



# CAMP SUMMIT

catholic adventure camp

## ADULT LEADER REGISTRATION (for all adults 18+)

### Adult Consent & Liability Waiver with Medical Release, Page II

**Emergency Medical Treatment:** In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered.

**Emergency Contact:** In the event of any emergency and for permission for treatment beyond emergency procedures, please contact:

Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

**Insurance Information:**

Health Plan Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone No. \_\_\_\_\_

**Media Release:** The undersigned consents that the Diocese of Winona be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of myself for lawful purpose and the undersigned does hereby release the Diocese of Winona from any liability in connection with such use. There will be no compensation for use of any photograph or video at the time of publication or in the future.

I fully understand the consequences of and sign this Liability Waiver and Permission knowingly, freely, and willingly.

▶ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Eagle Bluff High Ropes Course and Climbing Wall:** I acknowledge that my participation in the high ropes and climbing wall activities entails known and unanticipated risks. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I fully understand the consequences of and sign this Liability Waiver to participate in the high ropes and climbing wall activities.

▶ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Required:** A background check must be done within five years of camp. Contact your parish if you do not have this or need it updated.

\_\_\_\_\_ Date of Most Recent Background Check, by \_\_\_\_\_ *Name of Parish/Work/School*

\_\_\_\_\_ Date of Most Recent Safe Environment (VIRTUS) Training

**Optional Medical Information:**

*The Diocese of Winona will take reasonable care to see that the following information will be held in confidence.*

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc...)
- Date of last tetanus/diphtheria immunization \_\_\_\_\_
- Medically prescribed diet
- Physical limitations
- You should also be aware of these special medical conditions:

Describe the checked items above:

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NAME OF SCHOOL/GROUP: \_\_\_\_\_

\_\_\_\_\_  Male  Female  
Last Name First Name Middle Initial Age

\_\_\_\_\_ Phone Number  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_ Email Address  
Mailing Address: Street, PO Box, Apt. #, etc.

\_\_\_\_\_ Zip Code  
City State

Emergency Contact Person \_\_\_\_\_

Relationship to You \_\_\_\_\_

Mailing Address (if differs from above) \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

**Activity Level:** Are you capable of participating in physically strenuous activities? i.e. hike up hills, put weight on joints, carry equipment, etc.

Yes

No, please explain:

**Medical & Behavioral Conditions:** Please include all conditions such as diabetes, epilepsy, heart conditions, asthma, etc. Also include treatments such as casts, pacemakers, etc. applicable at the time you will be at Eagle Bluff.

**Allergies & Intolerances:** Please list your allergies to medications, insects, food, and explain. **All life threatening allergies must be communicated to your group leader or directly to Eagle Bluff prior to an Eagle Bluff visit.**

**Medications:** List all **prescription** medications you are currently taking and explain:

**AUTHORIZATION & RELEASE SIGNATURE (please read statement on back of page):**

**X** \_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_ **DATE**

**NOTE: Failure to sign this form will prohibit you from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.**

Eagle Bluff does not have permission to take photos of me.

I do not wish to receive information about Eagle Bluff.

## MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption Of Risk

### **Message from Joe Deden, Eagle Bluff's Executive Director:**

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. Each course has thousands of users every year and we have never had any major injuries. We adhere to the highest standards of safety and supervision in every class that we offer.

If you have any questions or concerns, please call me personally at (507) 467-2437, extension 104.

**By signing the front of this form, I agree to the following...**

I acknowledge that my participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**I also agree to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if I fail to comply with the rules and policies, I may be expelled from Eagle Bluff and sent home at my expense.**

I hereby wish to participate in Eagle Bluff activities and further agree to the terms herein contained. I agree to indemnify and hold harmless Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as EBELC) from any and all claims, demands, or causes of action which are brought by myself and/or on behalf of myself against EBELC, and which are in any way connected with such use or participation. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, 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. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby represent that I am in good health, that I have identified all medical conditions associated with myself, and that I have adequately informed EBELC personnel of any special instructions regarding my participation. I certify that I have adequate insurance to cover any injury or damage that I may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I authorize EBELC personnel to call for medical care or to transport me to a medical facility or hospital if, in the opinion of such personnel, I need medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for my health, in their professional opinion. I agree that once I am in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the situation and I agree to pay all costs associated with such medical care and transportation.

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## ADULT LEADER CODE OF CONDUCT & GUIDELINES

To be Signed by Adults 18+

As an adult leader, you set an example for the young people participating in this event. The following is what the diocese requires of you as a leader.

- I. Adult leaders must be at least 21 years old. 18-20 year-olds no longer in high school are considered adults, but are not able to be chaperones.
- II. Safe environment training [VIRTUS] and a background check should be up-to-date (within the past five years of camp).
- III. All adult leaders are responsible for helping to enforce the Code of Conduct and should use the Code as a guide for their own behavior.
- IV. Adult leaders are expected to refrain from drinking alcoholic beverages for the duration of the event, as well as during their travels to and from the event.
- V. The possession or use of illegal drugs by an adult will not be tolerated and will be reported.
- VI. No weapon of any kind may be possessed by an event participant, youth or adult.

In addition, your group leader will give you more detailed information on what is expected of you as a leader. As a volunteer of the parish, you are responsible for enforcing rules set forth by the parish and diocese.

The following suggestions are typical of your role, but not exclusive as leader during camp. If you have any questions about what to do as an adult leader, check with your parish group leader.

- I. The recommended ratio for adult leaders to youth is one adult for every five youth and gender specific.
- II. Adults, as well as youth, are expected to attend activities.
- III. During event activities, adult leaders should be available in the area where the activity takes place to supervise all youth.
- IV. Young people should be assigned a specific adult leader who will be responsible for their supervision and care throughout the event.
- V. Adult leaders should review the code and related guidelines with the youth assigned to them and assure that the young people understand important safety information.
- VI. Adult leaders are responsible for enforcing the diocesan curfew and for keeping noise to a minimum in the sleeping areas. The Camp Director sets the curfew. Adult leaders do not have the authority to extend it.
- VII. Be aware of noise levels in sleeping areas. All people have the right to quiet time and privacy.
- VIII. It is suggested that adult leaders check rooms periodically after curfew to make sure the young people remain in their rooms.
- IX. No less than two adult leaders may enter a youth sleeping room. One of the leaders must be of the same gender as the youth in the room they are entering.

I agree to abide by the code of conduct/adult leader guidelines when traveling to and from and during Camp Summit. I understand that any action inconsistent with the Code of Conduct/Guidelines or failure to take action mandated by this Code of Conduct/Guidelines may result in my removal from this event.



Signature \_\_\_\_\_

Date \_\_\_\_\_

CAMP SUMMIT is a ministry of the Diocese of Winona, Minnesota  
[www.campsummitwinona.org](http://www.campsummitwinona.org)