



INDIVIDUAL REGISTRATION

Name of Participant: _____ Age & Grade : _____

Parent/Guardian: _____ Phone: _____

Address: _____

E-mail: _____

Registering for Camp dates:** Monday _____, 20__ *Arriving:** _____ am/pm
through Saturday _____, 20__ ****Picking-up:** _____ am

Things we should know about your child: _____

Parent/Guardian Signature: _____ Date: _____

***Please mail your payment of \$270 per participant** made out to "Camp Living Stones, Inc." along with this registration form, attached Med, Waiver, and Sunburst forms by **APRIL 1**, to:

Camp Living Stones, Inc.
534 County Road 876
Englewood, TN 37329

******First meal: 12:00pm lunch Monday; Final meal: 8:00am breakfast Saturday



ADVENTURES

WAIVER AND RELEASE OF LIABILITY

(please print)

Date of Raft Trip: _____ Trip Time: _____ Activity: Whitewater Rafting—Ocoee River

Your Name: _____

Name of Parent or Guardian (if under 18): _____

Address: _____

City: _____ State: _____ Zip: _____

Waiver and Release of Liability

In consideration of sunburst Adventures, Inc. furnishing services and/or equipment to enable me to participate in whitewater rafting, I agree as follows:

I fully understand and acknowledge that outdoor recreational activities have: (a) inherent risks, dangers and hazards, and such exists in my use of Sunburst Adventures, Inc. equipment and my participation in whitewater rafting activities; (b) participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of Sunburst Adventures, Inc., the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, guide decision making, including that a guide may misjudge terrain, weather, trail or river route location, and water level, risks of falling out of or drowning while in a raft and such other risks hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment; and (d) by my participation in these activities and/or use of such equipment, I hereby assume all risks and dangers and all responsibility for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of the owners, agents, officers, or employees of Sunburst Adventures, Inc., or by any other person.

I on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Sunburst Adventures, Inc. and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my use of Sunburst Adventures, Inc. equipment or my participation in whitewater rafting activities. I specifically understand that I am releasing, discharging and waiving any claims or actions that I may have presently or in the future for the negligent acts of other conduct by the owners, agents, officers or employees of Sunburst Adventures, Inc.

I further agree to indemnify and hold harmless the United States of America, The United States Forest Service, Tennessee Valley Authority, the State of Tennessee and their respective agents, servants and employees from any and all claims, demands, actions, and judgments arising at any time out of or in any way connected with my use of the Ocoee River or any government lands or rivers, and activities incidental thereto.

Insurance

I understand and acknowledge that no medical insurance benefits will be provided to me during this event and that I will be responsible for any medical bills that may result from my participating in this activity.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE IT IS MY INTENTION TO EXEMPT AND RELIEVE SUNBURST ADVENTURES, INC. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

X Participant's Signature Age (if under 18)

X Parent or Guardians' Signature (if under 18 years of age)

MEDICAL INFORMATION

Name _____
Last First

Participant with: (Church/Organization attending)

Birth date _____ Sex _____ Age _____

Parents/Guardian _____

Address _____

Emergency No./Work Phone _____
City State Zip

Physician's Name _____ Phone () _____

Health Insurance Co. & Address _____

Policy No. _____

Health Problems/Special Needs _____

Drug/Food Allergies _____

Polio Vaccine Current Y / N Last Tetanus Shot _____

Regular Medication _____

Activity Restriction _____

PARENTS: Please read, sign, and date the following: Our insurance coverage is a secondary carrier. Our campers' insurance begins where yours terminates. It is only valid when your policy has been extended to its limits. In the event that you have no personal or organizational policy, our policy will provide you with complete coverage within its limits subject to policy provisions. Please provide us with the name of your health insurance carrier and your policy number in the event of a hospital visit.

"IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named above."

Signature _____ Date _____

IMPORTANT: Please notify the camp if child has a communicable disease.
If applicable, please photocopy insurance card and submit with this sheet.

Waiver, Release, and Hold Harmless Agreement

I know that participating in Camp Living Stones' adventure programs can be potentially hazardous in nature. I assume all risks associated with participating in the adventure activities, including, but not limited to, broken bones, paralysis, and death, all risks being known and assumed by me. Having read this waiver and release and knowing these facts and in consideration of my participation in the adventure activities, I for myself, and anyone entitled to act on my behalf, waive and release Camp Living Stones, Incorporated, their Board of Directors, Officers, and successors from all claims and liabilities arising out of my participation in the adventure activities. I furthermore agree to hold the foregoing parties harmless from any injury that might result from my participation. I grant my permission to the foregoing parties to use any photographs, motion picture, recordings or any other record of this event for any legitimate purpose.

Date Camp Dates Phone Number

Participant with: (Church/Organization attending)

Home Address

Participant's Name (Print)

Participant's signature

Parent/Guardian signature (If participant is under 18 years old.)

PLEASE FILL OUT COMPLETELY.