



Outdoor Adventure Camp
 408 Alstadts Hill Road
 Harpers Ferry, WV 24525
 info@outdooradventurecamp.com
 www.outdooradventurecamp.com
 Phone: 304.535.2663
 Toll Free: 800.326.7238
 Fax: 304.535.2610



For Office Use Only Reservation # _____

Name _____ Male/Female
 Age _____ Session _____
 Med Card Medical Photo CD
 Waivers: Water Zipline Rock Wall
 Shuttle _____
 Paid Amount \$ _____ J CPR/FCPR/CCPR
 Check# _____ V D MC AMX CASH AP# _____

Name of Camper _____ Date of Birth ____/____/____ Age (at start of camp) _____ M/F (please circle)
 Camper's Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____ Relationship: _____
 Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____
 Email: _____ Preferred contact method: Home Cell Work Email

Name of Parent/Guardian _____ Relationship: _____
 Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____
 Email: _____ Preferred contact method: Home Cell Work Email

Emergency Contact Name _____ Relationship: _____
 Home: _____ - _____ - _____ Cell: _____ - _____ - _____ Work: _____ - _____ - _____
 Email: _____ Preferred contact method: Home Cell Work Email

Best person to contact in case of emergency: _____

Would you like to be a part of our Email mailing list? Yes No

How did you hear about Outdoor Adventure Camp? _____

T-Shirt Size Youth: MED, LG or Adult: SM MED LG XL (Included in price of camper's first camp week; additional T's \$13.00)

Camp shirts must be worn by campers during all non-water activities.

Payment Plan

\$25 is due at the time of registration. Full payment is due May 15th. Reservations after May 15th require full payment at the time of reservation. 6% West Virginia sales tax and a user fee of \$6 for 3 day sessions or \$10 for 5 day sessions per camper per will be added to the price.

Cancellation Policy

Due to the cost of processing applications, \$25 per camper per week is non refundable. You may receive a refund for the balance of your payment upon notification made at least 15 days prior to the start of camp. No refunds within 15 days of the start of camp. In an unfortunate instance where, due to undesirable behavior, your child is asked to leave camp, there are no refunds.

I _____ accept the terms of this cancellation policy and I understand my credit card will be charged in full for my child's week of camp. **Signature** _____ **Date** ____/____/20__

Credit Card Information

Cardholder's Name _____ Card Type (circle one): VISA Mastercard Discover American Express
 Number _____ Expiration Date ____/____ V-Code _____ (3 or 4 digit number on the back of card)
 \$25 Deposit or Pay in Full **Signature** _____ **Date** ____/____/20__

PERSON AUTHORIZED
FOR PICK UP
Name _____
Cell# _____

Please select the sessions your Camper will attend:

Dates/Session	Duration	Theme	Special Activity	Price
<input type="checkbox"/> June 19-21 / Session 1	Tues-Thur	Larger Than Life	Duckie Kart	\$179
<input type="checkbox"/> June 25-29 / Session 2	Mon-Fri	Out of this World	Laser Tag	\$249
<input type="checkbox"/> July 3-5 / Session 3	Tues-Thur	Birthday for the USA	All-Star Wiffle Ball Game	\$179
<input type="checkbox"/> July 16-20 / Session 4	Mon-Fri	Wild West	Paintball	\$249
<input type="checkbox"/> July 23-27 / Session 5	Mon-Fri	The BIG Games	Overnight Tent Camping	\$449
<input type="checkbox"/> July 30-Aug 3 / Session 6	Mon-Fri	Pirates of the Potomac	Waterpark	\$249
<input type="checkbox"/> Aug 6-10 / Session 7	Mon-Fri	Adventure Travel Week	Canopy Tour/New & Gauley Whitewater	\$639
<input type="checkbox"/> Aug 14-16 / Session 8	Tues-Thur	Wizards of Harpers Ferry	Dragon Hunting	\$179

Additional Options

- Camp Photo \$13 if prepaid
\$16 at camp
- Photo CD Option \$30
- Shuttle Option \$50

**Shuttle price only applicable if 4 or more campers are at your location.*

Discounts

- 2-3 Sessions: \$10 off/per session
- 4-5 Sessions: \$15 off/per session
- 6-7 Sessions: \$20 off/per session
- 8+ Sessions: \$25 off/per session

Calculation of Camp Total Cost

# of Weeks	
Total Price of Sessions	
Camp Photo Option	\$13 <input type="checkbox"/> / \$16 <input type="checkbox"/>
Photo CD Option	\$30 <input type="checkbox"/>
Shuttle Option	\$50 <input type="checkbox"/>
Discount	
*User Fees	\$6 <input type="checkbox"/> / \$10 <input type="checkbox"/>
Subtotal	
6% Sales Tax	
Total Price	

