



Summer Camp Registration Packet

Welcome to camp! We are looking forward to meeting new campers and adventuring with returning ones. Please bring this registration packet with wet signatures on the first day of camp. To ensure an efficient check-in process, please fully complete each page.

Contents:

Pick up Authorization Form **

ONLY people on this form can pick up your camper.

Discipline Policy

Parent AND camper must sign

ASI Peak Adventures Release Of Liability

Camper must sign page 1 & parent must sign page 2.

ASI Medical Consent Form

ASI Photo Release

If you have questions or concerns about this form, please call us.

University Facilities Waiver **

This waiver is for use of the campus pool. Parent and camper must sign the "participant signature" line.

Camper Questionnaire

Please have the camper complete this page.

** If your camper is joining us for more than one week, please bring the fully completed packet the first week. For any additional weeks only the starred forms are required.

Questions? Please call:
916.278.6321 (office)

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Policies for Disciplinary Action and Dismissal

1. Offenses calling for immediate dismissal from the program and NO refund of money include:

- Possession of any weapon or dangerous instrument, to include but not limited to any type of fire arm, knives, or sharp objects that may cause injury, etc.
- Physical assault, harassment, or any act that shows substantial threat to harm or endanger the safety of others to include rough housing.
- Any substantial threat to destroy property, or use of equipment without permission from the leader or staff.
- Possession or consumption of alcoholic beverages, tobacco, or other drugs.

2. Procedures taken following dismissal:

- The camper will be escorted to the office if we are on campus. If we are away from campus the camper will be removed from the group and supervised at all times.
- A staff member will call the parent or legal guardian, inform them of the situation, and ask them to come and pick up the camper as soon as possible.
- The camper WILL NOT be allowed to return to camp.

3. Disciplinary action will be taken against the camper(s) for:

- Misbehaving, disrupting, or bothering fellow campers.
- Not listening to the leader/staff, and not following instructions.
- Using inappropriate, disrespectful, or derogatory language.

4. Procedures for disciplinary action:

- There will be verbal warning.
- If the camper continues the same behavior, he/she will be asked to sit out.
- The camper will be allowed back into the activity when he/she ASKS to return and the problem has been found, recognized, and resolved.
- There is no specified time period the camper must sit out; it is up to the camper.
- In situations where inappropriate behavior continues, dismissal from camp or specific camp activities may occur.

Fees and Refunds

A minimum non-refundable payment of 50% per child, per camp is required for all registrations. Full payment is due 14 days prior to the first day of camp. Withdrawing campers less than 14 days prior to the first day of camp is non-refundable. Transfer fees vary depending on date of transfer. There are no make-up days if a camper is absent. Peak Adventures may cancel camps, with a refund, if minimum enrollment is not met.

I have read and understand the above information for Peak Adventures Summer Camps

Camper Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Activity: ASI Peak Adventures Summer Camp

Activity Date(s) and Time(s): 6/15/2020 - 8/7/2020

Activity Location(s), Premises or Facility(ies): ASI Peak Adventures at Sac State

In consideration for being allowed to participate in this Activities and/or use of the Premises or Facility, on behalf of myself and my next of kin, heirs and representatives, **I release from all liability and promise not to sue** the State of California, the Trustees of the California State University, California State University, Sacramento, and their employees, officers, directors, volunteers and agents (collectively "University") and the Associated Students Incorporated at Sacramento State and their employees, officers, directors, volunteers and agents (collectively "Auxiliary Organization"), State of California, through its department of Parks and Recreation, and their employees, officers, directors, volunteers and agents (collectively "California Department of Parks and Recreation"), and the United States Bureau of Reclamation, and their employees, officers, directors, volunteers and agents (collectively "United States Bureau of Reclamation") from any and all claims, **including claims of the University's or Auxiliary Organization's or the California Department of Parks and Recreation's or the United States Bureau of Reclamation's negligence** resulting in any physical or psychological injury (including paralysis and death), illness, property damage or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in the Activity. I am aware of the risks associated with traveling to, from and participating in the Activity, which include but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, death and/or property damage. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, negligence, conditions related to travel, or the condition of the Activity Location(s). **Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity, including travel to, from and during the Activity.**

I agree to hold the University, Auxiliary Organization, the California Department of Parks and Recreation, and the United States Bureau of Reclamation harmless from any and all claims, including attorney's fees or damage to my personal property that may occur as a result of my participation in this Activity, including travel to, from and during the Activity. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I am 18 years or older. **I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation from all liability, (b) promising not to sue the University, the Auxiliary Organization, the California Department Parks and Recreation and the United States Bureau of Reclamation (c) and assuming all risks of participating in the Activity, including travel to/from and during the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I have read this document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Participant Name (Print): _____ Date: _____

Participant Signature: _____

****If Participant is a minor under 18 years of age, a parent or guardian must fill out and sign pages 2-4.****



RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS
(Continued)

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. **I understand the legal consequences of signing this document, including (a) releasing the University, the Auxiliary Organization, the California Department of Parks and Recreation and the United States Bureau of Reclamation from all liability on my and the Participant's behalf, (b) promising not to sue on my and the participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to/from an during the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

I have read this two-page document, and I am signing it freely. No other representations concerning the legal effect of this document have been made to me.

