



# SumMAT Camp 2010

## Summer Mountain Adventure Training

Thank you for registering for SumMAT Camp at Petra Cliffs Climbing Center! Summer Mountain Adventure Training (SumMAT) Camp is about participating in new activities, while staying safe and respecting and protecting the wilderness areas we enjoy. Get ready for some real summer fun!

Before the fun begins, please review the materials in this packet. If you are registering months ahead and plan to set this packet aside, don't forget about it! We will contact you next about two weeks prior to your camp session with schedules and group information. **If your child has a buddy with whom he/she wants to attend Camp, please make this request AT LEAST two weeks before the start date of your camp(s).** While we will do our best, we may not be able to accommodate all requests.

You are registered for the dates shown in your confirmation email. **You may cancel your registration anytime up to 21 days before the program start date and receive a full refund.** If you must cancel within 21 days of the program start date, we cannot refund the 50% deposit. Credit towards other programs may be granted on a case-by-case basis.

### Enclosed please find the following paperwork:

- Petra Cliffs Release of Liability/Assumption of Risk Form
- SumMAT Camp Health Form **(must be signed by a physician! See note below)**
- Picker Upper and Medication Administration Form
- Bolton Adventure Center Participant Agreement

**Please return your child's paperwork PRIOR to the first day of his/her camp session.**

### A Word About the Health Form:

Must be current (within past 24 months). Most physicians complete hundreds of Health Forms for hundreds of summer campers. Do not add stress to your life and your doctor's life by waiting until the last minute. **We are unable to allow children to attend camp without these completed forms!**

Day camp starts at **9:00am** each day and ends at **4:00pm**. Both drop-off and pick-up will be at Petra Cliffs Climbing Center. A designated adult must sign campers in and out each day.

**Extended Hours** are available from 8am-9am and 4pm-5pm.

- \$5 per session
- \$20 for all five AM sessions or all five PM sessions
- \$30 for all ten AM and PM sessions

Let us know ahead of time, or each morning! It is our policy that children under the age of twelve be supervised by an adult while at the climbing center.



# SUMMAT DAY CAMP INFORMATION

## Things to Bring Everyday

- ☐ A day pack to carry the following:
- ☐ Shorts
- ☐ T-shirt
- ☐ Warm long sleeve shirt
- ☐ Pants
- ☐ Rain jacket
- ☐ Swimsuit and towel
- ☐ Water Shoes (**NO SANDALS!**)
- ☐ 1-Quart Water bottle
- ☐ A bag lunch and some extra snacks
- ☐ Insect repellent (no DEET please)
- ☐ Sunscreen and hat (and sunglasses)
- ☐ IF YOU WEAR GLASSES: please bring a glasses strap; we cannot be held responsible for lost or damaged glasses! Especially important for kayaking...

## Caving Equipment

- ☐ Durable old clothes long sleeves and pants (you are going to get *very* dirty!)
- ☐ A warm synthetic layer
- ☐ Gloves (optional; gardening gloves or light fleece gloves are perfect)
- ☐ Durable shoes (hiking boots, sneakers or Keen™ sandals)
- ☐ Clean clothes to change into after coming out of the caves.

## What to Wear...

We will be outside and active most days in most conditions. Plan on wearing comfortable, loose fitting clothes that can get dirty. Weather in Vermont is fickle! Be prepared! Don't hesitate to call with any questions.

Please help us avoid unnecessary injuries and accidents by wearing close-toed shoes (hiking boots, sneakers). **NO OPEN-TOED SHOES OR SANDALS, PLEASE!**



# HEALTH FORM

## Section 1. To be completed by Parent or Guardian.

Camper Name: \_\_\_\_\_ Program and Date: *SumMAT Week #* \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please note any dietary restrictions or any known disorders or conditions:

Please describe participant's level of physical fitness, outlining daily amount of exercise.

## Section 2. To be completed by Physician.

The above participant plans to engage in a physically rigorous outdoor sports program which may include, but is not limited to, walking distances, climbing, swimming, and carrying a pack in a wilderness care context (i.e. over an hour from advanced medical care).

Date of most recent physical examination: \_\_\_\_\_ (must be within past 24 months)

The camper is currently taking the following medications:

Current medical treatment at the time of this report includes:

The camper has been hospitalized in the past for the following reasons:

Known allergies:

Description of any limitations or restrictions on program activities:

Please include additional information for program staff (use another sheet if necessary)

**Please include Immunization Record including date of last Tetanus Shot.**

Signature of licensed medical personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_  
\_\_\_\_\_



# Picker Uppers and Medication Administration

## Section 1. Designated Picker-Upper Form

In order to ensure the safety of your child, we would like to know who will be signing your child in and out of Camp. Please include yourself and anyone else who is authorized to pick up your child.

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I, \_\_\_\_\_, authorize the following people to

pick up \_\_\_\_\_

Please print camper's name

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Relationship: \_\_\_\_\_

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## Section 2. Medication Release Form

Our leaders carry the following medications in our First Aid kits to be used with parental permission if needed.

I, \_\_\_\_\_ authorize SumMAT Camp Leaders  
Parent/guardian name

to administer the following medications or their generic equivalents to my child:

\_\_\_\_\_ Child's Name

Please circle:

Tylenol (acetamenophine)      Advil (ibuprofen)

Benedryl (for allergic reactions only!)

Other\*: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please note that we must have **written instructions** for any prescription drugs that we administer.



