



**Meridian Parks & Recreation
Summer Camp**

Hello,

Welcome to Outdoor Adventure Camp! We are excited for another great summer in Meridian! This camp is designed to give campers a brief experience in a few of the many outdoor activities that are available in the Treasure Valley. Outdoor Adventure Camp will include rock climbing, hiking, swimming, educational opportunities at Boise Watershed and Birds of Prey and a float down the Payette River.

Outdoor Adventure Camp participants will be dropped off and picked up at Centennial Park. Please have camp participants to Centennial Park between **7:45am and 8:15am**. Address is as follows:

223 E. Idaho Ave.
Meridian, ID 83642

PLEASE BRING THE FOLLOWING ITEMS TO CAMP EVERYDAY!

- Lunch
- Snacks
- Water Bottle – Bring plenty of water each day!
- Backpack
- Light Jacket
- Sunscreen & Bug Spray
- Hat
- Appropriate shoes

PLEASE LEAVE THE FOLLOWING ITEMS HOME: Meridian Parks and Recreation Department will not be responsible for items stolen, lost or broken.

- Cell Phones/Ipad's
- Flip Flops
- Other expensive personal items

Please return all paperwork to Meridian Parks and Recreation Department no later than the Wednesday afternoon before the Monday that your camper attends camp. Paperwork and release forms that need to be filled out are located at the end of this packet. Please return these forms to our office at Meridian City Hall or by sending them to us via:

- Email: recreation@meridiacity.org
- Fax: 208-898-5501

If your child has an allergic condition, please note this on the Child Information Sheet and inform our staff if further follow-up is needed prior to camp. Please fill out a separate Child Information Sheet for each of your children.

In the event that your camper is not able to attend the camp session that has been paid for, please call Meridian Parks and Recreation by the Wednesday before the camp session begins. You will be given a

full refund, minus a five dollar service charge. Please note refund requests need to be made by the Wednesday prior to the start of camp. If needing to withdraw from camp after the Wednesday prior to the start date of camp, no portion of the fee will be refunded, except in the case of unforeseeable emergency.

If your child is exhibiting any flu-like symptoms (fever, cough, sore throat, etc.) please do not send them to camp. If your child gets sick and the deadline for a refund has passed, exceptions will be made for those children who are unexpectedly ill. If your child starts to exhibit flu like symptoms during camp, we will call you or another designated person to pick them up. They will not be allowed to stay at camp.

Outdoor Adventure Camp Weekly Schedule

Monday: Asana Rock Climbing Gym & Zoo Boise

8:00am: Participant drop off
9:00am – 11:30am: Asana Rock Climbing Gym
12:00pm – 12:45pm: Lunch at Julia Davis Park
1:00pm – 3:15pm: Zoo Boise
4:00pm: Participant pick up

Tuesday: Boise Watershed & Birds of Prey

8:00am: Participant drop off
9:00am – 11:30am: Boise Watershed
12:00pm – 12:45pm: Lunch at Hilldale Park
1:00pm – 3:15pm: Birds of Prey
4:00pm: Participant pick up

Please note: Please bring swimsuit, towel & sunscreen! Participants will be taking a class in the Boise River while we attend the Boise Watershed.

Wednesday: Hiking at Jump Creek & Swimming at Lincoln Pool

8:00am: Participant drop off
9:00am – 11:30am: Hiking at Jump Creek
12:00pm – 12:45pm: Lunch at Lion's Park
1:00pm – 3:15pm: Swimming at Lincoln Pool
4:00pm: Participant pick up

Please note: Please bring swimsuit, towel & sunscreen!

Thursday: Day at Bogus Basin

8:00am: Participant drop off
9:00am – 11:00am: Trailing hiking and nature play at Mores Mountain
11:30am – 3:15pm: Lunch, Mountain Coaster, Summer Tubing, Bungee trampoline, Rock Climbing Wall & Chair Lift
4:00pm: Participant pick up

Friday: Whitewater Rafting & Beach Time

8:00am: Participant drop off
10:00am – 12:30pm: Rafting the Payette River guided by Bear Valley Rafting
12:30pm – 1:30pm: Lunch
1:00pm – 3:15pm: Water games at Banks Beach picnic area
4:00pm: Participant pick up

Please note: Please bring swimsuit, towel & sunscreen!

