

Wilderness Adventure at Eagle Landing

800-782-0779 www.wilderness-adventure.com e-mail: info@wilderness-adventure.com

MINOR (under 18) - APPLICATION, MEDICAL INFORMATION & RELEASE

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION ON BEHALF OF THE APPLICANT:

YOUR GROUP NAME: _____ **DATES OF VISIT** _____

Last _____ Preferred First Name _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Date of Birth _____ Age _____ Male/Female (Circle one)

Person to be contacted in the event of an emergency: Name _____

Relationship _____ Phone(h) _____ (w) _____

DOES THE APPLICANT HAVE ANY MEDICAL CONDITION WHICH WOULD PRECLUDE HIM OR HER FROM PARTICIPATING IN ANY OF THE OUTDOOR ACTIVITIES LED BY WILDERNESS ADVENTURE AT EAGLE LANDING? If yes, explain and state which activities are prohibited: _____

ALLERGIES OR DIETARY RESTRICTIONS: _____

Current medications _____

Chronic or recurring medical condition _____

Suggestions on health related information for camp personnel: _____

Name of medical/hospital insurance _____ Phone _____

Policy or Group # _____ Name of Insured _____ Insured's SS# _____

I give permission to the camp staff to administer medication for common complaints of headache, stomach discomfort, insect bites or stings, etc. (e.g., acetaminophen, ibuprofen, antacid, antihistamine). In the event the Applicant is injured, I hereby give permission for the WILDERNESS ADVENTURE AT EAGLE LANDING staff to administer first aid and/or select a physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery.

I hereby consent to and authorize the use of photographs or video of the Applicant by WILDERNESS ADVENTURE AT EAGLE LANDING for promotional purposes.

I understand that WILDERNESS ADVENTURE AT EAGLE LANDING'S activities include, without limitation, hiking, backpacking, camping, rock climbing, rappelling, canoeing, kayaking, caving, low ropes, high ropes, mountain biking, climbing wall, and zip line, and I understand the risks and hazards involved in such activities, including, without limitation, rough water conditions, hiking on irregular and steep terrain, the unpredictable forces of nature, accidents or illness in remote places, and vehicle travel. I understand that such activities may be subject to injury. I understand that such injuries may include broken bones, paralysis, or other serious injury or death. Therefore, in consideration of the acceptance of the Applicant into the WILDERNESS ADVENTURE AT EAGLE LANDING program, I, the undersigned, consent to the Applicant's participation in such activities, and to his/her assumption of all of the above risks. I, personally and on the Applicant's behalf, agree to forever waive, discharge, and release for myself and the Applicant, all claims that I and he/she may have against WILDERNESS ADVENTURE AT EAGLE LANDING, INC. and/or its officers, directors, shareholders, and employees, arising out of or resulting from his/her participation in the WILDERNESS ADVENTURE AT EAGLE LANDING program, and I agree to indemnify them from all liability, costs, and expenses incurred in connection with this release. The information provided on this form is true and complete to the best of my knowledge and the Applicant has permission to engage in any or all of WILDERNESS ADVENTURE AT EAGLE LANDING's activities except as noted above.

(signature)

(date)

EMERGENCY CONTACTS (PLEASE COPY & KEEP FOR YOUR RECORDS): If you should have an emergency or other need to contact us or someone staying at our facility, please call the Base Camp at (800) 782-0779 or (540) 864-6792. In the event that our business lines are not answered, feel free to call any of our directors at their residence: Gene Nervo (540-400-0400 or 540-529-6215), Patrick Boas (540-230-0352), or you can also call our Staff House (540-864-7965).