Personal Information

Name
○ Male ○ Female
Date of Birth
Phone #OHome OCell
Email O Mark here if you do NOT want to receive periodic updates regarding the ministry of Wolf Mountain Camps
Mailing Address
City State Zip
Spouse (if attending) O Male O Female
Date of Birth
Phone #O Home O Cell
Email O Mark here if you do NOT want to receive periodic updates regarding the ministry of Wolf Mountain Camps

Emergency Contact
Name
Relationship
Phone #

Children Attending
Name O Female
○ Male ○ Female
Date of Birth
Name
Name
Date of Birth
·
Name O Hale O Female
○ Male ○ Female
Date of Birth
Name
○ Male ○ Female
Date of Birth
Name O Male O Female
○ Male ○ Female
Date of Birth

Participation, Release, and Medical Agreement

Waiver must be read, signed, and dated

While we make every effort to provide a safe and pleasant environment for every camper who attends Wolf Mountain, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Wolf Mountain.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself or my child while participating in Wolf Mountain activities. I give permission for my child to participate in activities that occur at Wolf Mountain. These activities may include, but are not limited to, swimming in the pool, canoeing, high ropes course, archery, riflery, paintball, horseback riding, and strenuous competition

Although Wolf Mountain has taken reasonable steps to provide equipment and skilled employees so yourself, your spouse, or your child can participate in activities for which he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

For promotional or marketing purposes, Wolf Mountain reserves the right to use any audio, video, and/or photography of guests or campers participating at Wolf Mountain facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Wolf Mountain, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at Wolf Mountain. This release does not apply to intentional and/or willful acts of misconduct by Wolf Mountain or any of its officers, board, agents or employees.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Wolf Mountain on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound to its terms.

Required Signature(s)

Adult Registrant Signature	Date	
Adult Registrant Signature	Date	



Volunteer Signature

Name		Age
Church Name		City / State
Arrival [Date	
Departu	ıre Date	<u> </u>
Yes	No	
0	0	Have you read and agree to follow the volunteer guidelines found in the Wolf Mountain Volunteer Service Program brochure?
0	0	Have you ever been convicted of a felony or any form of child abuse?
0	0	Does Wolf Mountain have your permission to check your references and background for any accusations or convictions related to child abuse, etc.?
I, the undeath swill indicate claims. In Cas I, the undeath	ndersig shall be emnify or caus e of E n dersig bitalize,	ess Agreement gned, agree that in the event any claim for personal injury, property damage, or wrongful e prosecuted against Wolf Mountain or its officers, agents, or employees, the undersigned and hold harmless Wolf Mountain and its officers, agents, or employees from any and all ses of action. mergency gned, hereby give permission to the physician selected by the Camp Director or his agent a secure proper treatment for, or order injection, x-ray, anesthesia, or surgery for the
I, the u	ndersig nsatior	overage gned, understand that my volunteer work at Wolf Mountain is not covered by workers' n insurance. My insurance company and policy number must be provided on the orm.
Termir It is und		od that either party may terminate this agreement at any time.