# **INDIVIDUAL RELEASE AND HOLD-HARMLESS AGREEMENT**

## **CAMPBELL ANDERSON HOLDINGS, LLC**

### **D/B/A PETRA CLIFFS CLIMBING CENTER AND PETRA CLIFFS MOUNTAINEERING SCHOOL**

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#### **I. Introduction**

Indoor adventure-based activities at Petra Cliffs Climbing Center and outdoor adventure-based activities at Petra Cliffs Mountaineering School are exciting, challenging and physically demanding. Our instructors are trained to supervise these activities in a safe manner by both veteran instructors from Campbell Anderson Holdings, LLC and other accredited training programs.

#### **II. Acknowledgment of Inherent Risks**

While the staff and student leaders aim to provide me with a safe and enjoyable experience, I realize that there is a certain degree of personal injury risk inherent in these adventurous activities when I participate. Although I will be instructed in safe practices in these activities, there are additional and unpredictable hazards relating to outdoor adventure-based activities that cannot be anticipated, including falling rocks, varying weather conditions (including but not limited to severe heat or extreme cold) and changing water conditions.

#### **III. Assumption of Risk and My Responsibility**

Knowing the physical risks inherent in these activities, I understand that I must assume responsibility for my own safety and the safety of other group members. This responsibility requires that I obey all rules and guidelines at all times and ask questions if I do not understand instructions given by instructors, staff and student leaders. Further, I agree to pay attention to the condition of the equipment I may use (including but not limited to ropes, anchors, climbing equipment, canoes, kayaks and Personal Flotation Devices) and immediately report to an instructor any perceived defect in the equipment.

#### **IV. Release and Hold-Harmless**

In consideration of the services and equipment provided to me, I, for myself and/or any minor child for which I am a parent or legal guardian or otherwise responsible, do hereby release, hold-harmless and waive all claims associated with the activities to which I will engage at Petra Cliffs Climbing Center and/or Petra Cliffs Mountaineering School (collectively "Petra Cliffs"), releasing Campbell Anderson Holding, LLC, its members, directors, agents, assigns, employees and volunteers from any and all liability, personal injury or property claim for myself, my heirs, personal representatives or assigns.

#### **V. Authorization**

I hereby authorize any medical treatment deemed necessary in the event of an injury while participating in any Petra Cliffs' activity. I agree that any film or photographs of myself as a participant may become the property of Petra Cliffs and may be used for promotional purposes.

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Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Phone Number & Name: \_\_\_\_\_

Signature (if 18 or over): \_\_\_\_\_ Date: \_\_\_\_\_

***If participant is under 18 years of age, a parent or guardian must sign this release.***

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FRONT**





# **Bolton Adventure Center** **Participation Agreement**

## **Assumption of Risks/Agreement of Release and Indemnity**

*\*Please read and then sign\**

Name:(print)\_\_\_\_\_ Phone:\_\_\_\_\_

Parent/Guardian:\_\_\_\_\_ Date:\_\_\_\_\_

Address:\_\_\_\_\_

Your Group's Name: SumMAT Camp

In consideration of being allowed to participate in Bolton Adventure Center and its related events and activities, I, \_\_\_\_\_ (please print name), the undersigned, acknowledge, understand and agree as follows:

### **Activities and Risks**

The training activities conducted by Bolton Adventure Center, and the structures and premises on which they are conducted, may expose me to certain risks, and not all risks can be eliminated despite taking reasonable precautions. The course may involve rock climbing, ropes courses, games and other activity that may be physically and emotionally demanding. These activities may also expose me to unpredictable forces of nature, including exposure to heat, cold, lightning and other elements.

I recognize that it is my responsibility as a participant to follow standards, guidelines and procedures established by the staff/instructor, and all other stated and customary terms and conditions for participation. If I do not understand specific instructions at any time, I understand that it is my responsibility to ask staff members for clarification and/or assistance. Staff members of Bolton Adventure Center may at their sole discretion deny participation to me, and I may voluntarily choose not to participate in any activity at any time.

I further recognize that I should be alert to ensure that my conduct does not pose a risk to myself or to others, and that I should also monitor my co-participant's activity and report any concerns, should they arise. If I become aware of any conditions that may pose any undue risk to me or others, I will remove myself from participation and immediately bring such conditions to the attention of Bolton Adventure Center.

Photographs may be taken during the activities, to be used for promotional material, including video presentation and brochures. I grant Bolton Adventure Center and its agents the right to use, reproduce, assign, and distribute photographs, films, videotapes, and sound recordings of me for use in any such materials they may create.



**Assumption of All Risks, Release and Indemnity**

**I understand that the course program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risks of injury or disability in the course identified above. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release Bolton Adventure Center, its owners, officers, agents and employees from all liability for any injury to me from participation in the program, and agree to indemnify Bolton Adventure Center for any claims made against it as a result of my participation in the course.**

If any portion of this agreement is deemed invalid by a Court, the balance nevertheless remains in effect and binding upon the parties. This document constitutes the entire agreement between the parties and may be amended only in writing. It shall be interpreted under Vermont law.

**I HAVE READ THIS AGREEMENT, INCLUDING ITS ASSUMPTION OF RISKS, RELEASE AND INDEMNITY, I FULLY UNDERSTAND IT TERMS, AND SIGN IT FREELY AND VOLUNTARILY.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

**For parents/guardians of minor participants (under the age of 18 at the time of registration)**

As Parent/Guardian with legal responsibility for this participant, I hereby join in this agreement, including, for myself and on behalf of the minor, agreeing to the foregoing assumption of risks, release and indemnity, and additional provisions.

Name: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

