



**GLACIER  
VIEW  
RANCH**

**Blind Camp**

**2017**

**We look forward to seeing you at camp!**

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**CAMPER APPLICATION INSIDE**

# INSTRUCTIONS

For completing Camper Application

Please use **black ink** and **print** clearly. (Pencil and blue ink do not copy well.)

1. **CAMPER APPLICATION** information is essential. **Please fill in every blank\***.
2. If **FAXING A CAMP APPLICATION TO GLACIER VIEW RANCH**, it must be accompanied with credit card payment. Call **(303) 282-3664** to give credit card information.
3. **HEALTH RECORD** must be completed.
4. **MEDICAL EXAMINATION AND CURRENT TETANUS BOOSTER** are required for **ALL** campers. Your primary care physician must complete and sign the sections provided in your application.
5. Campers must bring medicines in original containers to camp.
6. **AFFIRMATION AND LIABILITY RELEASE** section **must be signed**. If you are under 18 years of age, you must have a parent's or legal guardian's signature.
7. **COST** — This camp is made available through financial gifts from civic-minded individuals. **There is a nonrefundable application processing fee of \$60.00**. Mail the processing fee along with the application to:

**Attn: Youth Department  
Rocky Mountain Conference of SDA  
2520 South Downing Street  
Denver CO 80210**

8. **SIGHTED GUIDE INFORMATION:** You are expected to provide and pay the costs for a personal sighted guide. Sighted guides for Blind Camp are to be over 18 years old and must be the same gender as the camper. Individuals with multiple disabilities may not be eligible to attend camp.
9. Convicted sex offenders will not be accepted to attend camp.
10. Your attendance at camp is subject to receiving an acceptance letter.
11. Do not make travel reservations until you have been accepted to attend camp.

Do not staple anything to the application.

Glacier View Ranch

# 2017 CAMP APPLICATION

Due May 28, 2017

Blind Camp at Glacier View Ranch takes place from June 25<sup>th</sup> – July 2<sup>nd</sup>, 2017.  
INCOMPLETE APPLICATIONS WILL BE RETURNED (Print plainly with black ink.)

Applied at a different Blind Camp for summer 2017?  Yes  No

Attended GVR before?  Yes  No

Camper's name \_\_\_\_\_  
First Middle Initial Last

Mailing address \_\_\_\_\_  
Number & Street City State ZIP

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name camper goes by if different from first name \_\_\_\_\_

Legally blind: Central visual acuity that does not exceed 20/200 in the better eye with correcting lens; field of vision no greater than 20 degrees in its widest angle (Visual acuity of 20/200 means that a person can see at a distance of 20 feet what one with "normal" sight can see at 200 feet.)

Legally  Totally  Has seeing-eye dog

Male  Female Birthdate \_\_\_\_\_ Age \_\_\_\_\_

T-shirt size (men's sizes)  S  M  L  XL  2XL  3XL  
Month / Date / Year

Emergency Contact Name \_\_\_\_\_  
First Last Relationship

Emergency Contact Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

MAIL APPLICATION (9 center pages)

AND PROCESSING FEE TO:

Attn: Youth Department  
Rocky Mountain Conference  
2520 South Downing Street  
Denver CO 80210



OFFICE USE ONLY	
Date Received	_____
Received Processing Fee? Cash	_____ Check Number _____
MO	_____ CC _____
Camp Registration (Amount)	_____
Split Check	_____ Also for _____
Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No Pending _____

# CAMP HEALTH RECORD

Name \_\_\_\_\_

**IMPORTANT** Please notify the camp if the camper is exposed to any communicable disease during the three weeks prior to camp attendance. Not recording true medical and/or mental condition is reason for dismissal or rejection.

