



Camper Forms



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Hi David Ragon! (Logout)

Click an attendee name below to continue on to the health form, and terms and conditions.

Shadowbrook Baptist Church **2016 June 20 - 25** **Balance: N/A**

Location: Snowbird Wilderness Outfitters



David Ragon
Summer Camp 2016: Week 4

(Enrolled)

Only an Administrator of Shadowbrook Baptist Church can make payments for this registration

View All
View all itineraries from past years



Hi David Ragon! (Logout)

Registration Details

Itinerary #37

David Ragon (Enrolled)

[Edit Attendee](#)

Balance:

N/A



Snowbird Wilderness Outfitters
Summer Camp 2016: Week 4
06/20/2016 - 06/25/2016

Only an Administrator of Shadowbrook Baptist Church can make payments for this registration

Camp Services

Information

Company Information



Health Form

Manage medical information

Incomplete



Terms and Conditions

View and sign terms and conditions

Incomplete



Hi John Ragon! (Logout)

Attendee Selection

John Ragon - Summer Camp 2016: Week 4

► **Medical History**
Confirmation

Medical History - Allergies

Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Please check if the attendee is allergic to the environment (Insect Stings, Bee Sting Penicillin Hay Fever Poison Ivy/Oak Bacitracin Sumac Antihistamine Etc. **Yes** **No**

Please describe below what the attendee is allergic to and the reaction seen.

[cancel](#)



Hi John Ragon! (Logout)

Attendee Selection

John Ragon - Summer Camp 2016: Week 4

Medical History Confirmation

Medical History - Non-Prescription Medications

Over the Counter Medications which CAN BE Administered to Participant

Tylenol Yes No

Ibuprofen Yes No

Antihistamine Yes No

Tums Yes No

Simmer's Ear Yes No

Epipen Yes No

Other Yes No

diphenhydramine

cancel Continue



Hi John Ragon! (Logout)

Attendee Selection

Medical History Confirmation

John Ragon - Summer Camp 2016: Week 4

Medical History - Emergency Contacts

Contact Details

Relationship to Attendee

Contact's Full Name

Daytime Phone

Evening Phone

Cell Phone

Save Cancel

ould be contacted first.

cancel Continue



Hi John Ragon! (Logout)

Attendee Selection

► **Medical History**
Confirmation

John Ragon - Summer Camp 2016: Week 4

Medical History - Emergency Contacts

Please provide emergency contacts in order of who should be contacted first.
A minimum of 2 contacts are required.

[Add Contact](#)

Joe Ragon

Parent
Day: (111) 444-8888
Eve:
Cell:
[Remove](#) [Edit](#)

Renee Ragon

Parent
Day:
Eve:
Cell: (777) 333-1111
[Remove](#) [Edit](#)

[cancel](#) [Continue](#)



Hi John Ragon! (Logout)

Attendee Selection

John Ragon - Summer Camp 2016: Week 4

Medical History Confirmation

Medical History - Immunizations

Please indicate date(s) of all Attendee immunizations that Snowbird Wilderness Outfitters requests. The following are required to be current:

Diphtheria, tetanus, pertussis (DTaP or Tdap) and/or Tetanus booster (dT or Tdap)

Immunization Details

Choose the immunization type and enter the most current date received.

Immunization Type:

- Select -

Save Cancel

ated record. It
d health.

cancel Continue



Hi John Ragon! (Logout)

Attendee Selection

► **Medical History**
Confirmation

John Ragon - Summer Camp 2016: Week 4

Medical History - Immunizations

Please indicate date(s) of all Attendee immunizations that Snowbird Wilderness Outfitters requests. The following are required to be current:

Diphtheria, tetanus, pertussis (DTaP or TdaP) and/or Tetanus booster (dT or TdaP)

Attendees will not be allowed to participate in activities without a completed record. It may not be necessary to use all boxes provided below.