Signature of Minor Participant's Parent/Guardian

Name of Minor Participant's Parent/Guardian (Print)

Date

Minor Participant's Name (Print)

Minor Participant's Birthdate (MM/DD/YY)



MEDICAL CONSENT FORM

Dear Parent/Guardian

Your son/daughter is below the legal age of consent (18 years of age). The law requires that we have your permission to give medical service should the need arise. Your signature on the consent form will authorize us to proceed with the care of the lesser types of medical problems that may occur. In the event of any major health problems, we will notify you as promptly as possible and follow your instructions. If we are unable to contact you or your alternative listed below, your child will be taken to the nearest emergency room facility.

Name of Student: _____ Age: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Date of Birth: _____ Email: _____
 Home Phone: _____ Other Phone: _____
 Parent's Name: _____ Mobile Phone: _____
 Parent's Name: _____ Mobile Phone: _____

**IN CASE OF AN EMERGENCY,
PERSONS TO CONTACT IF PARENTS OR GUARDIAN CAN NOT BE REACHED.**

Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____
Name: _____	Home Phone: _____
Relationship: _____	Cell Phone: _____

Does your child have any severe medical problems that we should know about? (For example: asthma, allergies to drugs, heart trouble, epilepsy, diabetes, physical disability etc.?) Please specify.

Should there be any limits on his/her physical activity? If so, what are they?

Has your child had any serious illness in the last three years? If yes, please explain:

Continue on back



At the present time, is your child under a doctor's care? If yes, for what?

Is your child taking any medications or behavioral drugs at this time?

If yes, please explain:

Can we contact your doctor for medical reports? Yes No

Doctor: _____ Phone: _____ Hospital: _____

When was the last time your child had a complete physical examination?

Date: _____ Doctor: _____ Phone: _____

Medical Insurance Information

Name of the Insurance Company:	_____
Phone Number:	_____
Patient Record Number:	_____
Policy Number:	_____
Billing Info:	_____

Please list any other information of importance.

I do hereby authorize the performance of medical examinations and necessary treatments (including test, x-rays, drugs, etc.) as may be deemed advisable or necessary by the physician in attendance. This consent shall be in effect for the period of time that my son or daughter participates in Associated Students Incorporated sponsored activities. If an emergency arises requiring a major surgical procedure, the camp director will attempt to reach me and to be guided by my wishes: but if I cannot be reached, I authorize the attending physician to act as medical judgment may dictate.

Parent's/ Guardian's Signature: _____

Parents Email: _____

Date of Consent: _____



ASSOCIATED STUDENTS INC. PHOTOGRAPHIC, VISUAL, AUDIO, IMAGE RELEASE

This agreement is given in consideration of my own or, if applicable, my child’s photograph, image and or audio of said personal likeness being taken and possibly published on Internet Websites, Broadcasts, and other publications as released to or by California State University, Sacramento, hereinafter the University, and Associated Students of California State University, Sacramento, hereinafter Associated Students, Inc.

WARNING AND ASSUMPTION OF RISK:

I understand that there are inherent risks associated with publication of my own or my child’s photograph, audio and image of personal likeness on the Internet, in videos and in publications. These risks may include but not be limited to identity theft and wrongful assumption by others of my or my child’s identity or who I or my child is and or danger to myself or my child. I agree to assume these risks, whether known or unknown to me of permitting publication of my own or my child’s photograph, image of personal likeness and or personal audio on the internet, in publications or in videos.

GRANT OF PERMISSION TO TAKE PHOTOGRAPHS, IMAGES AND PERSONAL AUDIO:

I grant permission to the University and to Associated Students, Inc., and their employees and agents to take and use photographs, and visual/audio images of myself or my child for any legal purpose. Visual/audio images include any type of recording, including but not limited to photographs, digital images, drawings, renderings, voices, sounds, video recordings, audio clips or accompanying written descriptions. I grant this with the understanding that the University, and Associated Students Inc. will not materially alter the original images. In accordance with this grant, I also waive my and my child’s rights to inspect or approve finished images or electronic matter prior to publication and waive compensation for their use.