## HEALTH HISTORY (Circle Yes/No and give approximate dates & causes.)

- |  |     |    |
|--|-----|----|
| Have you had or do you currently have any heart problems?              | Yes | No |
| Do you frequently suffer from pains in your chest?                     | Yes | No |
| Do you often feel faint or have spells of dizziness?                   | Yes | No |
| Has a doctor ever told you that you have high blood pressure?          | Yes | No |
| Do you have arthritis, joint, or back problems aggravated by exercise? | Yes | No |
| Have you had any operations?   | Yes | No |
| Have you had any serious injuries?                                     | Yes | No |
| Do you have any physical disabilities or chronic recurring illness?    | Yes | No |
| Do you have epilepsy or other seizure disorder?                        | Yes | No |
| Do you have diabetes?  | Yes | No |
| Do you have allergic reactions?  | Yes | No |

If yes, please list all allergies \_\_\_\_\_

Are you currently sick and/or using medication? Yes No

If yes, please list illness and prescribed medication \_\_\_\_\_

Do you have any dietary restrictions or a prescribed meal plan? Yes No

If yes, please describe \_\_\_\_\_

Are there any activities to be limited/discouraged by physicians' advice? Yes No

If yes, please list and explain \_\_\_\_\_

(Check appropriate boxes)

- Asthma       Athlete's Foot       Kidney Trouble  
 Bed wetter (Bring Pull-ups/Depends/or equivalent for the entire week.)

## HANDICAPS

Can camper sleep on top bunk?  Yes  No

Mental (to what extent?) \_\_\_\_\_

Physical (to what extent?) \_\_\_\_\_

Is camper being seen by psychiatrist?  Yes  No

Can camper function at high altitude (8748ft +)?  Yes  No

Other \_\_\_\_\_

## RESTRICTIONS

**GLACIER VIEW RANCH IS NOT** staffed to care for campers with mental and/or physical problems that require professional staff. Campers are expected to provide and cover the costs for sighted guides. Those with multiple disabilities may not be eligible. Persons who cannot control their bowels should not attend camp.

Camper can perform daily hygiene activities **unassisted** (dress, comb hair, etc.).

Camper can perform daily personal activities **unassisted** (eating, restroom, etc.).

Reason camper cannot perform activities unassisted \_\_\_\_\_

# CAMP HEALTH RECORD (continued)

Name \_\_\_\_\_

**MEDICATIONS** Campers **MUST** bring medicines to camp in original containers. List **ONLY** prescription medications:

Prescription meds _____	Dosage _____
Prescription meds _____	Dosage _____
Prescription meds _____	Dosage _____
Prescription meds _____	Dosage _____
Prescription meds _____	Dosage _____
Prescription meds _____	Dosage _____

Please list/explain any additional medical information (use additional paper if required and attach to this page)

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## REPRESENTATION AND EMERGENCY AUTHORIZATION

I/We have completed this health history honestly and completely, and I/we believe my, or the camper named, health is satisfactory to participate in the Activities.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## GLACIER VIEW RANCH HEALTH STATEMENT FORM

The proposed activity provided by **GLACIER VIEW RANCH** requires participation in physical exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is imperative that you are free of any heart-related or other diseases. All participants must be free of medical or physical conditions which might create undue risks to themselves or any others in the group who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should consult a physician. (NOTE: If you have had any heart-related problems, you will need to have a release form from a physician in order to participate in the activity or activities.)



# AFFIRMATION & LIABILITY RELEASE

## AGREEMENT TO ASSUME ALL RISKS; RELEASE OF LIABILITY/AGREEMENT NOT TO SUE AND INDEMNIFICATION AGREEMENT (THE "AGREEMENT")

*Please read this contract carefully before signing it. By signing it, you are releasing The Rocky Mountain Conference of Seventh-Day Adventists d/b/a Glacier View Ranch, Mid America Union, National Camps for the Blind and Christian Record Services for the Blind (each of them individually and collectively, the "Conference") from liability and waiving certain legal rights you possess.*

