

Camper's Name _____ Parent/Guardian _____
 Emergency Contact Telephone Numbers _____

Camp Name _____ Attendance Dates _____

Medication _____ Expiration Date _____

Individual Dosage _____ Time(s) Given _____

Comments/Directions/Special Instructions _____

I hereby give permission for authorized camp officials to administer the above medication to my child.

 Signature of Parent or Guardian

 Date Signed

- (A) Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.
- (B) All medication prescribed for campers shall be kept in a locked storage cabinet used exclusively for medication, which is kept locked except when opened to obtain medication. The cabinet shall be substantially constructed and anchored securely to a solid surface. Medications requiring refrigeration shall be stored at temperatures of 38° to 42°F in a locked box, used exclusively for medications, and physically affixed to the refrigerator.
- (C) Medication shall only be administered by the health supervisor or by a licensed health care professional authorized to administer prescription medications. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. The health care consultant shall acknowledge in writing a list of all medications administered at the camp. Medication prescribed for campers brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.
- (D) When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed as follows:
 - (1) Destruction of prescription medication shall be accomplished by the health care consultant, witnessed by a second person and recorded in a log maintained by the camp for this purpose. Said log shall include the name of the camper, the name of the medication, the quantity of the medication destroyed, and the date and method of destruction. The health care consultant and the witness shall sign each entry in the medication destruction log.
 - (2) The medication log shall be maintained for at least three years following the date of the last entry.

RECORD OF PRESCRIPTION DISTRIBUTION

Date/Time	Camper's Signature	Authorized Staff Signature	Date/Time	Camper's Signature	Authorized Staff Signature

To be signed by parent/guardian at completion of camp

My child has been given, and signed for, this medication as indicated, and that the excess, consisting of _____ doses, was returned to me at the completion of my child's camp attendance.

 Signature of Parent or Guardian

 Date Signed



EXPECTATIONS OF SQUASH & BEYOND CAMPERS

Squash and Beyond campers are expected to be enthusiastic and positive in addition to being respectful of all coaches and consolors. Squash and Beyond campers understand that smoking, drinking alcohol or using drugs, which are not medically subscribed, are firmly prohibited.

IMPROPER BEHAVIOR

Despite clear expectations of campers behavior, there are times when students behavior does not meet the standards of Squash and Beyond camps. When faced with inappropriate behavior, Squash and Beyonds' coaches and staff will try to work out the situation with the student in order to better his/her behavior. If, despite everyone's efforts, the student still does not meet the behavioral standards expected, Squash and Beyond reserves the right to dismiss students from the program at the parent's expense without a refund of program tuition.

THE USE OF DRUGS, DRINKING ALCOHOL AND SMOKING TOBACCO

Our rules are clear, any student caught drinking alcohol, or having alcohol in their possession during their stay at the camp will be dismissed from the program at the parent's expense without a refund of program tuition. Any student caught using, selling, buying or distributing drugs (except for prescription medications) will be dismissed from the program at the parent's expense without a refund of program tuition. Any student caught smoking tobacco (in any form), selling tobacco (in any form), purchasing tobacco (in any form) will be dismissed from the program at the parent's expense without a refund of program tuition.

STUDENTS AND PARENTS: Please read and sign below

I have read, understand and agree to Squash and Beyond's expectations and discipline rules. I understand that Squash and Beyond reserves the right to dismiss any camper who violates the program's rules, or does not meet the program's expectations of appropriate behavior.

STUDENT'S NAME (Please print) _____ DATE OF CAMP _____
STUDENT'S SIGNATURE _____ DATE _____
PARENT'S SIGNATURE _____ DATE _____

Day Camps – Only this form is required

Overnight, primitive, and travel camps: A physical exam, performed within the last 2 years, is required to be attached to this form.

Camp: _____ Camp Location: _____ Camp Dates: _____

Camper/Staff Name: _____ Sex: _____ Age: _____ Height: _____ Weight: _____

Address: _____
Number and Street (and Apartment) City State Zip Code

Home Tel. #: _____

Parent/Guardian: _____ Tel. # (H): _____ Tel. # (W): _____

Emergency Contact: Name: _____ Tel. #: _____

Location if traveling during camp: _____ Tel. #: _____

HEALTH HISTORY

Physical Restrictions: _____

Medications: A separate Prescription Medication Record Form must be completed for each medication. _____

Medical History a/o Medical Condition(s) which would require special attention: _____

The camp health staff may administer the following over-the-counter medications: Tylenol ® or generic Advil ® or generic Neither
 The camper or staff member may self-administer the following: Inhaler Epi-pen Neither

HEALTH INSURANCE

Carrier: _____ Policy Number: _____
 Policy Holder: _____ Holder's DOB: _____

I hereby certify that the named camper/staff is physically able to participate in the Sports Camp and that I know of no restrictions, physical impairments, or any other condition, other than noted above, which would limit, in any manner, his or her participation in this program.