Please note: For the weeks of June 11 & June 18 Outdoor Adventure Camps Thursday and Friday activities are as follows:

Thurs. June 14: Rafting Payette River

Fri. June 15: Bogus Basin

Thurs. June 21: Rafting Payette River

Fri. June 22: Bogus Basin

Weeks June 25 – August 6 will remain as outlined in weekly itinerary!

In closing, thank you for joining us for Outdoor Adventure Camp. Please be sure to fill out the all of the waivers on the next few pages. We are looking forward to a great summer of fun. If you have any questions, please be in touch with our office at 208-888-3579 or by email at recreation@meridiancity.org.

**ASANA CLIMBING GYM
PARTICIPANT AND LIABILITY WAIVER AGREEMENT**

Participant Name: _____ Birth Date: _____
(Please print legibly)
Street: _____ Phone: _____
City: _____ State: _____ Zip: _____
Email: _____
Emergency Contact Emergency Name/Relationship: _____ Contact Phone: _____

USER TERMS AND CONDITIONS

1. Asana Climbing Gym, Inc. and any of its employees, directors, officers, agents, representatives, or assigns (hereinafter "Asana Climbing Gym") reserves the right in its sole discretion to refuse entry, or to remove the participant named above, including his/her Guest ("Participant") from Asana Climbing Gym's property (the "Facility") or from participation in any activity organized by Asana Climbing Gym outside of the Facility, including but not limited to portable wall climbing or guided instruction in the outdoors (hereinafter "Outside Activities") for any reason whatsoever. Any such refusal of entry or removal by Asana Climbing Gym shall be in its sole discretion.
2. Asana Climbing Gym shall not be responsible for the safekeeping, loss, theft or damage of any Participant's property or the property of any Guest of Participant that is brought into the Facility or brought on any Outside Activity.
3. Participant shall comply with and observe all rules and regulations of Asana Climbing Gym and the terms and conditions of this Agreement at all times and shall assure that his/her Guest(s) complies with and observes the same.
4. Should Participant or his/her Guest(s) damage or break any of Asana Climbing Gym's equipment or property, Participant shall be liable for the reasonable cost of necessary repairs or replacements to such equipment or property.
5. Asana Climbing Gym is authorized by the Participant to use, store or transfer, as Asana Climbing Gym may consider necessary, the Participant's personal information, for any and all purposes in connection with the Facility and services provided by Asana Climbing Gym and/or for the purpose of promoting, improving and furthering the interests of Asana Climbing Gym. Participant acknowledges this may include posting their photos and/or names online, and/or in publications.
6. Any delay or failure by Asana Climbing Gym to exercise its rights and/or remedies under this Agreement does not constitute a waiver of any of such right or remedy.
7. The terms and conditions herein (as amended from time to time) constitutes the entire agreement between the Participant and Asana Climbing Gym (other than Asana Climbing Gym's Membership Agreement if Participant is a Member) regarding the Participant's use of the Facility and supersedes all previous agreements, understandings and arrangements, written or oral, between the Participant and Asana Climbing Gym in relation to such matters.
8. In the event of an emergency, Asana Climbing Gym is authorized to notify the person(s) listed under Participant's emergency contact information.

