

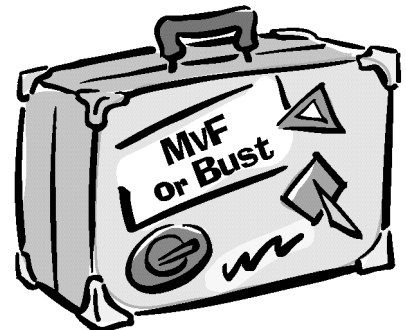
Are you ready for Summer Camp at Marmon Valley?

IMPORTANT Health History and Activity Release Forms!

Complete all of the enclosed information before sending. You will be given the opportunity to review and update this information during registration.

Questions? about this packet, please contact the office at 937-593-8000 or email our camp registrar at: registrar@marmonvalley.com.

Mail to: Marmon Valley Ministries
7754 State Route 292 S
Zanesfield OH 43360



Camper Health History Form

The information below is not part of the camper or staff acceptance process, but is gathered to assist us in identifying appropriate care. Any changes to this form should be given to the camp health personnel upon participant's arrival in camp. Please provide complete and accurate information.

Camper Name _____ **Date of Birth** _____ **Gender** M F

Address _____ **City** _____ **State** _____ **Zip** _____

Custodian parent/guardian _____ **Phone** _____ **Work Phone** _____

Address if different _____ **City** _____ **State** _____ **Zip** _____

Second Parent or Contact _____ **Phone** _____ **Work Phone** _____

Address if different _____ **City** _____ **State** _____ **Zip** _____

If not available in emergency, notify _____ **Phone** _____ **Work Phone** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Insurance Information

Is the participant covered by family medical/hospital insurance? Yes No

Insurance Carrier or Plan Name _____ **Group #** _____

Camper's Physician _____ **Phone** _____ **Fax Nbr** _____

Important - These boxes must be completed for attendance

Parent/Guardian Authorizations: This health history is correct and complete as far as I know, and the permission herein described has permission to engage in all camp activities except as noted. I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed health form may be photocopied for use out of camp.

Signature of Parent/Guardian: _____ **Date:** _____

Liability Release: I understand that I/my child assumes personal risk by participating in the activities at Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc (herein referred to together as MV). These activities include but are not limited to horseback riding, the challenge course and swimming. I understand MV provides safe equipment and the basic instruction needed for my/my child's safety. I realize these activities are potentially dangerous by nature, therefore; I release MV as liable or responsible for injury in the event of a lawsuit. I also give permission for photographs or video of my child to be used for promotional purposes including but not limited to brochures, website, display boards and posters.

Signature of Parent /Guardian: _____ **Date:** _____

Allergies, list all known Describe reaction and management of the reaction.
Medication allergies

Food allergies

Other allergies - include insect stings, hay fever, asthma, animal dander...

Restrictions -The following restrictions apply to this individual. (Attach description of additional restrictions or specials situations if necessary.)

Dietary Restrictions: _____

Activity Restrictions: _____

Explanation: _____

Which of the following immunizations has the participant had? **Notes:** _____

Measles German Measles Hepatitis A **Date of most recent Immunizations/Boosters: (mm/yy)**

Mumps Chicken Pox Hepatitis B **DTP** _____ **MMR** _____ **Polio** _____ **Hep B** _____

Current Medications (This can be updated during registration)

Please list ALL medications (including nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis **or** This person takes medications as follows:

Med #1 _____ Dosage _____ Specific Time taken: _____

Reason for taking _____

Med #2 _____ Dosage _____ Specific Time taken: _____

Reason for taking _____

Attach additional pages for more medications.