-- **I have religious / personal objections, and my child is in good health.**

[Add Immunization](#)

Tetanus - Diphtheria - Pertussis

Date 1: 1/12/2015

Date 2:

Date 3:

Date 4:

Date 5:

[Remove](#) [Edit](#)

[cancel](#)

[Continue](#)



Hi John Ragon! (Logout)

Attendee Selection

► **Medical History**
Confirmation

John Ragon - Summer Camp 2016: Week 4

Medical History - Additional Info

Fill out the attributes below

2 - Medical Insurance Information

This attendee is covered by family medical/hospital insurance *

- No
- Yes

Insurance Company

Bluecross

Policy Number

8882342343

Subscriber

32234

Group Number *

235235235235www

Insurance provider address *

12 Fields Road, Nashville

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& Media](#)[Blog](#)Hi John Ragon! [\(Logout\)](#)

Attendee Selection

► Medical History Confirmation

John Ragon - Summer Camp 2016: Week 4

Medical History - Release

Please read carefully and sign below to agree to the terms.

SNOWBIRD OUTFITTERS, INC
Medical Authorization Agreement and Waiver of
Liability, Release and Indemnification
(Effective for One Year from Date of Signing)

Please read this Agreement carefully. Your signature below indicates that you have read and understand every provision of this Agreement, and that you unequivocally agree to all terms, conditions, and promises herein. By signing below, I, as an Adult Participant or on behalf of the Minor Participant (hereinafter jointly and separately referred to as the "Participant") agree as follows:

I understand and acknowledge that Snowbird Outfitters, Inc. (hereinafter "SWO") does not offer or provide medical care of any nature or type at its facilities or with any of its programs and activities, whether those are onsite or offsite. SWO has no physician or nurse on its staff. SWO does have and can provide a limited selection of "over the counter" medications to Participants (e.g. Tylenol, Ibuprofen, etc.), but I understand and agree that the decision as to whether such medications will be taken by the Participant is the sole and exclusive responsibility of the Participant and/or the adult leader accompanying the Participant.

AUTHORIZATION AND CONSENT FOR MEDICAL CARE: I hereby authorize and consent to any physician(s), nurse, and/or staff of any medical care provider to examine, diagnose, treat, test, and care for the Participant as necessary while the Participant is attending and/or participating with SWO. Said medical care may be given without any further permission or authorization from me. This consent should be interpreted to authorize the provision of any and all medical care to the Participant deemed reasonably necessary by any medical provider.

RESPONSIBILITY FOR MEDICAL EXPENSES: I also authorize payment of medical benefits for any medical care furnished to the Participant by any medical care provider. I authorize you to release to my insurance company information concerning the health care provided to the Participant while participating with SWO. In the event of any injury or illness requiring transportation to an independent medical facility, I



members, managers, administrators, agents, employees and/or volunteers, and/or other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of the premises where SWO is conducted or where off-camp activities are conducted (collectively "RELEASEES"), FROM/FOR ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED OR ALLEGED ARISING FROM OR RELATED TO ANY AND ALL MEDICAL CARE RECEIVED BY THE PARTICIPANT WHILE PARTICIPATING OR ATTENDING SWO, INCLUDING ANY AND ALL CLAIMS ALLEGED FOR EMOTIONAL DISTRESS and/or CLAIMS ARISING FROM NEGLIGENT RESCUE AND/OR EMERGENCY RESPONSE OPERATIONS

I FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE PARTICIPANT, OR ANYONE ON THE PARTICIPANT'S BEHALF MAKES A CLAIM ARISING FROM ANY INJURY (INCLUDING DEATH), LOSS, AND/OR DAMAGE EXPERIENCED BY ME OR THE PARTICIPANT ARISING FROM MEDICAL CARE PROVIDED TO THE PARTICIPANT, I AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS EACH AND ALL OF THE RELEASEES FROM ANY AND ALL LITIGATION EXPENSES, ATTORNEYS FEES, LOSS LIABILITY, DAMAGES, AND/OR ANY OTHER COSTS THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

FORUM SELECTION AND CHOICE OF LAW: I agree that in the event that any claim or dispute of any nature arises out or relating to 1) the Participant's participation with SWO on or off its premises, 2) this Agreement and/or 3) the Participant's participation with any activity offered through or by SWO, such claim or suit shall only be brought in the North Carolina state courts located in Cherokee County and that only North Carolina law shall apply to any such claim or suit.