Shuttles available for:

Please Circle One

- | | |
|--------------|---------------|
| Winchester | Harpers Ferry |
| Martinsburg | Shepherdstown |
| Hagerstown | Charles Town |
| Frederick | Leesburg |
| Gaithersburg | Berryville |

**Must have at least 4 campers per location or \$200 minimum*

**User fees are \$6 for each 3 day session and \$10 for each 5 day session.*

**Please note: If your child is going to multiple sessions and has multiple options we ask that you calculate accordingly and specify which session you want the option to be for.*



Camper Health Record and Medical Information

River Riders is required by the American Camp Association and West Virginia law to obtain the following health information before accepting a camper.

Please include a copy (FRONT and BACK) of the family/camper's medical insurance card.

Camper's Physician _____ Phone # _____

Insurance Carrier _____ Group # _____ Member # _____

Year of Immunizations DTP _____ Tetanus _____ Polio _____ MMR _____

Does the Camper have activity restrictions? Yes No If yes please explain:

Is there any medication to treat these conditions? Yes No If yes please list:

History	Allergies	Medication
<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Drugs:	Is the Camper taking any medication? <input type="checkbox"/> Yes (please explain):
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Plants:	
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Insects:	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Animals:	
<input type="checkbox"/> Upset Stomach	<input type="checkbox"/> Foods:	Drug Name:
<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Other (please explain):	Dosage:
<input type="checkbox"/> Convulsions		Times:
<input type="checkbox"/> Sleep Walking		*All prescriptions must be in their original containers with proper dosage instructions provided by their doctor.
<input type="checkbox"/> Heart Trouble		
<input type="checkbox"/> Diabetes		
<input type="checkbox"/> Behavioral/Learning Disabilities (please explain):		
<input type="checkbox"/> Special Dietary Needs (please explain):		
<input type="checkbox"/> Other (please explain):		

Medical Release:

In the event of an Emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child.

Signature _____ **Date** _____

READ CAREFULLY THE FOLLOWING, WHICH APPLIES TO ALL WHITEWATER ACTIVITIES AND ONLY TO WHITEWATER ACTIVITIES

**THE WEST VIRGINIA WHITEWATER RESPONSIBILITY ACT
LEGISLATIVE PURPOSE**

(West Virginia Code §20-3B-1)

Every year, in rapidly increasing numbers, the inhabitants of the state of West Virginia and nonresidents are enjoying the recreational value of West Virginia rivers and streams. The tourist trade is of vital importance to the state of West Virginia and the services offered by commercial whitewater outfitters and commercial whitewater guides significantly contribute to the economy of the state of West Virginia. The Legislature recognizes that there are inherent risks in the recreational activities provided by commercial whitewater outfitters and commercial whitewater guides which should be understood by each participant. It is essentially impossible for commercial whitewater outfitters and commercial whitewater guides to eliminate these risks. It is the purpose of this article to define those areas of responsibility and affirmative acts for which commercial whitewater outfitters and commercial whitewater guides are liable for loss, damage or injury.

**THE WEST VIRGINIA WHITEWATER RESPONSIBILITY ACT
DUTIES OF PARTICIPANT**

(West Virginia Code §20-3B-4)

(a) Participants have a duty to act as would a reasonably prudent person when engaging in recreational activities offered by commercial whitewater outfitters and commercial whitewater guides in this state.

(b) No participant may:

(1) Board upon or embark upon any commercial whitewater expedition when intoxicated or under the influence of nonintoxicating beer, intoxicating beverages or controlled substances; or

(2) Fail to advise the trip leader or the trip guide of any known health problems or medical disability and any prescribed medication that may be used in the treatment of such health problems during the course of the commercial whitewater expedition; or

(3) Engage in harmful conduct or willfully or negligently engage in any type of conduct which contributes to or causes injury to any person or personal property; or

(4) Perform any act which interferes with the safe running and operation of the expedition, including failure to use safety equipment provided by the commercial whitewater outfitter or failure to follow the instructions of the trip leader or trip guide in regard to the safety measures and conduct requested of the participants; or

(5) Fail to inform or notify the trip guide or trip leader of any incident or accident involving personal injury or illness experienced during the course of any commercial whitewater expedition. If such injury or illness occurs, the participant shall leave personal identification, including name and address, with the commercial whitewater outfitter's agent or employee.