I hereby give permission for the camp health staff to dispense the prescription medications listed above. I hereby give permission for the named camper/staff to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I UNDERSTAND THAT THERE IS RISK OF INJURY TO THE NAMED CAMPER/STAFF AS A RESULT OF CAMP ACTIVITIES, AND KNOWINGLY AND VOLUNTARILY ASSUME ALL RISK OF SUCH INJURY. I will be financially responsible for any medical attention needed during camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment.

Signature of Parent or Guardian (or staff member, if over 18)

Date Signed

HEALTH RECORD

Immunizations	Dates Administered		
MMR Vaccine (1 MMR, 1 additional Measles)			
Measles			
Mumps			
Rubella			
Polio (3 doses)			
Diphtheria/Tetanus/Pertussis (4 doses)			
Hepatitis B (3 doses)			

Medical problems, restrictions, limitations, etc. _____

Physician's Name: _____ License # and State: _____
 Address: _____

Physician's Signature

Date Signed

CRAB APPLE WHITEWATER, INC.
PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

In consideration of the services of Crab Apple Whitewater, Inc., Brookfield White Pine Hydro LLC, Union Water Power Company, Kennebec Water Power Company, International Paper Company, TransCanada Hydro Northeast, Inc., The Towns of Florida, Rowe, Charlemont, Massachusetts, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "C.A.W.") I hereby agree to release and discharge C.A.W. on behalf of myself, my children, my parents, my heirs, assigns, personal representatives, and estate as follows:

1. I acknowledge that rafting on rivers, including use of single and double passenger inflatable "funyaks", entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include among other things: Whitewater rapids will be encountered. I can be jolted, jarred, bounced, struck by other passengers or their paddles, thrown to and fro, and shaken about during rides through some of these rapids. Rafts and funyaks could turn over or I could be washed overboard. I can slip or fall during a hike, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft and funyaks. Rafts and funyaks are slippery when wet. Exposure to the natural elements can be uncomfortable and/or harmful. I am aware that this exposure can cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps. Also, prolonged exposure to cold water can result in hypothermia and, in extreme cases, death and accidental drowning is also a possibility. Furthermore, the guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used may malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless C.A.W. from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of C.A.W.'s equipment or facilities, including any such claims which allege negligent acts or omissions of C.A.W.

4. I acknowledge that C.A.W. employs a photographer to take photographs and videos of the rafting or funyak trip and I expressly agree that my photograph or video may be taken for the purposes of selling the photographs and videos to myself or other participants and for the purposes of marketing and advertising C.A.W.

5. Should C.A.W., or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.

6. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

7. In the event that I file a lawsuit against C.A.W., I agree to do so solely in the State of Maine, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against C.A.W. on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

First Name: _____ Last Name: _____

Mailing Address: _____ Apt # _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Signature of Participant: _____ Date: _____

Parent's or Guardian's Additional Indemnification
(Must be completed for participants under age 18)

In consideration of _____ (print minors name) ("Minor") being permitted by C.A.W. to participate in its activities to use its equipment and facilities. I further agree to indemnify and hold harmless C.A.W. from any and all claims which are brought by or on behalf of Minor and which are in any way connected with such use of participation by minor.

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____

RAMBLEWILD - GENERAL RELEASE OF LIABILITY

Ramblewild, LLC operates an adventure recreation facility located off of Brodie Mountain Road, Lanesborough, Massachusetts. The facility includes, or may in the future include, but is not limited to, certain buildings, decks, utilities, roadways, parking areas, improvements, walking paths, hiking/snowshoeing trails, cross-country skiing trails, backwoods areas, camping areas, and aerial elements suspended from or supported by trees including, but not limited to, various platforms, suspended bridges, climbing equipment, high wires, zip lines, balancing logs, rope ladders, cargo nets and similar elements along with various infrastructure, equipment, and personal property located at or associated with all of the above (the "Facilities"). The Facilities are located on real property owned by **Feronia Forests, LLC**. The Facility and the real property, and all improvements thereon are hereinafter referred to collectively as the "**Adventure Park**". Ramblewild, LLC, Feronia Forests, LLC and their respective agents, employees, members, managers, and representatives are hereinafter referred to as the "**Released Parties**". Any person who enters the Adventure Park, including without limitation, one who engages in, observes, or accompanies others engaged in or observing any activity, program, or game, or for any other purpose of any nature or description, and irrespective of whether any such person is at any time or from time-to-time in any way supervised, instructed, directed, led or guided by Released Parties, any other person, or are at any time or from time-to-time un-supervised/instructed/directed/led/guided, is hereinafter referred to as a "**Participant**". Any Participant's presence at the Park is hereinafter referred to as "**Participation**" or such person is herein said "**to Participate**".

