



KIDS ADVENTURE CAMP

WAIVER AND RELEASE

Name _____

Age _____

Address _____ State _____ Zip _____

Home/Cell Phone _____ Unit Phone _____

Program _____

The purpose of the Kids Adventure Camp is to provide adventure based recreational programs. These programs are designed and developed so that guests and residents can take advantage of the outdoor activities in and around Western North Carolina.

I hereby certify that I voluntarily participate in the Rumbling Bald Resorts Kid Adventure Camp, and voluntarily assume all risks incident to the Adventure Camp Program. I realize that I will be participating in activities that involve hazards and risks, including but not limited to changes in temperature and climate, and traveling in mountainous terrain and in otherwise remote places without medical facilities close at hand that may result in physical injury or death. I also understand that any equipment provided by the Adventure Camp Program will be utilized at my own risk; I further accept personal responsibility for understanding proper usage of all such equipment failure or flammability and may result in serious physical injury or death.

I recognize that Rumbling Bald Resorts Kids Adventure Camp assumes no responsibility for the actions of participants engaged in the Adventure Camp Program activities and provides no other insurance for the program participants.

I, in consideration of the Kids Adventure Camp, am permitting my participation, hereby releases, discharges and forever hold harmless the Resort, its employees and other program participants from any liability, claims, damages, or loss to person or property arising out of my participation in the program including but not limited to travel accidents or equipment failure incidental to the Program activities, or the negligence of the Kids Adventure Camp Program and its employees.

I have carefully read this release and assumption of risk, fully understanding its contents, voluntarily sign it, and realize that it will bind me, my heirs, and my person representatives.

Signature

Age

Date

Parent/Guardian Signature if under 18

Date



112 Mountains Blvd. Lake Lure, NC 28746 p.828.694.3000 www.rumblingsbald.com

Participant Name _____ Birth Date _____ Age _____ Gender _____

Home Address _____

Which Adventure Program are you registering for?(circle all that apply):

Monday/Tuesday/Wednesday/Thursday/Friday/Friday Night

Parent/Guardian Name _____ Phone _____

Home Address _____ Room # _____

Second Parent/Guardian/Emergency Contact _____ Phone _____

Address _____

If not available in an emergency, notify _____ Relationship _____

Address _____ Phone _____

Insurance Information: Is the participant covered by family medical/hospital insurance? _____

Insurance Provider _____ Name of Primary Insured _____

Policy Number/Group Number _____ Provider Phone _____

Medical Information (to be completed by parents) Height _____ Weight _____

1. Does your child have any allergies to foods, medications, insects, or particular environments?
2. How does he/she react to the allergen?
3. What medications does he/she take for this?
4. Is your child currently taking any medications? Please list what type of medication, dosage, and reason of taking.
5. Does your child have any medical conditions (ex. Asthma, Diabetes, shoulder dislocations, back problems) that can affect him/her during physical exercise?
6. Does your child have any behavioral issues we should be aware of?
7. Has your child had any serious injury, illness, or surgery in the past five years? If so, please describe.
8. Please describe any dietary restrictions. Please circle your lunch preference: turkey/ PB&J/ham
9. Please describe your child's swimming ability and comfort level on mountain lakes and rivers.
10. Does your child plan on attending with a friend? Yes/No Name _____
11. Anything else you would like us to know about your child?