For purposes of this contract, the Glacier View Ranch Blind Camp, occurring on June 25 through July 2, 2017, will be referred to as the "Camp"; all of the activities connected with and offered at the Camp will be referred to as the "Activity (as more specifically described below); the adult person attending the Camp and participating in the Activity and executing this Agreement will be referred to as the "Signatory;" and the adult person signing this contract on behalf of a minor participant (the "Minor") in the Activity will be referred to as the "Parent." This Agreement may be executed either as an adult participant by the Signatory and/or as a Parent on behalf of a minor participant. If executed by more than one adult person as Signatory and/or Parent, each shall be bound, jointly and severally, by the terms of this Agreement and the Minor participant(s) for whom each signs this Agreement as Parent will be subject to its terms. The person participating in the Camp will be blind or significantly visually impaired and will be assisted by a sighted guide (the "Guide") selected by Signatory or Parent and may be the Parent. Conference will take no role in the selection or qualification of the Guide and will not screen any Guide to determine if he or she is appropriate for the actions to be taken at the Camp by the Guide.

1. **Acknowledgment of Risks and Dangers.** Signatory/Parent understands, acknowledges and agrees that participation in the Activity at or during any program at the Camp (including but limited to archery, canoeing, arts & crafts, rock crawlers, primitive skills, equine activity, rock climbing, team sports, nature center, hiking, swimming, paddleboarding, eating and activities with other participants) and using any of the facilities at the Camp can be **HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH.** Minor is a "child" and Parent is a "parent" as those terms are defined in **C.R.S. 13-22-107 (the "Act") for all purposes contained in and related to that law.** Signatory/Parent acknowledges and confirms that he/she has been fully informed of and understands all such risks involved in the Activity and voluntarily executes this Agreement. Signatory/Parent agrees that the following risks or dangers are inherent in the Activity, but that this list is not exhaustive or complete and that there may be other dangers or risks that are inherent in the Activity but not listed:

**Risks Associated with Use of Canoes, Paddleboards and Water Sports.** These risks include drowning, and changing water flows; possibility of being jolted, jarred, bounced, thrown and shaken about during rides through some of these rapids or changing water flows; loss of control resulting in collision or capsizing or sinking and trauma from rocks, boulders; collisions with or encounter other watercraft, man-made or natural objects including submerged or semi-submerged trees, rocks, branches, boulders, bridges; fatigue, some or all of which may diminish my or the other participants' ability to react or respond; colliding with other objects, users, staff, or bystanders, all of which may be increased when other persons, whether or not of the same level of experience or skill, are present at the same time and using the same watercraft; cramping, water inhalation, currents, marine life and water pollution; prolonged exposure to cold water resulting in "cold water immersion" syndrome or "cold shock," hypothermia and in extreme cases death.

**Risks Associated with Rock Climbing.** These risks include falling or crashing from or into rock formations; collisions with other climbers; failure of ropes, harnesses and other safety equipment; entanglement of ropes and equipment; abrasions or cuts from contact with rocks, trees, climbers and equipment; falling climbers, rocks and equipment; and failure to follow prescribed safety measures.

**Risks arising out of any activity involving horses or other livestock.** Horses and livestock are unpredictable in all circumstances, whether participants are mounting, dismounting, saddling, feeding, riding, packing or dealing with livestock in any way. Without warning, livestock can kick, bite, stumble, rear, bolt, fall down, and react to sudden movements, noise, light, vehicles, people, other animals or objects. Horseback riding can involve equipment that may fail, saddles or blankets that may slip, and other riders who may not control their animals.