List any medications that participant does/may not take during the summer: _____

Camper Last Name

General Questions (Explain Yes answers below)

Has/does the participant:

	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?	<input type="radio"/>	<input type="radio"/>	14. Ever had back, muscle or joint problems?	<input type="radio"/>	<input type="radio"/>
2. Have a chronic or recurring illness/condition?	<input type="radio"/>	<input type="radio"/>	15. Have an orthodontic appliance being brought to camp?	<input type="radio"/>	<input type="radio"/>
3. Ever been hospitalized?	<input type="radio"/>	<input type="radio"/>	16. Have any skin problems (rash, itching...)?	<input type="radio"/>	<input type="radio"/>
4. Ever had surgery?	<input type="radio"/>	<input type="radio"/>	17. Have diabetes?	<input type="radio"/>	<input type="radio"/>
5. Have frequent headaches?	<input type="radio"/>	<input type="radio"/>	18. Have asthma?	<input type="radio"/>	<input type="radio"/>
6. Ever had a head injury?	<input type="radio"/>	<input type="radio"/>	19. Had mononucleosis in the past 12 months?	<input type="radio"/>	<input type="radio"/>
7. Ever been knocked unconscious?	<input type="radio"/>	<input type="radio"/>	20. Had problems with diarrhea/constipation?	<input type="radio"/>	<input type="radio"/>
8. Wear glasses, contacts or protective eye wear?	<input type="radio"/>	<input type="radio"/>	21. Have problems with sleepwalking?	<input type="radio"/>	<input type="radio"/>
9. Ever had frequent ear infections?	<input type="radio"/>	<input type="radio"/>	22. Has she begun menstruating?	<input type="radio"/>	<input type="radio"/>
10. Ever passed or been dizzy after exercise?	<input type="radio"/>	<input type="radio"/>	23. Has she been told about menstruation?	<input type="radio"/>	<input type="radio"/>
11. Ever had seizures?	<input type="radio"/>	<input type="radio"/>	24. Has a history of bed wetting?	<input type="radio"/>	<input type="radio"/>
12. Any heart problems? (Chest pain, high blood pressure..)	<input type="radio"/>	<input type="radio"/>	25. Has had any eating disorders?	<input type="radio"/>	<input type="radio"/>
13. Up to date on all childhood immunizations?	<input type="radio"/>	<input type="radio"/>	26. Ever had counseling for emotional/behavioral difficulties?	<input type="radio"/>	<input type="radio"/>

Please explain any "yes" answers, noting the number of the questions. _____

Complete Upon Arrival at Camp

I have reviewed and updated all pertinent information. My/my child's health information is complete and accurate to the best of my knowledge.

- Changes were made on the above form No changes were made to the above form

Signature of Parent or Guardian: _____ Date: _____

Horse Rental Agreement & Activity Waiver/Release Form

Please carefully read the following rental agreement and liability waiver for horseback riding and/or horse related activity at Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc (herein referred to together as MV) before signing. At MV we consider safety to be a top priority, so that your riding experience will be a pleasant one. Thank you for your patronage, we hope you have a safe and enjoyable ride.

In consideration of the payment of a fee and the signing of this agreement, I, the following listed individual, and/or the parent or legal guardians thereof if a minor, do hereby agree to hire from MV a horse, tack and equipment, personnel and trail for the purpose of trail/instructional riding on horseback:

Rider name: _____ Riding Experience (10 hours+) ___YES ___NO Weight is under 265 ___YES ___NO

Protective Head Gear

I have been fully informed by MV that I can better protect myself against head injuries by wearing ASTM approved protective equestrian head gear while mounting, riding, dismounting and being around horses. Mark an "x" below in the box before the appropriate sentence which describes your decision regarding the wearing of such equipment on the ride(s) in which you are contracting herein to participate.

- I request to wear ASTM approved protective equestrian head gear which MV will provide, understanding that these may not be of perfect fit for my head, and once provided I will be responsible for securing the protective head gear on my head at all times.
- I will wear protective headgear which I, the undersigned, am providing and I will accept full responsibility for this decision. I am not relying on MVF to determine my headgear's quality or suitability.
- NON SUMMER CAMPERS ONLY: I refuse to wear any type of protective headgear and I accept full responsibility for this decision.

Saddle Girth Natural Loosening. I understand that saddle girths may loosen during a ride. If a rider notices this, he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

Risks to Unborn Children. Because of the inherent risks of riding horses to the safety of unborn children, MV advises pregnant women not to ride horses.

