

Whitetail Farside Adventure Camp

Dear Parent or Guardian,

Thank you very much for enrolling your child/children in the Whitetail Farside Adventure Camp. It promises to be a fantastic week. We are excited about the quality and experience of the instructors and facilitators that we have assembled to work with the campers.

Our mission is to provide the ideal outdoor environment and a unique opportunity for children to learn valuable skills and make new friends through programs that are challenging, educational and fun. We strive to create space for young people to learn how to work as a group while gaining confidence in their unique abilities as individuals.

Medications: If any medications need to be administered to your child while at camp, they should be properly labeled and given to the camp counselor with specific written directions.

Check In: Check in is from 3 - 6pm on Sunday July 29th or Sunday August 5th (depending on your chosen camp week). Please come to the Adventure Tubing Lodge for check in. You will then be able to escort your child to our camp dorm and help them get settled in their room. Friends can room together per request.

Our Camp Includes:

- ☺ Lodging, meals, and exceptional activities for the week. Vegetarian meal options are available upon request.
- ☺ Camp T-shirt; Group photo; a craft; and much more.
- ☺ On Friday, we would like to invite all parents to come and enjoy the afternoon with us. Awards, Wrap-up and Refreshments beginning at 12:30 pm.

Cancellation Policy:

If you cancel before 72 hours a full refund will be issued, within 72 hours, no refunds will be given. If you have any questions or concerns, please call Tangela at (717) 328-9400 ext. 3526.

You may also email us at tmgibbons@skiwhitetail.com .

Thank you for choosing Whitetail Adventure Camp as a summer activity for your child. **Please mail these forms to: Whitetail Resort, Attn: Tangela Gibbons, 13805 Blairs Valley Road, Mercersburg, PA 17236 or email to tmgibbons@skiwhitetail.com at least one week prior to camp.**

The Farside Adventure

What to bring to camp?

General Tips:

- Label everything! And be sure your camper knows what's packed so they know what to bring back home with them.
- Please leave valuables, including electronics and jewelry, at home.
- Campers may bring some cash for a souvenir or tasty treat if they wish. Campers will receive the Camp T-shirt and water bottle as part of the camp experience.

What to Pack:

- 6-7 T-shirts
- 6-7 pair of shorts
- A swimsuit and beach towel
- 1-2 pair of pants (jeans or sweatpants)
- A rain resistant jacket
- 1-2 sweatshirts
- 6-7 pair of underclothes
- 1-2 pairs of Pajamas or other sleeping attire
- 6-7 pairs of socks
- 1 extra pair of Sneakers (wear a pair)
- 1 pair of water shoes (close toed sandals) no flip flops please.
- A large plastic bag for dirty clothes
- Back pack for day trips and excursions
- Sunscreen
- Bug spray
- Sleeping bag or twin sheets and cover
- Pillow
- 2 Bath towels and several wash clothes
- Toiletries—soap, shampoo, toothbrush, toothpaste, comb, brush, deodorant, etc. (pack these items in a plastic tote or box that can easily be taken to the shower facilities)
- Medications, if necessary(please give to counselor for administration)
- Personal mementos from home (stuffed animal, family photo or other special object)
- It's nice to include a secret note from Mom or Dad to be found when unpacking

Housing: Our accommodations consist of dorm style living. Girls and boys live on separate levels of the dorm and share rooms with another peer or in some cases, several peers. Our dorms have full bathrooms and shower facilities along with a common area and kitchen.

General Camp Rules:

- Counselor must know where you are at all times
- Respect all our staff members
- Respect each other
- Respect our facilities and equipment
- Respect our natural environment

Discipline: We will make every effort to correct a situation if a behavioral issue arises. If a camper refuses to cooperate, his or her parent will be contacted to pick up their child. Under no circumstances will possession of tobacco products, alcohol, drugs, knives, guns, or other weapons be tolerated. We will ask that any campers found with such items be picked up immediately. **No refunds or exchanges will be offered if your child leaves camp for disciplinary actions.**

Medical Emergencies: Counselors carry a two-way radio to contact our first aid and/or camp director, who will attempt to make contact with the camper's emergency contacts. If no one can be reached, we will accompany the child to the most appropriate medical facility. Each group of kids will have one counselor trained in First Aid and CPR at all times.

Meals: All our meals are prepared by the campers in our Camp lodge. Groups of campers will be responsible for preparing & serving the meal and cleaning up afterwards. This will work on a rotational schedule for the week allowing all campers to participate equally.