# AFFIRMATION & LIABILITY RELEASE (continued)

**Equipment or structure risks.** The risk that equipment or structures used in an Activity may be misused, or may break, fail or malfunction. Any failure by such Conference, a parent or volunteer to properly maintain such equipment constitutes a significant risk for which insurance coverage may not be available. Student/Parent/Guardian assumes full responsibility for that risk and for choosing appropriate personal gear and for its fit and condition. Conference requires helmets and other safety gear for certain activities and participants are responsible for keeping safety gear on during these activities. Safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

**Risks associated with archery and similar activities.** Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury, risks include, but are not limited to, getting hit by an arrow, self-inflicted wounds, improper shooting technique, carelessness of other archers, lack of proper protection, poor range conditions, poorly selected and maintained equipment, lack of conditioning, horseplay, carelessness, poor pulling technique, splintering of the arrow, inadequate supervision or instruction, premises defects, and other risks inherent to archery.

**Risks associated with team sports.** These risks include harm or injury that may lead to permanent or serious physical injury, including paralysis, brain injury, or death that may arise from the participant's actions or inactions, the actions or inactions of other participants in a team activity, or the actual or alleged failure by Conference employees, agents or volunteers to adequately coach, train, instruct, or supervise team activities. Injuries might also arise from an actual or alleged failure to properly maintain, use, repair, or replace physical facilities or equipment available for team activities and the failure by participant or other participants to follow or understand instructions or rules of any sport. Injuries might also arise from undiagnosed, improperly diagnosed, untreated, improperly treated, or untimely treated actual or potential physical conditions or injuries, whether or not caused by or related to the Signatory/Minor's participation in team activities.

**Risks Involved in Decision Making.** There are risks involved in decision making, including the risk that a Camp employee, representative, contractor, Guide or Signatory/Minor may misjudge Signatory/Minor's capabilities, or misjudge weather, terrain, water level, location and nature of routes, some aspect of medical treatment, or the character of a horse, vehicle or similar conveyance or, with respect to a motorized vehicle, lack training or operate such a vehicle negligently.

**Risks present in an outdoor or wilderness environment.** These risks include travel in and enjoyment of mountainous or wilderness terrain both on and off trails; violent and adverse weather conditions; falling rocks, snow and ice, avalanches, landslides, falling or fallen timber, stinging insects, poisonous plants, wild animals and other natural hazards and dangers; altitude sickness and fatigue, sunburn, dehydration, heat exhaustion, heat stroke, heat cramps and dehydration; and risks of hypothermia and hyperthermia.

**Risks connected with geographic location.** The Activity may take place several miles from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care. Although Conference staff and third party tour companies may have wireless communication devices, use of these devices is unreliable and inconsistent.

**Personal health and participation risks.** The risk that participant's mental, physical or emotional condition (including use or abuse of prescription or non-prescription drugs or alcohol), whether disclosed or undisclosed, known or unknown, combined with participation in these activities could result in injury, damage, death or other loss. Conference cannot anticipate or eliminate risks or complications posed by participant's mental, physical (including fitness level) or emotional condition.

**Risks regarding conduct.** This includes the risk that Signatory/Minor or others, including Guides, may act carelessly or recklessly.



# AFFIRMATION & LIABILITY RELEASE (continued)

**Risks associated with free time.** Participants will have free and/or unsupervised time (alone or with others) before, during and after the start of activities. During all activities, participants share in the responsibility for their own and others' well-being.

**Risks associated with transportation.** This includes vehicle collisions and accidents and attendant injuries.

**Risks Associated with Other Participants.** These risks include negligence and intentional acts of other participants in the Activity, thrown or propelled objects, exposure to communicable diseases, inability to use, improper use or intentional or accidental damage to safety and other equipment, collisions and improper or failed attempts to assist or rescue.

**Miscellaneous Risks.** Playing, eating and sleeping in a child-care environment; allergic reactions; exposure to communicable diseases; limited access to and/or delay of medical attention; failed or poorly executed attempts at rescue or medical care; Signatory/Minor's own health condition; strenuous activity, choking; food allergies or food poisoning, electric shock; chemical reactions; and mental or emotional damage or distress from exposure to any of the above or otherwise.