ASANA CLIMBING GYM LIABILITY WAIVER

I (Participant) understand that roped climbing, bouldering, weight lifting, cardiovascular training, yoga, massage, slacklining, aerial silk, ninja obstacle course use, and other activities now available or that may become available at the Facility in their various forms, as well as preparation for participation in, coaching or spotting, volunteering, and all other aspects involved with these activities ("collectively referred to hereinafter as "Activities") are inherently dangerous activities involving many RISKS, DANGERS, AND HAZARDS. These risks, dangers and hazards include, but are not limited to, falling, collisions with objects, people or structures, being struck by other participants or objects, loose holds or other equipment failure, the actions of other participants including negligence or inexperience of the Participant's partner(s), overuse injuries, the aggravation of preexisting conditions, or other foreseeable or unforeseeable events or circumstances. I understand that INJURIES OF ALL TYPES ARE A COMMON AND ORDINARY OCCURRENCE of the Activities. I know that the risk of SEVERE INJURY and even DEATH exists in the participation of the Activities. I also understand that maintenance of the Facility and equipment, training, coaching, instruction, supervision, enforcement or lack thereof of any rules or regulations, route setting, or any added safety measures (hereinafter "Associated Activities") by Asana Climbing Gym, its subsidiaries, affiliates, officers, directors, employees, volunteers, agents, coaches, instructors, contractors, representatives, competition organizers and sponsors, and equipment providers do not and cannot guarantee my safety.

I (Participant) hereby represent that I am fit and suffer from no adverse health condition or effect that would limit my ability to participate in any Activities offered by Asana Climbing Gym.

I (Participant) hereby represent that any of my own equipment that I use at the Facility is safe and in no way shall Asana Climbing Gym be liable for any damages caused to myself or a third party for any failure of any such equipment.

I (Participant) hereby represent that I have conducted a thorough visual inspection of the Facility and equipment I will be using and I am aware of any potential hazards associated with the Facility and/or such equipment.

With full knowledge and understanding of the RISK OF SEVERE INJURY AND DEATH involved in the Activities and the Associated Activities, I FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT, OR EVEN FATAL INJURIES, even if I follow the instructions or advice of Asana Climbing Gym.

ASANA CLIMBING GYM PARTICIPANT AND LIABILITY WAIVER AGREEMENT

RELEASE

In consideration of Asana Climbing Gym's acceptance of my membership application or day use of the Facility, and in spite of the risk of severe or permanent injury or even death, the undersigned agrees as follows:

1. I (Participant) hereby unconditionally WAIVE AND RELEASE ANY AND ALL CLAIMS AND CAUSES OF ACTION OF ANY KIND OR NATURE AGAINST ASANA CLIMBING GYM, AND ANY MANUFACTURERS OR DISTRIBUTORS OF EQUIPMENT USED BY ASANA CLIMBING GYM, RELATED IN ANY WAY TO THE ACTIVITIES OR THE ASSOCIATED ACTIVITIES. THIS WAIVER AND RELEASE INCLUDES BUT IS NOT LIMITED TO ANY SUCH CLAIMS OR CAUSES OF ACTION, present or future, related to injury or damage to Participant, his/her property, or to any other person or property, for any loss, damage, expense or injury (including DEATH) suffered by any person from or in connection with Participant engaging in any Activities and from Associated Activities, due to any cause whatsoever, INCLUDING NEGLIGENCE and/or breach of express or implied warranty on the part of ASANA CLIMBING GYM.
2. Participant agrees to hold harmless, defend and indemnify Asana Climbing Gym from any claim or action, present or future, related to injury or damage to Participant, his/her property, or to any other person or property, for any loss, damage, expense or injury (including DEATH) suffered by any person from or in connection with Participant's participation in any Activities and from Associated Activities, due to any cause whatsoever including negligence and/or breach of express or implied warranty on the part of Asana Climbing Gym.
3. Participant hereby RELIEVES ASANA CLIMBING GYM OF ANY DUTY TO PROTECT PARTICIPANT FROM HARM in connection with any Activities, Outside Activities or Associated Activities in which Asana Climbing Gym is involved in any way.
4. In the event Participant does suffer any type of damages or injury, Participant shall notify Asana Climbing Gym immediately of any such occurrence or cause.
5. Participant authorizes Asana Climbing Gym to stabilize, obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of Asana Climbing Gym medical attention is required and Participant is unable to make such decisions for himself/herself. Participant agrees to pay all costs associated with such medical care and related transportation and shall DEFEND, INDEMNIFY AND HOLD HARMLESS Asana Climbing Gym of and from the consequences of such decision and from any such costs incurred relating to the provision of medical care. Participant also authorizes disclosure of any protected medical information in the possession of Asana Climbing Gym that is necessary to provide, coordinate or manage members healthcare consistent with the dictates of HIPAA and to the extent that such use or disclosure is required by law.
6. This Liability Waiver shall continue in effect in perpetuity so that each time Participant or Member uses the Facility or participates in any Outside Activities from the date this waiver is signed forward he/she shall be bound by the terms and conditions herein.
7. If any provision of this Agreement or the application of any such provision to any person or circumstance is held invalid, the remainder of this Agreement, and the application of such provision other than to the extent it is held invalid, will not be invalidated or affected thereby.
8. This Participant and Liability Waiver Agreement shall be governed by Idaho law, without regard to conflicts of laws principles. In addition, Participant or Member agrees that jurisdiction and venue for any action or claims arising out of or relating to this Agreement shall be in the United States District Court for the District of Idaho located in Boise, Idaho or in the Fourth District Court of the State of Idaho.

HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, PARTICIPANT SIGNIFIES HIS ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN REQUIRED FOR PARTICIPANTS UNDER THE AGE OF 18

As the parent or legal guardian of the minor child Participant named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, Participant, and any other parent or legal guardian of the Participant, intending that they be binding on me, the Participant, and our respective heirs, executors, personal representatives, administrators and assigns. By affixing my signature below I represent that I intend to give up my right, the right of Participant, and the right of any other parent or guardian or person to maintain any claim or suit against Asana Climbing Gym arising out of Participant's participation in any Activities or related in any way to the Associated Activities. I further agree to hold harmless, defend, and indemnify Asana Climbing Gym of and from any claims from third parties arising from or related to the minor child Participants' participation in any Activities or Associated Activities.

PARENT OR LEGAL GUARDIAN'S SIGNATURE: _____ DATE: _____
(18 years and older only)

PRINTED NAME: _____
(please print legibly)

SUMMER/FALL ACTIVITIES - 2018
ASSUMPTION OF RISK, RELEASE OF LIABILITY, WAIVER AND INDEMNIFICATION AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING

The person using any Bogus Basin Recreational Association, Inc. ("Bogus Basin") chairlift and/or facilities, and/or is a licensee/invitee on land owned by Bogus Basin and/or land leased to Bogus Basin by the U.S. Forest Services ("Bogus Basin area") for summer/fall activities (as defined below) shall be referred to hereinafter as "Participant." The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. Undersigned hereby acknowledges that he/she has received valid consideration in exchange for agreeing to the terms set forth in this Agreement.

The summer/fall activities that Participant may participate in at Bogus Basin include: (1) summer tubing, (2) bungee trampolines, (3) climbing wall, and (4) alpine coaster (the "Activities").

The Undersigned agrees and understands that the Activities can be hazardous and involve the RISK OF PHYSICAL INJURY OR DEATH, and such risk is inherent and cannot be reasonably avoided without changing the nature of the Activities. The Undersigned further acknowledges that he/she has read this Agreement, and EXPRESSLY ASSUMES ALL RISKS of the Activities, inherent or otherwise.

In consideration of allowing the Participant to use the Bogus Basin area, the Undersigned agrees to RELEASE Bogus Basin from any and all liability and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activities, including those claims based on Bogus Basin's alleged or actual NEGLIGENCE. Further, the Undersigned agrees to WAIVE his/her right to file a lawsuit against Bogus Basin for any existing or future claims.

The Undersigned agrees to DEFEND and INDEMNIFY Bogus Basin from all claims for property damage, injury or death arising out of Participant's use of the Bogus Basin ski area and/or all claims for property damage, injury or death arising out of Participant's conduct that may contribute to a claim being asserted against Bogus Basin.

