



# Blind Camp

# 2017

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

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**SIGHTED GUIDE APPLICATION INSIDE**

# INSTRUCTIONS

for completing the Sighted Guide Application.

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

1. **SIGHTED GUIDE APPLICATION** information is essential. **Please fill in every blank.**
2. **If FAXING A CAMP APPLICATION TO THE RMC YOUTH DEPARTMENT**, it must be accompanied with credit card payment. Call **(303) 282-3664** to give credit card information.
3. **HEALTH RECORD** must be completed.
4. **AFFIRMATION AND LIABILITY RELEASE** section must be signed.
5. **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**

6. **SIGHTED GUIDE INFORMATION:** Sighted guides for Blind Camp are to be over 18 years old and must be the same gender as the camper.
7. Convicted sex offenders will not be accepted to attend camp.
8. Mail application (8 center pages) and processing fee to the Rocky Mountain Conference Youth Department no later than **May 28, 2017.**

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

9. Camp will occur at Glacier View Ranch. The address for our camp facility is:

**GVR Summer Camp  
8748 Overland Road  
Ward CO 80481**



# Sighted Guide Application

**Due May 28, 2017**

**PLEASE PRINT.** All questions must be completed and application signed or application will be returned.

Blind Camp at Glacier View Ranch takes place **June 25<sup>th</sup> – July 2<sup>nd</sup>, 2017.**

List the full name of the Blind Camper you will be assisting: \_\_\_\_\_

**Sighted Guide Fee: \$60.00**

## SIGHTED GUIDE INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Telephone work (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

Age \_\_\_\_\_ Sighted guides for Blind Camp are to be over 18 years old and must be the same gender as the camper, unless authorized by the camp.

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

Relationship \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## IMMUNIZATION REQUIREMENT

Tetanus booster date (within the last 10 years) \_\_\_\_\_

Insurance Carrier Company: \_\_\_\_\_

Insurance Company Telephone (\_\_\_\_) \_\_\_\_\_

Policy No. \_\_\_\_\_ ID No. \_\_\_\_\_ Name of Insured \_\_\_\_\_

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

**OFFICE USE ONLY**

Date application received \_\_\_\_\_

Sighted guide fee paid \_\_\_\_\_ Yes \_\_\_\_\_ No

Check # \_\_\_\_\_ Approved \_\_\_\_\_ Yes \_\_\_\_\_ No

Camper assisting accepted \_\_\_\_\_ Yes \_\_\_\_\_ No

Date camper accepted \_\_\_\_\_

**GLACIER VIEW RANCH  
AFFIRMATION AND LIABILITY RELEASE  
(Read carefully before signing)**

**(Participant’s Name—Please Print.  
Application will be returned if it is not signed.)**

**AGREEMENT TO ASSUME ALL RISKS/ INFORMED CONSENT/ ASSUMPTION OF RISK  
RELEASE OF LIABILITY/AGREEMENT NOT TO SUE AND INDEMNIFICATION AGREEMENT  
(THE “AGREEMENT”)**

\_\_\_\_\_ (“Volunteer”) desires to act as a volunteer to assist and supervise, as a sighted guide, one or more blind and/or visually impaired participants (collectively, the “Participant”), and possibly participate in, one or more of the activities described below as the “Activity,” sponsored by The Rocky Mountain Conference of Seventh-Day Adventists d/b/a Glacier View Ranch, to occur June 25 through July 2, 2017.

*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.*

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 volunteers as a result of supervising and participating in certain activities at Glacier View Ranch (the “Camp”) including but not limited to the following: 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 (collectively, the “Activity”). Being fully informed as to these risks and in consideration for being allowed to supervise and participate in the Activity, I hereby assume all risk of injury, damage and liability arising from participation in the Activity, including those risks 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name Here: \_\_\_\_\_

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Are you covered by a medical insurance policy? Yes: \_\_\_\_ No: \_\_\_\_

If yes, provide the name of your insurance company and policy number:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

1. **Acknowledgment of Risks and Dangers.** Volunteer understands, acknowledges and agrees that supervision of and participation in the Activity can be **HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH**. Volunteer 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.

**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. Volunteer 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 Volunteer's participation in or supervision of team activities.

**Risks Involved in Decision Making.** There are risks involved in decision making, including the risk that a Camp employee, representative, contractor, other Volunteer or Participant may misjudge Participant'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 Volunteer'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 Volunteer, Participant or others may act carelessly or recklessly.

**Risks associated with free time.** Participants and Volunteers will have free and/or unsupervised time (alone or with others) before, during and after the start of activities. During all activities, participants and Volunteers 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 and Volunteers.** 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; Volunteer'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.** Volunteer 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.. Volunteer 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 Volunteer.** Volunteer 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) Participant 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) Volunteer may not be trained as a guide or otherwise fully capable of assisting blind or visually impaired individuals to the extent that Volunteer can anticipate and react to all risks involved in the Activity to Participant or

himself/herself.