RELEASE:

On behalf of myself and/or my child and our heirs, I hereby waive, release and discharge any and all claims of damages for death, bodily injury, personal injury or property damage which I or my child may sustain, or which hereafter accrue to me or my child, against the State of California, the Trustees of the California State University, California State University, Sacramento, and Associated Students, Inc. as a result of my own or their own personal photograph(s), image of personal likeness or personal video/audio being published except for those liabilities, claims and costs arising from the sole active negligence of the above stated entities. This release is intended to discharge the State of California, the University, the California State University Trustees, Associated Students, Inc., and their officers, employees, directors, agents and volunteers, from and against any and all liability arising out of or connected in any way with publication of my own or my child’s photograph(s), images of personal likeness, or personal video/audio, except for the related sole active negligence of these entities. It is further understood and agreed that this waiver, release and assumption of risk is entered upon behalf of my child and myself and shall be binding on my and their heirs and assigns.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have been fully informed of the risks and dangers involved in photographic publication of my own or my child’s photograph, images of my/their personal likeness and video/audio. I acknowledge that I have read, agree, and fully understand the above Warning, Waiver, Assumption of Risk and Release of Liability.

PARTICIPANT NAME (Print): _____

SIGNATURE (if 18 years old or older): _____ Date: _____

NAME OF PARENT LEGAL GUARDIAN (if 18 years or younger): _____

SIGNATURE OF PARENT/LEGAL GUARDIAN (if 18 years or younger): _____ Date: _____

Participant’s Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

(Parent or legal guardian must sign for all persons under the age of 18. Proof of age may be required.)

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UNIVERSITY UNION OPERATION OF CALIFORNIA STATE UNIVERSITY, SACRAMENTO, INCORPORATED/THE WELL RELEASE AGREEMENTS FORM (MINOR)

Waiver and Release of Liability; Consent to Use Picture(s), Video(s) or Likeness(es); and Medical Release

Waiver and Release of Liability

1. Voluntary Participation. I acknowledge that I have voluntarily applied to participate in certain activities made available by the University Union Operations of California State University, Sacramento, Inc. (UUOCI)/the WELL (hereafter known as "WELL"), at California State University, Sacramento (hereafter known as "Sacramento State"). These activities include, but are not limited to Intramurals, Fitness, Rock Climbing, Open Recreation, Classes, contracted facility service rentals, and Personal Training activities conducted in WELL facilities and elsewhere at Sacramento State under the direction of WELL staff("WELL Activities").

2. Assumption of Risk. I ACKNOWLEDGE THAT PARTICIPATION IN WELL ACTIVITIES OR ANY ACTIVITIES INCIDENTAL THERETO IS POTENTIALLY HAZARDOUS AND INVOLVES CERTAIN RISKS OF INJURY, INCLUDING, BUT NOT LIMITED TO, LACERATIONS, PULLS AND STRAINS, CONCUSSIONS, BROKEN BONES, LOSS OF LIMB(S), PARALYSIS, OR DEATH. I ACKNOWLEDGE THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHER'S ACTIONS, INACTION OR NEGLIGENCE. I AM VOLUTARILY PARTICIPATING IN WELL ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY ACCEPT ANY AND ALL INHERENT RISKS OF PROPERTY DAMAGE, PERSONAL INJURY, OR DEATH.

3. Release. As consideration for being permitted to participate in Well Activities and use related facilities, I hereby release and covenant not-to-sue UUOCI/the WELL, Sacramento State, The CSU Board of Trustees, the State of California and any of their officers, employees or agents (collectively the "Releasees"), from any and all present and future actions, claims or demands resulting from ordinary negligence on the part of the Releasees, for property damage, personal injury, or wrongful death arising as a result of my engaging in any WELL Activities or any activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, assigns, guardians or legal representatives as a result of my participation in Well Activities. I further agree to indemnify and hold harmless UUOCI/the WELL, Sacramento State, The CSU Board of Trustees, and the State of California and other Releasees for any and all claims arising as a result of my engaging in WELL activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

Consent to Use of Picture(s), Video(s) or Likeness (es)

Furthermore, I also acknowledge that UUOCI/The Well and Sacramento State may have occasion to take pictures and videos of Well Activities in which I am participating and I give to UUOCI/The WELL and Sacramento State, the absolute right and permission to use any picture(s), video(s), or likeness(es) of me, taken or created by an agent of UUOCI/The WELL or Sacramento State, either singularly or included in whole or in part, or composite or distorted in character or form, in conjunction with my own or a fictitious name, or reproductions in color, or otherwise, for, as part of or in conjunction with any future use(s).

Acknowledgement of Policies and Procedures

I acknowledge and agree to abide by all of the policies and procedures relating to the facility, activities, and equipment and understand that the proper and safe use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures that can be found at <http://www.thewell.csus.edu/>

Camper Questionnaire

Name: _____ Nickname: _____

How old are you? _____ When is your birthday? _____

Where do you go to school? _____

What are your favorite sports? _____

What are your favorite activities or hobbies? _____

What food do you like to eat? _____

What is your favorite snack? _____

What is your favorite TV show? _____

What is your favorite movie? _____

Do you have any brothers or sisters? _____

Do you have friends/family coming to camp with you, if so who? _____

What is your favorite outdoor game? _____

Have you ever done the following activities?

- Hiking
- Backpacking
- Rafting
- Rock Climbing
- Winter Sports
- Camping
- Canoeing/Kayaking