The Undersigned understands that Bogus Basin may furnish first aid care, including but not limited to: transportation for Participant to a facility where defined medical care can be provided at no expense to Bogus Basin. The Undersigned understands that the furnishing of medical care is in no way an admission or an assumption of liability on the part of Bogus Basin, its officers, agents or employees.

In consideration for allowing Participant to participate in the Activities, the Undersigned agrees that any and all claims for injury and/or death arising from the Participant's participation in the Activities shall be GOVERNED BY IDAHO LAW and EXCLUSIVE JURISDICTION of any claim shall be in the STATE DISTRICT COURT residing in the county where the alleged incident occurred or in the FEDERAL COURT FOR THE STATE OF IDAHO.

The Undersigned understands that a summer activities day pass is a privilege that may be revoked or suspended at any time due to inappropriate behavior. Finally, in consideration for allowing the Participant to use Bogus Basin's chairlifts, facilities and/or ski area, the Participant agrees to RELEASE Bogus Basin from any and all liability and/or claims stemming from the use of the Participant's image while using Bogus Basin.

I AND/OR MY MINOR(S) ACKNOWLEDGE THAT WE HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL BOGUS BASIN'S POLICIES/RULES GOVERNING THE USE OF THE BOGUS BASIN AREA. A PARENT OR GUARDIAN OF A MINOR CHILD MUST SIGN. IF A PARENT OR GUARDIAN IS SIGNING ON BEHALF OF A MINOR, THE PARENT OR GUARDIAN AGREES TO DEFEND/INDEMNIFY BOGUS BASIN IN THE EVENT THE AUTHORITY TO BIND THE MINOR IS CHALLENGED.

(1) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(1) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate
(2) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(2) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate
(3) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(3) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate
(4) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(4) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate
(5) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(5) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate
(6) Sign _____ Ticket holder (18+yrs) or parent/guardian for minor	(6) Print _____ Ticket holder name/person participating in activity	____/____/____ ticket holder birthdate

SUMMER 2018

WAIVER OF LIABILITY, EXPRESS ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

PLEASE READ AND SIGN

TODAY'S DATE: _____

The person using any Bogus Basin Recreational Association, Inc. ("Bogus Basin") chairlift shall be referred to hereinafter as "Participant." The use of any Bogus Basin chairlift by the Participant shall be referred to as the "Activity." The "Undersigned" means only the Participant when the Participant is age 18 or older OR it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18. Undersigned hereby acknowledges that he/she has received valid consideration in exchange for agreeing to the terms set forth in this Agreement. Undersigned further acknowledges that any monetary amount paid to Bogus Basin is solely for the use of the Bogus Basin chairlifts.

The terms of this Agreement shall apply to those who purchase a Season Pass and those who purchase a Day Pass. If the Undersigned purchases a Season Pass, the terms of this Agreement shall apply to the entire summer/fall 2018 season.

The Undersigned agrees and understands that the Activity can be hazardous and involves the RISK OF PHYSICAL INJURY OR DEATH, and such risk is inherent and cannot be reasonably avoided without changing the nature of the Activity. The Undersigned further acknowledges that he/she has read this Agreement, and EXPRESSLY ASSUMES ALL RISKS of the Activity, inherent or otherwise.

In consideration of allowing the Participant to use the Bogus Basin chairlift, the Undersigned agrees to RELEASE Bogus Basin from any and all liability and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, including those claims based on Bogus Basin's alleged or actual NEGLIGENCE. Further, the Undersigned agrees to WAIVE his/her right to file a lawsuit against Bogus Basin for any existing or future claims.

The Undersigned agrees to DEFEND and INDEMNIFY Bogus Basin from all claims for property damage, injury or death arising out of Participant's use of any Bogus Basin chairlift and/or all claims for property damage, injury or death arising out of Participant's conduct that may contribute to a claim being asserted against Bogus Basin.