4. **Selection of Volunteer by Participant.** Volunteer acknowledges and represents that he/she has been selected by Participant and that Conference has not had a role in such selection and neither has made any determination as to whether Volunteer is qualified to fulfill all responsibilities necessary in that role nor will engage in any supervision or testing of Volunteer during the Camp, including recommending that Volunteer be replaced or his/her duties be terminated. Volunteer represents that he/she takes full responsibility for supervising Participant, staying with Participant at all material times, and assuring that Participant adheres to all rules of the Camp and all directions of Camp and Conference personnel and representatives. Conference, however, may require that Volunteer Participant leave the Camp for a violation of Camp rules and regulations. Volunteer acknowledges and represents that he/she has read and understands and will abide by all Camp rules.

5. **Assumption of Risk.** Volunteer acknowledges and agrees that he/she is choosing to supervise, act as a sighted guide for Participant and take part in the Activity despite the many potential dangers and inherent risks of doing so, and freely chooses to accept and assume the risk of the inherent and non-inherent risks of doing so despite the many potential dangers, and further acknowledges and agrees that there are other dangers that may not be specifically set forth in this Agreement. Notwithstanding the assumption of risk contained in this Paragraph 2, Volunteer agrees to follow all instructions given by any Conference employee, contractor, agent and representative and to utilize and require Participants to utilize all safety equipment appropriate for an Activity, including wearing life jackets, helmets and other safety equipment.

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 Volunteer to supervise Participant and participate in the Activity and act as a sighted guide for Participant, **VOLUNTEER AGREES NOT TO SUE** Conference, any of its 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 Volunteer, including death, which Volunteer may suffer, arising in whole or part out of or related to his/her supervision of and participation in the Activity. By signing this Agreement, the Volunteer is releasing any right, to make a claim or file a lawsuit against any Released Party. In addition, the Volunteer 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 selection by, interaction with and supervision of Participant and participation in the Activity, **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.** Volunteer agrees to **INDEMNIFY (REIMBURSE)** each Released Party from and against any and all claims of him/her, and/or any third party arising in whole or part from supervision of Participant and participation in the Activity by him/her, including from and against any claims by Participant based on Volunteer's selection by, interaction with and supervision of Participant. **IN OTHER WORDS, IF VOLUNTEER AND/OR ANYONE ON SUCH PERSON'S BEHALF FILES ANY LAWSUIT OR BRINGS ANY CLAIM FOR INJURY OR DAMAGE AGAINST RELEASED PARTY, THE VOLUNTEER 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. **Responsibilities and Representations of Volunteer.** Volunteer represents that he/she is physically and mentally capable of supervising the Participant and participating in the Activity and that Conference has no duty or responsibility to conduct an independent investigation about or independently determine Volunteer's physical and/or mental suitability or training to supervise Participant and participate in the Activity. To any extent that Volunteer utilizes his/her motorized vehicle in an Activity and/or permits the use of such a vehicle by a participant in an activity, he/she represents and warrants that such vehicle is properly maintained, fit for its intended use and has no defects or material damage and further represents and warrants that he/she carries comprehensive and personal liability and damage insurance

coverage for such vehicle on terms that will insure any claims relating to or resulting from an Activity.

9. **Medical Authorization, Release and Indemnification.** Volunteer (a) authorizes a licensed physician and/or other medical care provider to carry out any emergency medical care for him/herself; (b) authorizes any Released Party and/or their authorized personnel to call for medical care for Volunteer or to transport Volunteer to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed; (c) agrees that, following Volunteer'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 the person designated by Volunteer at the telephone number provided by Volunteer to inform Volunteer or such designee of the medical circumstances; (d) agrees to pay all costs associated with the medical care and related transportation provided to Volunteer; and (e) shall indemnify and hold harmless (as set forth in Paragraph 7) the Released Party from any and all liability and/or claims associated with such medical care and/or related transportation.

10. **Use of Photographs, Videos and Voice Recordings and Release.** Volunteer authorizes Conference to use the following personal information of Volunteer: (1) Volunteer's picture, including photographic, motion picture, and electronic (video) images, and (2) Volunteer'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 Volunteer'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 10 extends to all languages, media, formats and markets, both now known and subsequently devised and shall continue forever. Volunteer 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.

11. **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.

12. **Breadth of Agreement.** Volunteer 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, whose laws shall govern this Agreement, notwithstanding that the Activities may occur in another state, 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.

## 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.)

### HEALTH RECORD

**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

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

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**REPRESENTATION**

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

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

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

**CONSENT**

I agree to cooperate with **GLACIER VIEW RANCH** staff and will not engage in illegal or prohibited activities, including smoking, illegal drugs, alcohol, tobacco products, firearms, explosives, and sexual promiscuity.

\_\_\_\_\_ Initial

Sighted guide's signature \_\_\_\_\_ Date \_\_\_\_\_