The undersigned parent or legal guardian of each minor Participant named below, in consideration of such minor Participant being allowed to Participate at the Adventure Park, does hereby consent to such minor Participant's Participation at the Adventure Park and does hereby forever **RELEASE**, acquit, discharge, and covenant to hold harmless the Released Parties from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have as the parent or legal guardian of said minor Participant, and also all claims or rights of action for damages which said minor Participant has or hereafter may acquire, either before or after he/she has reached his/her majority arising from or related to his/her Participation at the Adventure Park. The terms hereof shall also apply to and bind any parent, guardian, personal representative, or agent of such minor Participant.

I certify that: (i) I have the legal authority to sign for the named minor; (ii) I understand that the terms of this instrument are legally binding; (iii) I am signing this instrument after having carefully read it; (iv) neither I nor the minor(s) are under any compulsion to Participate; and (v) I elected to allow the minor to Participate, under the terms and conditions of this instrument, voluntarily, and with free will.

I further agree that if I, personally, am a Participant, in consideration of being allowed to Participate at the Adventure Park, I do hereby forever **RELEASE**, acquit, discharge, and covenant to hold harmless the Released Parties from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which I may now or hereafter have arising from or related to my Participation at the Adventure Park.

Permission to Publish. In addition to and without limiting the forgoing, the undersigned on behalf of him/herself and any such minor Participant does hereby grant to the Released Parties the right to photograph, record or otherwise capture the images and sounds of the Participant (hereinafter collectively "Material") while the Participant is at the Adventure Park, and thereafter to publish or otherwise use such Material for any lawful purpose including, without limitation, for publicity, advertising, or marketing, in any print, broadcast, electronic, web or other medium.

This instrument and each Participant's Participation shall be governed by the laws of the Commonwealth of Massachusetts.

IN WITNESS WHEREOF, this instrument is duly executed as a sealed instrument this _____ day of _____, 201____.

ADULT SIGNS ON LINE BELOW

Parent/Guardian's Signature
[This is also signature line for adult signing on his/her own behalf]

Print Minor's Name(s) on the line(s) above

Print Parent/Guardian's/ Adult's Name on the line above

WILLIAMS COLLEGE

Williamstown, Massachusetts

RELEASE, WAIVER, AND COVENANT NOT TO SUE

RE: _____
(Participant's Name)

(Participant's Street Address)

(City, State, Country, ZIP or Postal Code)

(Participant's Date of Birth)

(Telephone Number)

I, _____, of
(Name of Parent or Legal Guardian)

(City and State of Residence of Parent or Legal Guardian)

as parent/legal guardian of the above-named "Participant," who is under 18 years of age, do hereby give my consent for his/her participation in the _____ to be held on the _____
(Type of Camp or Program)

Williams College campus, conducted by the _____,
(Name of Organization conducting camp/program)

from _____ through _____
(Beginning Date of Program) (Ending Date of Program)

(hereinafter referred to as "camp/program").

I acknowledge that the camp/program, while held on the Williams College campus, is an independent operation that is not sponsored, conducted or overseen by Williams College. I further acknowledge that Participant's participation in the camp/program is completely voluntary. In consideration for the Participant's being allowed to participate in the camp/program, I, **on behalf of myself and the Participant, hereby release, waive, and covenant not to sue** the President and Trustees of Williams College, its officers, trustees, employees, agents, volunteers and all related or affiliated parties (collectively "Williams") from and for any liability, actions, or claims that I or the Participant may now or hereafter have, either before or after the Participant reaches the age of majority, for any loss, injury or damage of any kind arising from or relating in any way to Participant's participation in the camp/program or his/her presence upon or use of Williams's premises or facilities, including but not limited to any liability, action or claim arising from the alleged negligence of Williams.

I am 18 years of age or older. I have read and understand this Release, Waiver and Covenant Not to Sue. I agree that this agreement shall be effective and binding upon me, the Participant, our respective heirs, assigns, personal representatives, and estates, and all members of our family, both before and after the Participants reaches majority.

Signature of Parent/Legal Guardian: _____ Date: _____