The Undersigned understands that Bogus Basin may furnish first aid care, including, but not limited to, transportation for Participant to a facility where defined medical care can be provided at no expense to Bogus Basin. The Undersigned understands that the furnishing of medical care is in no way an admission or an assumption of liability on the part of Bogus Basin, its officers, agents or employees.

In consideration for allowing Participant to participate in the Activity, the Undersigned agrees that any and all claims for injury and/or death arising from the Participant's participation in the Activity shall be GOVERNED BY IDAHO LAW and EXCLUSIVE JURISDICTION of any claim shall be in the STATE DISTRICT COURT residing in the county where the alleged incident occurred or in the FEDERAL COURT FOR THE STATE OF IDAHO.

The Undersigned understands that a day pass and/or a season pass for chairlift use is a privilege that may be revoked or suspended at any time due to inappropriate behavior. Finally, in consideration for allowing the Participant to use Bogus Basin's chairlifts, facilities and/or ski area, the Participant agrees to RELEASE Bogus Basin from any and all liability and/or claims stemming from the use of the Participant's image while using Bogus Basin.

I AND/OR MY MINOR(S) ACKNOWLEDGE THAT WE HAVE READ, UNDERSTAND AND WILL ABIDE BY ALL BOGUS BASIN'S POLICIES/RULES GOVERNING THE USE OF ANY BOGUS BASIN CHAIRLIFT. A PARENT OR GUARDIAN OF A MINOR CHILD MUST SIGN. IF A PARENT OR GUARDIAN IS SIGNING ON BEHALF OF A MINOR, THE PARENT OR GUARDIAN AGREES TO DEFEND/INDEMNIFY BOGUS BASIN IN THE EVENT THE AUTHORITY TO BIND THE MINOR IS CHALLENGED.

- (1) Sign _____ (1) Print _____ /_____/_____
Ticket/pass holder (18+yrs) or parent/guardian for minor Ticket/pass holder name/person participating in activity ticket/pass holder birthdate
- (2) Sign _____ (2) Print _____ /_____/_____
Ticket/pass holder (18+yrs) or parent/guardian for minor Ticket/pass holder name/person participating in activity ticket/pass holder birthdate
- (3) Sign _____ (3) Print _____ /_____/_____
Ticket/pass holder (18+yrs) or parent/guardian for minor Ticket/pass holder name/person participating in activity ticket/pass holder birthdate
- (4) Sign _____ (4) Print _____ /_____/_____
Ticket/pass holder (18+yrs) or parent/guardian for minor Ticket/pass holder name/person participating in activity ticket/pass holder birthdate
- (5) Sign _____ (5) Print _____ /_____/_____
Ticket/pass holder (18+yrs) or parent/guardian for minor Ticket/pass holder name/person participating in activity ticket/pass holder birthdate



ACKNOWLEDGEMENT OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the BDF, L.L.C., d.b.a. Bear Valley River Co., program, its related events and activities, the undersigned, acknowledge, appreciate, understand and agree that there are inherent risks in whitewater trips, the transportation to and from the river, as well as the recreational activities (hiking, swimming, camping, etc.) that are associated with this type of outdoor wilderness experience. These risks are impossible to eliminate by even the most prudent and careful planning and conduct on the part of the officers, guides, agents and employees of Bear Valley River Co. and, if applicable, owners and lessors of premises used for the activity. Participation in these activities entails unavoidable risks of potential paralysis or loss of life, personal injury and loss or damage to personal property. I certify that I and/or the minor child that I have legal responsibility for, are fully capable of participation in such a whitewater activity. I further understand that Bear Valley River Co., reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participation in such a whitewater activity.

In further consideration of Bear Valley River Co, furnishing services to enable me to participate, I hereby assume full responsibility for damages or loss of life or injury to myself and/or a minor child of which I have legal responsibility for, or loss of, or damage to property, and expenses thereof, arising out of the participation in such a whitewater activity.

I understand and agree that any video or still photography taken during my whitewater trip with Bear Valley River Co., may be used for promotional and other uses.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of the activity and while on Bear Valley River Co.'s property.