By signing this on behalf of a Minor Participant, I understand that I am binding myself and the Minor Participant as set out above and that this Agreement is fully integrated and supercedes any oral or written expressions between the Parties about SWO and participation with its activities.

Below is an electronic signature of my name that, for purposes of this Agreement, I adopt as my signature. I agree that this electronic signature is the legally binding equivalent of my handwritten signature on paper. I waive any and all claims that the electronic signature below does not legally bind me to the terms of this Agreement. By signing, I understand that I am signing this Agreement with the intent of being bound by all of its terms. I further acknowledge that I have read and fully understand the terms of the Agreement; I voluntarily agree to be bound by this Agreement; and I certify that I am 18 years of age or older.?

Signature

john ragon

cancel Continue



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Hi John Ragon! (Logout)

Registration Details

Itinerary #37

John Ragon (Enrolled)

[Edit Attendee](#)

Balance:

N/A



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Health Form

Completed 10/07/15

Manage medical information



Terms and Conditions

Incomplete

View and sign terms and conditions



Hi John Ragon! (Logout)

Attendee Selection

- **Terms and Conditions Confirmation**

John Ragon - Summer Camp 2016: Week 4

Terms and Conditions

Please read through the following terms and conditions. To agree to these conditions, check the box underneath each term and condition and type in your first and last name in the text box at the bottom of the page.

Snowbird Waiver of Liability

between the Parties about SWO and participation with its activities.
 Below is an electronic signature of my name that, for purposes of this Agreement, I adopt as my signature. I agree that this electronic signature is the legally binding equivalent of my handwritten signature on paper. I waive any and all claims that the electronic signature below does not legally bind me to the terms of this Agreement. By clicking "Apply Signature", I understand that I am signing this Agreement with the intent of being bound by all of its terms. I further acknowledge that I have read and fully understand the terms of the Agreement; I voluntarily agree to be bound by this Agreement; and I certify that I am 18 years of age or older. My electronic signature below applies to all pages of this contract.

I agree to the terms and conditions listed above

Ocoee-Raft One

Raft One
PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT
****** READ BEFORE SIGNING ******
 Organization Name



electronic signature below does not legally bind me to the terms of this Agreement. By clicking "Apply Signature", I understand that I am signing this Agreement with the intent of being bound by all of its terms. I further acknowledge that I have read and fully understand the terms of the Agreement; I voluntarily agree to be bound by this Agreement; and I certify that I am 18 years of age or older. My electronic signature below applies to all pages of this contract.

I agree to the terms and conditions listed above

Ocoee-Raft One

Raft One

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

**** READ BEFORE SIGNING ****

Organization Name

Participant Name

WHEREAS, I fully understand and acknowledge that outdoor recreational activities has: (a) inherent risks, dangers and hazards and such exists in my use of Raft 1 Co.

I agree to the terms and conditions listed above

Required Signature:

John Ragon

Above is an electronic signature of my name that, for purposes of this Agreement, I adopt as my signature. I agree that this electronic signature is the legally binding equivalent of my handwritten signature on paper. I waive any and all claims that the electronic signature below does not legally bind me to the terms of this Agreement. By signing, I understand that I am signing this Agreement with the intent of being bound by all of its terms. I further acknowledge that I have read and fully understand the terms of the Agreement; I voluntarily agree to be bound by this Agreement; and I certify that I am 18 years of age or older.

cancel Continue



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Hi John Ragon! (Logout)

My Account Dashboard

Please use the links below to navigate.



View Itineraries

View and manage your itineraries and registrations



Register Online

Create a registration for a new event or add to an existing one



Support SWO

Make a donation to our company



My Profile

Modify your contact and signin information



Make a Payment

Make a payment on your itinerary balance



Manage Guests

Allow friends and relatives to view photos and send emails



Enter a Request Code

Activate a request code sent to you from a group leader