2. **Acknowledgment of Limitations of Equipment.** Signatory/Parent understands and acknowledges that any and all equipment necessary to participate or used in the Activity, including safety equipment may malfunction, fail or otherwise not function as it is intended or may be used improperly by a participant or may have its use improperly instructed.. Signatory/Parent also understands and acknowledges that the use of safety equipment may not protect any participant in the Activity from all injuries, including the types of injuries that the safety equipment is designed to prevent.

3. **Acknowledgment that Risks May Be Magnified by Lack of Visual Acuity and Lack of Training of Guides.** Signatory/Parent understands and acknowledges that all of the risks described in this Agreement and any other risks are subject to being more acute by virtue of the fact that (a) Signatory/Minor is blind or otherwise visually impaired and cannot see risks and dangers otherwise apparent to sighted individuals or react as quickly to such risks and dangers as sighted individuals and (b) the Guide(s) who accompany Signatory/Minor may not be trained as guides or otherwise in assisting blind or visually impaired individuals and cannot aid in avoiding or minimizing any or all risks involved in the Activity.

4. **Selection of Guide.** Signatory/Parent acknowledges and represents that the person who will act as the Guide for Signatory or Minor has been selected by Signatory or Parent as the case may be and that Conference has not had a role in such selection and neither has made any determination as to whether the Guide is qualified to fulfill all responsibilities necessary in that role nor will engage in any supervision or testing of the Guide during the Camp, including recommending that the Guide be replaced or his/her duties be terminated. Conference, however, may require that the Guide and pertinent Signatory or Minor leave the Camp for a violation of Camp rules and regulations.

5. **Assumption of Risk.** Signatory acknowledges and agrees that he/she is choosing, and Parent acknowledges that he/she is allowing Minor, to take part in the Activity despite the many potential dangers and inherent risks of doing so, and freely chooses to accept the inherent and non-inherent risks of doing so despite the many potential dangers, and further acknowledges and agrees that there are other such dangers that may not be specifically set forth in this Agreement. By signing this Agreement, Signatory/Parent recognizes that property loss, injury, serious injury and death are all possible while participating in the Activity. Signatory/Parent expressly acknowledges and assumes all risks dangers and consequences of the Activity, including but not limited to those risks, dangers and consequences set for the in Paragraph 1 above, whether inherent or not, that may result in physical injury, property damage or death, as provided for by statute or common law.

6. **Release of Liability and Agreement Not to Sue.** Fully understanding the contents of this Agreement, disclosures and acknowledgments, and in exchange for Conference's agreement to allow Signatory and/or the Minor, as the case may be to participate in the Activity, **SIGNATORY/PARENT HEREBY AGREES NOT TO SUE** Conference, any of its

## AFFIRMATION & LIABILITY RELEASE (continued)

affiliated organizations and their successors in interest, affiliated organizations, insurance carriers, agents, directors, officers, employees, contractor and members (individually and collectively, the "Released Party") for any property damage, injury or loss to Signatory or the Minor, including death, which Signatory/Minor may suffer, arising in whole or part out of or related to Signatory's/Minor's participation in the Activity. By signing this Agreement, Signatory/Parent is releasing any right, except for a right retained by Signatory/Parent/Minor under the Act, to make a claim or file a lawsuit against any Released Party. In addition, the Signatory/Parent agrees to hold harmless and release each and every Released Party from any and all liability and/or claims or causes of action for injury or death to person or damage to property arising from participation in the Activity by Signatory/Minor, **INCLUDING BUT NOT LIMITED TO THOSE CLAIMS BASED ON ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE** or breach of any contract and/or express or implied warranty.