Equine Activity Waiver

I am over 18 years of age. I acknowledge that Marmon Valley Farm is providing instruction and/or trail riding which I and/or my minor children as listed under "Registration of Riders" wish to participate. I recognize and acknowledge that my/their participation in such activities and any other activities which may include equine activities, involves the possibility of inherent risks including, but not limited to, the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; a collision with another equine, another animal, a person, or an object; the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

With full knowledge of the above and any other inherent risks which may be associated with equine activities, I hereby consent to our participation in the above described activities, and I (on behalf of myself and/or my children/legal ward(s)) agree to waive any and all claims for personal injury or property damage of any kind which my children, I or my heirs, personal representatives and next of kin may have or which may arise against Marmon Valley Farm Inc. as a result of my/their participation in such equine activities, whether or not such injuries or damages result from negligence or legal liability. On behalf of my children herein listed, myself, my heirs, personal representatives and next of kin, I hereby release and discharge Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc its successors, assigns, affiliates, directors, officers, employees and agents from any and all liabilities, claims, lawsuits, losses, costs, causes of action and damages of any kind originating or in any way arising from my/their participation in such equine activities.

I hereby declare that the terms of this Waiver and Release have been completely read, are full understood and are voluntarily accepted for the purposes of my/my children's participation in the activities described herein.

Signature of Parent/Guardian (or Rider if 18 years of age or older) _____ Date _____

Climbing Activities Release of Liability

ACKNOWLEDGMENT OF RISKS, ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY

WARNING: There are significant elements of risk in any adventure, sport or activity associated with a "climbing loft", climbing wall, bouldering area, and equipment (referred to herein as "activity"). Although we have taken reasonable steps to provide Marmon Valley Farm, Inc. and Marmon Valley Ministries, Inc. (referred to herein as MVF and MVM) with appropriate equipment and/or skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks.

REGISTRATION OF CLIMBERS: I, the following listed individual, and/or the parent or legal guardians thereof if a minor, do hereby agree to participate in the climbing activity provided by MVF and/or MVM. Completing a waiver does not guarantee that your camper will be climbing during camp. I have been fully informed by MVF or MVM that I can better protect myself against head and/or neck injuries by wearing a UIAA approved helmet* while climbing. I understand all campers will climb with a UIAA approved protective climbing helmet which MVF or MVM will provide. Once provided I will be responsible for securing the helmet on my head while climbing.

Parent/Legal Guardian's name: _____

Address is the same as Health History Form: ___ YES ___ NO

Address if different: _____

Print Climbers Name: _____

ACKNOWLEDGMENT OF RISKS: I acknowledge that the following describes some, but not all of the risks: 1 Falls and painful crashes into wall, rocks or other obstacles; 2) Risk associated with crossing, climbing, or down climbing including rope abrasion, entanglement, cuts or abrasions from contact with the Climbing Loft; 3) Equipment failure; including ropes, slings, harnesses, climbing hardware, anchor points or any part of the Climbing Loft structure; 4) My physical strength, coordination, sense of balance, and ability to follow or give directions including while climbing, belaying, lifting, or spotting; 5) Fatigue, chill and/or dizziness, which may diminish my/our reaction time and increase the risk of accident; and 6) The actions of other participants. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness (including death), and any related expenses. I also assume responsibility for damage to or loss of my/our personal property. I also assume risk for accidents or injury caused by the negligence of my belayer or spotter whether such negligence is comparative or contributory. I agree to be "checked out" on climbing and belaying skills prior to participation, and to follow posted rules. I acknowledge that wearing appropriate clothing and footwear are basic safety precautions, and that *wearing a UIAA approved helmet may help prevent head and/or neck injuries.*

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; insect bite or allergic reaction; shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize that MVF or MVM, as provider of services, will operate under a covenant of good faith and fair dealing, but that MVF may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate, the participation of any person MVF or MVM judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept MVF's right to take such actions for the safety of myself and/or other participants. I acknowledge that no guarantees have been made with respect to climbing objectives.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become MVF's and MVM's property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services provided, I, for myself and any minor children for which I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release **MARMON VALLEY FARM, INC. and Marmon Valley Ministries, INC.**, its principals, directors, officers, agents, employees and volunteers, and each and every land owner upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgment of risk, assumption of risk and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

Parent or Legal Guardian Signature _____ Date: _____