The Farside Adventure - MENU

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>
Breakfast		Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins French Toast w/syrup Sausage	Assorted Cold Cereals Fresh Fruit cottage cheese Omelets Bacon
Lunch		Hamburger / Cheeseburger French Fries Applesauce Brownie	Jumbo Dog or Ital. sausage Macaroni & Cheese Peas Rice Krispy Treats
Dinner	Lasagna Green Beans Ice Cream	Sloppy Joes / Pulled Pork Tater Tots Corn on the Cob Apple Cobbler	Spaghetti Meatballs Steamed Broccoli Garlic Bread Yogurt Parfaits
	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Breakfast	Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins Sausage Gravy w/Biscuits	Assorted Cold Cereals Fresh Fruit Cottage Cheese Oatmeal Bagels	Assorted Cold Cereals Fresh Fruit Yogurt w/add-ins Pancakes w/syrup Scrambled Eggs Bacon
Lunch	Tuna Salad Sandwich Turkey Sandwich Pretzels Apple Cookie	Chicken Tenders pasta salad chips pudding	Ham & Cheese Sand Chicken Salad Sand celery/ carrot sticks + ranch Cookies
Dinner	guac + salsa.... Taco/burrito bar Spanish Rice Refried Beans Cake	(open fire) Marinated Steak or Chicken Grilled Veggies Baked Potato Watermelon	

Whitetail Resort FAR SIDE CAMP – Registration Form

Camper Information

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Address _____ City _____ State _____ Zip _____

Sibling Registration:

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Camper's Name (First, Last) _____ Nickname _____ Gender _____

Date of Birth ___/___/___ Age _____ T-Shirt Size (please circle one):

Parent/Guardian Information

Name(s) _____

Email Address _____ Best Way to Contact _____

Home _____ Work _____ Cell _____ Alternate _____

Emergency Contacts

Name _____ Relationship to Camper _____

Preferred Phone _____ Alternate Phone _____

Name _____ Relationship to Camper _____

Preferred Phone _____ Alternate Phone _____

Camper's Name: _____

Medical Information

Whitetail Resort will comply with all applicable state and federal laws related to privacy of information.

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

*** Sibling's Name: _____

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

*** Sibling's Name: _____

Y N Does the camper have allergies? If yes, please specify: _____

Y N Does the camper take rescue medication for above? If yes, please specify: _____

Y N Does the camper take any daily *prescriptions/medications*? If yes, please specify: _____

Has the camper been treated for any other medical conditions: _____

Name of Primary Care Physician _____

Phone _____

Health Insurance Co. Name _____

Phone _____

Verification of Accuracy and Full Disclosure

I acknowledge that I have provided all known medical related information that may affect my child's participation. I agree to notify the staff if there is any change in my or my child's physical or medical condition prior to my child's scheduled activity.

Signature _____

Consent for Medical Treatment

I consent to emergency first aid or medical treatment, which may become necessary during or in connection with my minor child's participation while at the Whitetail Resort Farside Adventure Camp.

Signature _____

Camper's Name: _____

Camp Release Agreement**

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that participation in the Whitetail Resort Adventure Camp will include outdoor adventure activities such as; Team Building, High and Low Ropes, Zip Lines and other climbing related activities, Kayaking, Shooting Sports, River Tubing, Slip and Slide, Fishing, and Hiking, as well as Mountain Adventures at Roundtop Mountain. These activities like all outdoor adventure activities contain an inherent risk of serious injury or death.

I understand that I may choose not to allow my child's participation in a specific activity and may do so by specifying that activity below:

My child ***may not*** participate in: _____

ASSUMPTION OF RISK

UNDERSTANDING THE HAZARDS INHERENT TO THE CAMP ACTIVITIES, I AGREE TO ASSUME FOR MY MINOR CHILD, ALL OF THE RISKS INVOLVED.

RELEASE FROM LIABILITY

In consideration of my child being permitted to participate in the Adventure Camp at Whitetail Resort,

I AGREE NOT TO SUE, TO RELEASE, HOLD HARMLESS, INDEMNIFY AND DEFEND THE WHITETAIL MOUNTAIN OPERATING CORP., SNOWTIME INC., ITS OWNERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY IN ANY WAY RELATED TO MY CHILD'S PARTICIPATION OR USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE ENTITIES NAMED ABOVE.

I agree that I will advise the Counselor or staff of any medical or health conditions that might affect my child's participation in the program.

