tolerate the altitude and terrain as described in this form.

PARTICIPANT HEALTH RECORD

Are you now, or have you ever been treated for any of the following: (Answer yes or no)

	Y	N		Y	N		Y	N		Y	N		Y	N
Sinus trouble			Kidney disease			Earaches/infections			Abdominal problems			Rheumatic fever		
Hay Fever			Tuberculosis			Fainting spells			Epilepsy			Asthma		
Heart trouble			Diabetes			Frequent Diarrhea			Any mental illness					
Allergy to bee, wasp or hornet stings			Allergies or reactions to any medication			Explain: _____								

For women: menstrual problems YES/NO _____

Have you had more than a brief minor illness (24 hrs or more), injury or emotional difficulty during the past year? Yes/No
 If so, what? _____

Operations or serious injuries or hospitalization (for any reason) within the past 36 months (dates) _____

Any restriction of activity for medical reasons? Yes/No Explain _____

Have you taken any medication for more than two weeks in the past year? (What & Why) _____

Are you now taking medication or treatment? (Why?) _____

List current medications and dosages:

Medication	Dosage

NOTE: BE SURE TO BRING MEDICATION THAT MAY BE NEEDED AT CAMP

I, the undersigned, have read and understand this entire form, including the sections entitled "Physician Please Note." This health history of the applicant is accurate and complete and the person herein described has permission to engage in all Camp Firewalker activities described, except as specifically noted by me or the physician on this form. If I cannot be reached in an emergency, I hereby give permission to the physician selected by Firewalker, or the adult advisor in charge, to treat, hospitalize, secure anesthesia or to order injection, surgery or other treatment for the person described herein and Camp Firewalker has permission to obtain all information connected with treatment by a physician, hospital or other treatment facility.

PARENT'S/GUARDIAN'S AUTHORIZATION - REQUIRED FOR THOSE UNDER 18 YEARS OF AGE.

INFORMATION ABOVE IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I GIVE MY CHILD PERMISSION TO ATTEND CAMP FIREWALKER AND PARTICIPATE IN HIGH ADVENTURE ACTIVITIES.

Applicants signature _____ Parent/Guardian signature _____
 _____ Date _____ Date _____

MEDICAL EVALUATION

PHYSICIAN PLEASE NOTE:

The applicant will be participating in high adventure activities such as rock climbing, rappelling, high ropes course and obstacle course at an altitude of 8,500-10,000 feet. Climate conditions include: low humidity (10-30%), 30-100 degrees F, and some mountain thunderstorms. Your careful examination and written recommendations will encourage personal fitness and safe participation in strenuous activities. Review health history. If incomplete, please ask that this essential information be provided for your use.

1. **PHYSICIAN EXAMINATION:** Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Range of Mobility	Normal	Abnormal
Eyes			Knees (both)		
Ears			Ankles (both)		
Nose			Spine		
Throat					
Lungs					
Heart				Yes	No
Abdomen			Contacts		
Genitalia			Oral Braces		
Skin			Dentures		
Emotional Adjustment			Inguinal Hernia		

2. **ALLERGIES: (What & When, Type of Reaction)**

Medicine(s)

 Bees, Wasps,
 Hornets _____
 Other _____

3. **IMMUNIZATION HISTORY: (Required)**

Tetanus Toxoid (within 10 years) - Date of last inoculation _____

Measles - Date of last inoculation _____

4. **RECOMMENDATIONS AND RESTRICTIONS:**

A. I certify that I have, today, reviewed the health history and examined this person and find him/her physically fit to participate in high adventure activities. YES/NO

Camping/Hiking YES/NO Rock Climbing/Rappelling YES/NO Swimming YES/NO

High Ropes Course YES/NO Other athletic activities YES/NO

B. Restrictions (if none, so state) _____

5. **PHYSICIAN'S SIGNATURE**

Physician licensed to practice medicine (MD, DO). An examination conducted by a certified physician's assistant, or a nurse practitioner will be recognized.

Signature _____

Date _____

Address _____

City, State, Zip _____

Office Phone # (____) _____

STAMP

All medical evaluation forms will be checked by Camp Firewalker staff personnel prior to the participant's access to any of the high adventure activities offered at Camp Firewalker. Areas of concern include, but are not limited to: heart disease, high blood pressure, seizure disorder, sickle cell anemia and hemophilia, asthma, diabetes, recent orthopedic surgery, and excessive weight.

Recreation Activity Release of Liability, Waiver Claims, Express Assumptions of Risk and Indemnity Agreement

Please read and be certain you understand the implications of signing.

Express Assumption of Risk Associated with Recreation Activities.

I, _____ do hereby affirm that I have been fully informed of the inherent hazards and risk associated with recreational activity. Including the use of equipment and transportation associated therewith of which I am about to engage in. Inherent hazards and risk include, but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or others equipment.
3. This activity takes place outdoors and therefore includes risk associated with exposure to elements, excessive heat, hypothermia, impact of the body on the weather, injection of water into my body orifices, encountering objects either natural or man-made, exposure to animals with the attendant risk of kicking, biting, shying away, running off, or otherwise moving in an unanticipated manner causing injury and/or death.
4. My own negligence and/or the negligence of others, including but not limited to the operator error and guide decision making including misjudging terrain, weather, trails, or route location.
5. Attack by or encounter with insects, reptiles, and/or animals.
6. Accidents or illness occurring in remote places where there are no available medical facilities.
7. Fatigue, chill, and/or dizziness, which may diminish my/or our reaction time and increase the risk of accident.

I understand the description of these risks is not complete and that unknown or unanticipated risk may result in injury, illness, or death.

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the activity (ies) described above and related activities, I hereby agree, acknowledge, and appreciate that:

1. **I hereby release and hold harmless with respect to any and all injury, disability, death, or loss or damage to persons or property, whether caused by negligence or otherwise, the following named persons or entities, herein referred to as Releases.**

_____ Camp Firewalker owner (s),

2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers, and vessels from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releases otherwise. By executing this document, I agree to hold the releases harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of engaging in the above activities.

3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releases, other than what is set forth in this agreement.

This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

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

FOR PARTICIPANTS OF MINORITY AGE: This is to certify that I, as a Parent, Guardian, Temporary Guardian with legal responsibility for the participant, do consent and agree not only to his/her release of all Releases, but also release and indemnify the Releases from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

Signature of Adult Participant

Name of Adult Participant (PLEASE PRINT)

Name of Minor (PLEASE PRINT)

Signature of Parent or Legal Guardian if Participant is a Minor.

Name of Parent or Legal Guardian (PLEASE PRINT) _____

Date