THE WEST VIRGINIA WHITEWATER RESPONSIBILITY ACT

DUTIES OF COMMERCIAL WHITEWATER OUTFITTERS AND COMMERCIAL WHITEWATER GUIDES

(West Virginia Code §20-3B-3)

(a) All commercial whitewater outfitters and commercial whitewater guides offering professional services in this state shall provide facilities, equipment and services as advertised or as agreed to by the commercial whitewater outfitter, commercial whitewater guide and the participant. All services, facilities and equipment provided by commercial whitewater outfitters and commercial whitewater guides in this state shall conform to safety and other requirements set forth in article two of this chapter and in the rules promulgated by the commercial whitewater advisory board created by section twenty-three-a, article two of this chapter.

(b) In addition to the duties set forth in subsection (a) of this section, all commercial whitewater guides providing services for whitewater expeditions in this state shall, while providing such services, conform to the standard of care expected of members of their profession.

_____ INITIAL

RIVER RIDERS, INC.'S (DBA 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 Riders, Inc. (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 River Riders' 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 River Riders or other persons or entities; (5) use or operation by myself or others of equipment supplied by River Riders 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, River Riders, Inc., 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 and that able to participate in these activities.

River Riders, Inc., may also have been requested to arrange for participation in activities or use of services provided by others and I acknowledge that River Riders, Inc., has 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 River Riders, Inc., 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 Riders, Inc., from any and all liability arising from negligence or contract; and I WILL INDEMNIFY AND HOLD HARMLESS River Riders, Inc., 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 River Riders, Inc., 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 River Riders, Inc.

I and my ward agree that the exclusive venue of any suit against River Riders, Inc., 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. I further agree that this document will be admissible in any civil action which I, my estate, agent or designee, may file against River Riders, Inc., for any reason.

I certify that I am eighteen (18) years of age or older. (OVER or PAGE TWO FOLLOWS)

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

E-mail address

Would you like to receive promotional emails? Yes _____ No _____

How did you hear about the Harpers Ferry Canopy Tour? _____



Release of Liability – Portable Rock Climbing Wall

Please print all information legibly and fill out form completely.

Notice: This is a legally binding contract. In consideration of my being permitted by River Riders to climb at its portable wall, I agree to the following waiver and release and I make the following representations:

I hereby acknowledge the inherent extreme risk in rock climbing, including climbing on artificial surfaces. I realize that those risks include, but are not limited to: falls from or contact with walls and equipment, bad decision-making, inattention of other climbers, misuse or failure of equipment, holds which may become loose or damaged, and freakish accidents which cannot be foreseen. I acknowledge that the above list is not inclusive of all possible risks associated with the use of the facilities, and/or the sport of climbing and I agree that said list in no way limits the extent or reach of this release.

I voluntarily assume all such risks with full knowledge and appreciation of the danger and risk involved.

I voluntarily agree to assume all risk of personal injury, including paralysis and death, that may occur while I am participating in an event or program or while I am climbing anywhere at any time, whether or not under supervision of River Riders personnel. I hereby knowingly and intentionally waive and release, and agree to indemnify, hold harmless and defend River Riders, its successors, assigns, officers, employees, and wall designers and buildings, hold manufacturers, affiliated organizations and agents from all liability for any such damage, injury, paralysis or death which may result.

I am in good health and have no physical limitations which would affect my safe use of the climbing wall. I agree to pay attention to the state of any ropes, anchors and other equipment I may use, and to advise staff members if I do any damage or notice any damage. I certify that I have read the rules, and I agree to abide by these rules and any future rules, and if staff makes a specific request of or instruction to me, I agree to comply.

I am at least 18 years of age and otherwise legally competent to sign this agreement. This release shall be effective and binding upon me and my assigns, heirs, representatives, executors and administrators. If under the age of 18, this release must be signed by the parent/guardian of the minor, and I agree to indemnify and hold harmless River Riders, Inc and the other released parties in the event a minor member of my family sues them or any one of them.

I understand that this release is a contract. No oral representations, statements or inducements apart from the above written agreement have been made. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will. I further expressly agree that this release, waiver and indemnification agreement is intended to be as broad and inclusive as is permissible by the laws of the State of West Virginia and that if any portion of this agreement is held to be invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Climber Printed Name: _____ Date of Birth: ___/___/_____

Climber Signature: _____ Date: ___/___/_____

Home Phone: (____) ____ - _____ Other Phone: (____) ____ - _____

E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

To be read and signed by parent/guardian* of a minor:

I hereby state that I am the parent or guardian of the minor whose signature appears above. I am familiar with and consent to the terms and provisions set forth in this Release.

Signature of parent/guardian*: _____

Date: ___/___/_____

How did you hear about us: _____

Would you like to join our mailing list: Yes___ No___