7. **Agreement to Indemnify.** Signatory/Parent agrees to **INDEMNIFY (REIMBURSE)** each Released Party from and against any and all claims of Signatory/Parent/Minor, and/or any third party arising in whole or part from participation in the Activity by Signatory/Minor. **IN OTHER WORDS, IF SIGNATORY/PARENT/MINOR AND/OR ANYONE ON SUCH PERSON'S BEHALF FILES ANY LAWSUIT OR BRINGS ANY CLAIM FOR INJURY OR DAMAGE AGAINST RELEASED PARTY, THE SIGNATORY/PARENT/MINOR WILL BE REQUIRED TO PAY BACK TO ALL RELEASED PARTIES ALL SUMS OF MONEY INCURRED BY, OR PAID BY OR ON BEHALF OF ANY OF ANY RELEASED PARTY ON ACCOUNT OF THE BRINGING OF SUCH SUIT OR CLAIM, INCLUDING ALL ATTORNEYS FEES AND COSTS.**

8. **Medical Authorization, Release and Indemnification.** Signatory or Parent, as the case may be (a) authorizes a licensed physician and/or other medical care provider to carry out any emergency medical care for him/herself and for Minor, respectively (for purposes of Paragraphs 8 and 9, the "Participant," as applicable); (b) authorizes any Released Party and/or their authorized personnel to call for medical care for the Participant or to transport the Participant to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed; (c) agrees that, following Participant's transport to such hospital or facility, the Released Party shall not have any further responsibility other than to make a reasonable attempt to contact Signatory or the person designated by Signatory at the telephone number provided by Signatory to inform Signatory or such designee of the medical circumstances; (d) agrees to pay all costs associated with the medical care and related transportation provided to Participant; and (e) shall indemnify and hold harmless (as set forth in Paragraph 5) the Released Party from any and all liability and/or claims associated with such medical care and/or related transportation.

9. **Use of Photographs, Videos and Voice Recordings and Release.** Signatory or Parent, as the case may be, authorizes Conference to use the following personal information of Participant: (1) Participant's picture, including photographic, motion picture, and electronic (video) images, and (2) Participant's voice, including sound and video recordings and hereby grants to Conference, and to its licensees, successors and assigns, the right to use, publish and reproduce for all purposes Participant's voice, image and likeness in film or electronic form, sound and video recordings and in printed and electronic format the information and data described in (1) and (2) above in any and all media including, without limitation, Internet, television, advertisements, brochures, articles, newspapers and magazines and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, educational conferences and other forms of media and uses. The permission and authority granted under this Paragraph 9 extends to all languages, media, formats and markets, both now known and subsequently devised and shall continue forever. Signatory or Parent, as the case may be, further grants Conference all right title and interest in and to all finished pictures, negatives, reproductions and copies of the original material and the right to give, sell, transfer and exhibit all such material and copies or facsimiles thereof for marketing, communications, or advertising purposes as Conference deems fit and waives the right to receive any payment for signing this release and waives the right to receive any payment for Conference's use of any of the material described in this Paragraph photographs, audio, video, multimedia or advertising recordings and copy or printed or computer generated, scanned images or other electronic media that may be used in conjunction with such material or to approve the eventual use or application of such material.

# AFFIRMATION & LIABILITY RELEASE (continued)

10. **Minor Participant.** Parent acknowledges and agrees that, pursuant to the Act, Parent is executing this Agreement on behalf of and binding the Minor to the terms of this Agreement. Parent understands and agrees that Minor is being allowed to participate in the Activity solely based on Parent’s authority to execute this Agreement on behalf of Minor and to bind Minor to the terms of this Agreement.

11. **Authority.** Parent represents that he/she is a parent or guardian authorized and will full power to execute this Agreement and be bound, and have Minor be bound, by its terms.

12. **Binding Nature.** This Agreement and waiver and release of liability and indemnification agreement shall be effective and binding upon Signatory and Parent and his/her heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

13. **Breadth of Agreement.** The Signatory agrees that this Agreement is governed by and is intended to be at least as broad and inclusive as is permitted by laws of the State of Colorado and that if any portion of the Agreement is held invalid, it is agreed that the balance shall continue in full legal force and effect and any provision that is not valid shall be given the maximum effect allowed.