I agree to report all injuries to a Counselor or staff member before leaving the area.

I hereby grant my permission for Whitetail Resort to use any photograph, film, videotape or sound recording of my child for any legitimate business purpose.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of Franklin County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

I hereby give my permission for my child to attend the Whitetail Resort Adventure Camp, and to participate in all related activities, except those I listed above. I agree that I have read and understand the "Notice of Risk", "Assumption of Risk" and "Release of Liability" and agree to be legally bound hereto.

Signature of Parent or Guardian

Date

(The signature of one parent or guardian binds both parents or guardians to the terms of this agreement)

****Please Note: Whitetail Resort requires a Release Form for each camper. Please access the Sibling Release form online and complete for any additional campers. This can be found on the Summer Camp page of the Whitetail Resort website.**

MOUNTAIN ADVENTURES
RELEASE & ASSUMPTION OF RISK AGREEMENT

NAME: _____ DATE: _____
Please Print Date

ADDRESS: _____
Street City State Zip

E-MAIL: _____

GROUP NAME (if applicable): _____

NOTICE OF RISK

I, the undersigned, do hereby understand and agree that the recreational activities including, but not limited to, The Woods Challenge Course, Canopy Crawl, Alpine Traverse, Switchback Tower, Giants Staircase, Crow's Nest Tower, OGO, The Tree House Zip-Lines, The Sky Lift Ride, The Surface Lift, Bumper Boats, Cedar Maze, and Trail Hiking, contain inherent and other risks that could lead to serious injury or death. These risks include, but are not limited to, falling from or out of the various features, traveling at various rates of speed, collisions with other boats, participants, or spectators; collisions with natural and man-made objects, such as: trees, rocks, fencing, signage and related equipment, including the lift; falls related to rough terrain, including variations in steepness, surface conditions such as; slippery walking surfaces, and other environmental hazards.

I further agree to inspect each feature and associated equipment prior to any use of the same. I understand that I will receive instruction related to the use of features, where instruction is needed, prior to any use of the same, and agree to follow or ask for explanation of all the rules, policies, and user responsibilities. I agree that the user information provided by me is true and correct and further agree to adhere to all the feature rider limits.

I accept for use, AS IS, the Mountain Adventure facilities including the lifts and other associated equipment.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all the risks involved, **I hereby agree to expressly and voluntarily accept and assume for myself and/or my minor child all the risk involved with the use of the facilities.**

RELEASE OF LIABILITY

In consideration of being allowed to use the Mountain Adventures at Roundtop Mountain Resort, **I HEREBY AGREE NOT TO SUE AND TO RELEASE, SKI ROUNDTOP OPERATING CORP., AS WELL AS THEIR OWNERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, PROPERTY LOSS OR ANY CLAIM OTHERWISE RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE, GROSS NEGLIGENCE OR IMPROPER CONDUCT ON THE PART OF THE SAME. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.**

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. Further, this agreement is governed by the applicable laws of the state of Pennsylvania. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

If I do not agree with the above, I will not use the Mountain Adventure facility.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Participant signature: _____ Date _____
(If a minor (under 18), the signature of a parent or guardian is required)

Parent or Guardian Signature: _____ Date _____
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

PLEASE INITIAL EACH SECTION TO CONFIRM THAT YOU HAVE READ AND UNDERSTAND EACH FEATURES HEIGHT, AGE AND WEIGHT REQUIREMENTS. PLEASE COMPLETE THE PERSONAL INFORMATION BOX AT THE END

OGO – The OGO ride is a serious sports activity which should only be attempted by physically fit persons who are within our rider limits. In addition, all riders must confirm that they do not have any of the following conditions: Any physical or mental conditions which may restrict your ability to ride safely such as; existing back or neck conditions, heart conditions, pregnancy, lack of full body mobility. Injuries and mental changes can arise during and/or resulting from engaging in this activity. These injuries and changes include, but are not limited to, abnormal blood pressure, bruising, strains, cuts, dislocations, and fractures.

H2 OGO (1, 2, or 3 riders together in OGO)

WEIGHT: Maximum weight for each person = 275 lb. (27 kg)

For multiple riders (when there are 2 or 3 riders inside the OGO), the maximum combined weight is 550 lbs (250kg)

AGE: Minimum age is 6 years (Ages 6 & 7 must ride with a person over the age of 14, and only 2 riders at a time)

INITIALS

SINGLE HARNESS OGO

WEIGHT: Maximum weight per person: 200 lb. (90kg)

HEIGHT: Minimum height: 5 ft. (1.5m)

Maximum height: 6 ft 3 in.

