

AEI Base Camp

#2 Illinois Creek Road, Almont, CO 81210

(970) 641-4708

CAMP REGISTRATION FORM

PLEASE COMPLETE (print clearly or type)

Group Name: _____ Trip Date: _____
Participant Name: _____ Date of Birth: _____ Ht. _____
Address: _____ Gender: _____ Wt. _____
City: _____ Zip: _____
Phone # Home: _____ Parent Cell Phone #: _____
Parent Email: _____

Authorized to take camper from camp:

Name: _____ Phone: _____
Address: _____
Name: _____ Phone: _____
Address: _____
Unauthorized Name: _____
Unauthorized Name: _____

In Case of EMERGENCY Notify:

Parent/Guardian/Spouse: _____
Home Phone #: _____ Cell Phone #: _____
Home Address: _____
Place of Employment: _____
Work Address: _____
Work Phone #: _____

If NOT available, notify: _____ Relationship: _____
Home Phone #: _____ Cell Phone #: _____
Home Address: _____
Place of Employment: _____
Work Address: _____
Work Phone #: _____

Health Care Information:

Name of Physician: _____ Phone: _____
Address: _____
Date of last physical examination _____ (within the last 24 months for those under age 18)
Do you carry family medical/hospital insurance? YES NO
Carrier: _____ Policy or Group # _____
Do you have any special dietary restrictions, food needs, allergies? (ie: vegetarian, gluten free, etc.)
Please describe:

List any activities guardian DOES NOT want child to participate in: _____

AEI BASE CAMP HEALTH HISTORY FORM

(Please Print Neatly)

The proposed program by AEI Base Camp requires participation in physical activities, which are, by their nature, physically demanding. Many of the activities as well as being at high altitude will challenge you, both of which can cause surges in blood pressure and heart rates. It is also imperative that you are free of any heart related or other diseases. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or any others who depend on them. Good physical condition will increase your enjoyment of the outdoor activities. **As required by the State of Colorado, participants under the age of 18 must submit a statement confirming a physical examination within the last 12 months by a physician or nurse practitioner.**

Name _____ Birth Date _____ Age _____

Health History: (Circle the appropriate response and describe any yes answers)

Have you had or do you currently have any heart problems, i.e., strokes, heart attacks, and/or heart related diseases? YES NO

If YES, Explain: _____

Do you frequently suffer from pains/pressure in your chest? YES NO

Do you often feel faint or have spells of severe dizziness? YES NO

Has a doctor ever told you that you have high blood pressure? YES NO

Are you a smoker? YES NO

(NOTE: If you have had any heart related problems you will need to have a release from a physician in order to participate in any camp activities.)

Do you have arthritis, joint or back problems that might be aggravated by exercise? YES NO

Have you had any operations or serious injuries? (dates) YES NO

Do you have any disabilities or chronic recurring illness? YES NO

Are there any activities to be limited/discouraged by physician's advice? YES NO

Are you allergic to any medicines, insects or pollen? YES NO

Do you have Asthma? YES NO

Do you have Epilepsy? YES NO

Do you have Diabetes? YES NO

Do you have any prescribed meal plan or restrictions? YES NO

Are you currently sick and/or using a medication not listed above? YES NO

Do you carry family medical/hospital insurance? YES NO

Carrier: _____ Policy or Group # _____

Suggestions or health related information for AEI Personnel: _____

General Health Statement: _____

REPRESENTATION AND EMERGENCY AUTHORIZATION

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

I hereby give permission to the medical personnel selected by AEI Base Camp, or it's agents to order x-rays, routine tests and treatment as well as injection and/or anesthesia and/or surgery for me or my child as named above. Such authorization for emergency treatment shall also include, but not be limited to, charges incurred for the providing of aid and arranging evacuation if AEI Base Camp, or it's agents, determine that such evacuation is necessary or desirable. I further agree to assume responsibility for the costs of any specialized means of evacuation and of any medical care and acknowledge that these costs are the financial responsibility of the undersigned. I also understand and agree to abide with the restrictions placed on my camp activities.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Witness: _____ Date: _____



Please read carefully: This document must be signed by all Participants, including the Parent or Guardian (each referred to as “Parent”) of a Participant who is a minor (under 18 years of age.) The Parent is signing on behalf of himself or herself and on behalf of the minor child.

Agreement to Participate: Including Assumption of Risks and Agreements of Release and Indemnity

In consideration of being allowed to stay on premises and/or participate in an AEI trip, organized and conducted by Adventure Experiences, LLC (DBA AEI Base Camp and AEI Outfitter), I, for myself and for any minor child of mine who participates, acknowledge and agree as follows:

The adventure experience in which I or the child will participate includes backpacking, camping, orienteering, hiking, rafting, kayaking, paddle boarding, challenge course activities (a network of cables, ropes, swings and platforms, as high as 50 feet off the ground, over which I or the child may walk and swing, with or without the assistance of other persons), rock climbing, fly fishing, horseback riding, outdoor games and others. These activities involve risks and hazards, including, among others, the following: those associated with traveling and camping in mountainous terrain; exposure to the natural elements, which may include heat, extreme cold and altitude, snow, sleet and rain, falling rocks and timber; and river crossings; dependence on other participants and staff; accidents or illness in remote places which may be many hours or days away from medical facilities; accidents associated with travel, by air, train, boat, ATV, horse, and automobile; the carelessness of other participants and staff; and the failure of equipment. These and other risks and hazards are inherent in the activities of AEI and cannot be eliminated without significantly changing the nature of the activities.