The venue of any dispute that may arise out of this agreement or otherwise between the parties to which Bear Valley River Co. or their agents are a party, shall be either the city of Crouch, Idaho justice Court; or the County or State Court in Boise County, Idaho.

I have read the above waiver and release, and by signing it agree for myself, and on the behalf of my heirs, assigns personal representatives and next of kin. It is my intention to exempt and relieve BDF, L.L.C. d.b.a. Bear Valley River Co. from liability for personal injury, disability, property loss or damage, or wrongful death caused by negligence or any other cause.

Participants name and age

names and ages of minor children

names and ages of minor children

Address, city, state, zip

e-mail

phone number

In an emergency please notify, _____

How did you hear about us? _____

Participant's signature and date _____



CHILD PROFILE SHEET 2018

Allergies: _____

Camp Attending

PARKS AND RECREATION DEPARTMENT

Outdoor Adventure Camp

Sports Camp

Mer-IDA-Moo

Willow Creek

Siena

Discovery

Child's Name: _____ D.O.B: ____/____/____ Gender: _____
 (Last) (First)

Home Address: _____
 (Street/PO Box) (City) (State) (Zip)

Contact Information

Contact Name 1: _____ Relationship: _____

Primary Contact (First) (Last)

Phone: _____ Secondary Phone: _____

Address: _____
 (Street/Po Box) (City) (State) (Zip)

Contact Name 2: _____ Relationship: _____

Primary Contact (First) (Last)

Phone: _____ Secondary Phone: _____

Address: _____
 (Street/Po Box) (City) (State) (Zip)

Emergency Contacts- in the event that contacts can't be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

PICK UP ELIGIBILITY

I hereby authorize the individuals listed below to pick up my child from the Meridian Parks and Recreation program. Please include all authorized people including yourself and spouse. For your child's safety, City staff will not allow your child to leave with anyone who is not listed below. Requests to add or delete eligible individuals to pick up your child must be done in person.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I authorize my child to arrive and/or depart on his/her own at the beginning and/or end of the day.

MEDICAL INFORMATION

Please Describe any allergies or conditions that may affect your child's ability to participate in the activities (asthma, food allergies, bee stings, etc.): _____

Special Needs or Requests for Assistance: _____

Please provide information about any behavioral challenges or environmental factors that influence your child's behavior:

What actions or tools are effective in redirecting your child's behavior?

Does your child take any prescription medications that will affect their ability to participate in the City activity? Yes No

If yes, please tell us how it might affect your child's ability to participate including if these medications interact with the sun.

Will your child be bringing any medications to camp? Yes No If yes, please list _____

All prescription medications must be in the container issued by the pharmacy with the child's name on the container. **Please note that Parks and Recreation employees and volunteers cannot administer medications.**

AUTHORIZATION FOR EMERGENCY TREATMENT/LIABILITY WAIVER

Your signature/e-signature below indicates your understanding that participation in this recreational activity is subject to these conditions.

- 1. I agree to participate in and/or or allow my child to participate in the activity offered by the City of Meridian, and acknowledge that such participation presents risks, some of which are unknown. I agree to assume all risks associated with my/my child's participation.*
- 2. I hereby release and forever discharge the City, its agents and employees from all real or possible claims for damages or other harm to person or property not attributable to the tortious conduct of City's agents employees, regardless of the manner by which such claim may be brought.*
- 3. I consent to and authorize first aid, emergency medical care, and/or hospitalization for treatment of injuries or illness that I sustain or my child sustains while or as a result of participating in this activity. I understand that I am solely responsible for any and all expenses that are incurred as a result of any accident or illness incurred while or as a result of participating in this activity.*
- 4. I consent to the publication and/or use of any photographs or recordings of me/my child by the City of Meridian for promotional purposes.*
- 5. I understand that my approval of this agreement means that I cannot later bring a claim against the City, its agents, and/or its employees.*

Signature of Parent or Guardian

Date