AGE: Minimum age: 8 years

INITIALS

BUMPER BOATS

HEIGHT: Must be 44" (1.12m) to drive the boat.

Any passenger under 40" tall must wear a flotation device.

INITIALS

TREEHOUSE ZIPS

WEIGHT: Minimum weight is 70 lbs. (31.8kg) Maximum weight is 300 lb (136.07 kg)

AGE: Minimum Age: 8

INITIALS

CANOPY CRAWL / ALPINE TRAVERSE / SWITCHBACK TOWER / GIANTS STAIRCASE / CROW'S NEST TOWER

WEIGHT: Maximum weight is 300 lbs. (136 kg)

AGE: Minimum Age: 5

INITIALS

PARTICIPANT'S PERSONAL INFORMATION

Height: _____

Age: _____

Weight: _____

**VERTICAL TREK AND ROPES/CHALLENGE COURSE
RELEASE AGREEMENT**

NAME: _____ DATE: _____

ADDRESS: _____

E-MAIL: _____

GROUP NAME (if applicable): _____

AGE: _____ WEIGHT: _____ (minimum age is 10, and weight limit is 70 - 250 lbs)

DESCRIPTION OF ACTIVITY

The Vertical Trek and Ropes/Challenge Course consists of overhead zip-lines (traversing cables using safety harnesses), overhead challenges (cable, rope, net or wooden features), rappelling, climbing, short hiking, low challenge features, teambuilding activities, the use of ski lifts, and the use of canoes and kayaks. I understand and agree that my participation is based on a philosophy of "Challenge by Choice", which means that my or my minor child's participation, and level of challenge in any activity is purely voluntary.

NOTICE OF RISK

I, the undersigned do hereby understand, acknowledge and agree that, High Ropes, Zip-Lines, and other elevated elements; including climbing related activities, teambuilding activities and the use of canoes and kayaks contain inherent and other risks that could lead to permanent serious injury or death. These risks include, but are not limited to: falling to the ground, falling onto other participants, collisions with natural and manmade objects or equipment, being hit by falling objects, variations in pitch and terrain, hidden and obvious obstacles, mountainous terrain, natural environmental risks and drowning. I further understand that while instruction, rules, equipment, and personal discipline may reduce these risks, the possibility of serious injury still exists.

ASSUMPTION OF RISK

Understanding, acknowledging and agreeing to all the risks involved in the activity, **I hereby agree to expressly and voluntarily accept and assume for myself and /or my minor child all the risk involved. Further, I agree to inspect the features prior to any use of the same and agree to accept for use as is, the Vertical Trek or Ropes/Challenge Course and associated equipment.**

RELEASE OF LIABILITY

In consideration of being allowed to participate, **I HEREBY AGREE NOT TO SUE, AND TO RELEASE, SKI ROUNDTOP OPERATING CORP., AND SNOW TIME, INC., AS WELL AS THEIR AGENTS AND EMPLOYEES, FROM ANY AND ALL LIABILITY, RELATED TO ANY PAST, PRESENT OR FUTURE INJURY, PROPERTY LOSS OR CLAIM OTHERWISE RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES REGARDLESS OF ANY NEGLIGENCE ON THE PART OF THE SAME, INCLUDING: GROSS NEGLIGENCE, IMPROPER CONDUCT OR ANY OTHER CAUSE ENFORCEABLE BY LAW. I FURTHER AGREE TO INDEMNIFY AND DEFEND THE SAME, FROM ANY CLAIM RELATED TO MY OR MY CHILD'S USE OF THE FACILITIES, REGARDLESS OF ANY NEGLIGENCE.**

I agree to report all injuries to a facilitator or staff member before leaving the area.

I agree that all disputes arising under this contract shall be litigated exclusively in the Court of Common Pleas of York County, Pennsylvania or in the United States District Court for the Middle District of Pennsylvania. This agreement is governed by the applicable laws of this commonwealth. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

If I do not agree with the above, I will not use the facility.

I, the undersigned have read, understand and agree to be legally bound by the above release agreement.

Signature of Participant
(If a minor (under 18), the signature of a parent or guardian is required)

Date

Signature of Parent or Guardian (if under 18)
(The signature of one parent or guardian binds both parents or guardians in reference to this agreement)

Date

Please provide any pertinent health or medical information on the reverse side