14. **Fully Integrated Agreement.** This Agreement sets forth the entire agreement and understanding between the parties and all other agreements, understandings, representations and negotiations are merged into this Agreement and shall not be enforceable unless explicitly set forth in this Agreement.

15. **Responsibilities and Representations of Signatory and Parent.** Signatory represents that he/she is physically and mentally capable of participating in the Activity and has fully disclosed his/her physical and mental condition to Conference. Parent represents that Minor is physically and mentally capable of participating in the Activity and has fully disclosed the physical and mental condition of Minor to Conference.

The Conference, its administration, staff and activity sponsors and all others involved in the administration of these programs and activities have pledged to utilize every reasonable precaution to minimize or eliminate the potential for injury by students as a result of participation. Being fully informed as to these risks and in consideration for being allowed to participate in this activity, I hereby assume all risk of injury, damage and liability arising from participation in the Activity, including those detailed below. I have read this Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, RIGHTS, OBLIGATIONS, RELEASES, INDEMNIFICATIONS AND WAIVERS. I AM RELEASING CERTAIN LEGAL RIGHTS THAT I OR MY CHILD OTHERWISE MY HAVE.**

**SIGNATORY/PARENT:**

\_\_\_\_\_  
Signature of Signatory/Parent

\_\_\_\_\_  
Printed Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name of Minor(s):

\_\_\_\_\_  
Birth Date of Minor(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# INFORMATION

**CAMP** — Designed for ages 9 to 65.

**OBJECTIVES** — To discover undeveloped potential, increase self-confidence, improve mental and physical vigor, and develop an appreciation for God's love and care.

**ELIGIBILITY** — Legally blind persons age 9 and over are eligible on a nondiscriminatory basis. **The medical exam must be signed by your doctor before your application can be processed. Campers with multiple disabilities may not be eligible.** Some camps are not wheelchair accessible.

**REASON FOR DISMISSAL AND REJECTION** — **GLACIER VIEW RANCH** has the right to reject or send a camper home, **at the camper's or caregiver's expense**, for the following reasons:

1. Falsifying the application
2. Engaging in illegal or prohibited activities, including smoking, tobacco products, firearms, and explosives.
3. Not cooperating with the camp staff.
4. Recording false medical and/or mental condition
5. Sexual promiscuity between male & female, male & male, or female & female.
6. Lack of anger control

**ARRIVAL AND DEPARTURE** — Registration begins at **2:00 PM** on the day that camp starts, and departure time on closing day is between **9AM to 10:45AM** except where otherwise designated in the acceptance letter.

**TRANSPORTATION** — Campers are responsible for their own transportation to and from camp. **GLACIER VIEW RANCH** assumes no responsibility for the transportation of blind or visually impaired campers to or from camp.

**FACILITIES** — Special safety precautions are taken in all areas of the camp's program. The ratio of counselors is **1:1 (as per Christian Records regulations)**. Medical staff is on duty **24/7**.

**ACTIVITIES** — The activities will vary at each camp, depending on facilities and equipment. Some of the activities are archery, campfire, mini-bikes, talent night, canoeing, rappelling, tandem bicycling, beeper baseball, rock climbing, touch-and-feel trail, crafts, tubing, hiking, sailing, water-skiing, camp council, horseback riding, swimming, and much more.

# INFORMATION (continued)

**NOTICE OF POSSIBLE CHANGES — GLACIER VIEW RANCH** plans far in advance for its camps with the full intention of holding each camp scheduled. It may become necessary, however, to reschedule, relocate, or cancel a specific camp.

**GLACIER VIEW RANCH** assumes no financial liability for such changes. To confirm a camp date or location, please call the camp office at **(303) 459-0945**.

GVR SUMMER CAMP  
8748 Overland Road  
Ward, CO 80481

**Free  
Matter  
for the  
Blind**