I understand that these and other hazards and risks may result in loss or damage to personal property, and personal injuries, including falls, abrasions, sprains, breaks, cold water immersion, and other emotional and physical injuries, and, in extreme cases even death, including by drowning.

I represent that I, or the child, have no medical or emotional conditions which may adversely affect my or the child’s participation in this adventure experience, or which may cause me, or my child to be a danger to ourselves or others. I have listed on the Health History Form provided by AEI any and all medical conditions of which I believe AEI should be aware. I understand that it is my responsibility, and mine only, to determine my or the child’s suitability, medical or otherwise, for participation in the activities.

Acknowledgment and Assumption of All Risks

For myself and on behalf of a child of mine who participates, I assume all risks of onsite presence and the activities, inherent or otherwise and whether or not described above. If my child is the Participant, I have discussed the activities and risks with him or her and the child understands both and wishes to participate nevertheless. The child has signed below to reflect his or her understanding of the activities and risks, assumption of them and desire to participate.

Agreements of Release and Indemnity

For myself and on behalf of a child of mine who participates, I agree to release and hold harmless AEI, its shareholders, directors, officers, employees, agents and contractors (“Released Parties”) from any and all claims which I or the child may now have or acquire in the future, **including claims of negligence but not claims of gross negligence and intentionally wrongful conduct**, as a result of or arising from my or the child’s onsite presence, enrollment or participation in any guided or unguided activities.

I further agree to protect and indemnify (that is pay any judgment and costs, including attorney’s fees) AEI and the other released parties from any claim of the child or of any third party, including rescuers, other participants in the activities of AEI and members of my or the child’s family, arising from my or the child’s onsite presence, enrollment or participation in any guided or unguided activities.

Other

I certify that I am completely healthy (both physically and emotionally) and capable of participating in this Adventure Experiences, LLC trip/program. I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the program. I also understand that AEI and all of its representatives are in no position to determine whether I’m capable to participate in this program. My participation in this program is based on my decision to do so.

I agree to reimburse or pay any and all costs of AEI or any other released party associated with defending a claim brought by me or the child, to the extent that claim is dismissed or otherwise found to be without merit.

In the event of a dispute between me or the child and AEI or any released party, I agree to engage in good faith efforts to mediate that dispute. Unless otherwise agreed in writing, any mediation or suit may be conducted or filed only in Gunnison County, Colorado, and the laws of Colorado will apply to any such dispute, excepting only the laws of the State of Colorado which may apply the laws of another jurisdiction.

I authorize AEI to provide or obtain medical care for me or the child in the event of an incident requiring medical attention, and I further authorize AEI to exchange with any third-party medical care giver such information regarding my or the child’s medical history or condition as may be deemed important to either of them.

I agree that I, or the child, will not consume or be under the influence of any chemical substance, including alcohol, during the activity. I, and the child, understand further that the activity and all aspects of it are purely voluntary and I or the child may choose not to participate. I agree that I, or the child, will follow all safety instructions. I agree to allow AEI to use photographic or other images of me or the child for marketing or any other purpose deemed reasonable by AEI.

Should any part of this agreement be deemed not enforceable by a Court of competent authority, the remainder of the agreement shall nevertheless remain in full force and effect.

Printed Name of Participant

Signature of Parent or Guardian of Minor Participant

Signature of the Participant

Date

Health Statement by Licensed Medical Personnel

Participant's Name _____ Birth Date _____

Trip Dates _____

The program proposed for the above named participant requires participation in activities, which are physically challenging, at "high altitude" (9,000 to 13,000+ feet) and in a remote, wilderness environment. These factors can cause surges in blood pressure and heart rates as well as other conditions. Therefore, all participants must be free of medical or physical conditions, which might create undue risks to themselves or others. Your response to these questions will aid in the medical screening and care of the participant.

I have examined the above participant within 12 months of program date. Date of examination _____

In my opinion, the above participant is / is not able to participate in the described program.

Description of any limitation or restriction on program activities

The participant is under the care of a physician for the following conditions

Current treatment at the time of this report includes

Prescribed medications being used by participant

Over-the-counter medications used by participant

Any dietary restrictions _____

Known allergies or drug reactions

Signature of Physician or Nurse Practitioner _____

Printed Name _____ Title _____

Address _____

Phone _____ Date _____

*****Please fill out attached Colorado Certificate of Immunization. DO NOT staple another State's Immunization form. The CO Certificate must be filled out for consistency per Child Care Regulations.***

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (pediatric)								
Tdap Tetanus, Diphtheria, Pertussis								
Td Tetanus, Diphtheria								
Hib <i>Haemophilus influenzae</i> type b								
IPV/OPV Polio								
PCV Pneumococcal Conjugate								
MMR Measles, Mumps, Rubella								
Measles								
Mumps								
Rubella								
Varicella Chickenpox								

Varicella - date of disease _____ Varicella - positive screen date _____ *A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus								
Rota Rotavirus								
MCV4/MPSV4 Meningococcal								
Men B Meningococcal								
Hep A Hepatitis A								
Flu Influenza								
Other								

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

Permission to Administer Medication at AEI Base Camp

To be completed by PARENT/GUARDIAN

I hereby give my permission for _____ to take the medication listed below at
Child's Name

AEI Base Camp, as ordered by the health care provider with prescriptive authority at the bottom section of this form. I understand that it is my responsibility to furnish the medication.

Prescription medication: must come in ORIGINAL container labeled with: child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label.

Over-the-Counter Medicine: must be labeled with child's name. Dosage must match the signed Health Care Provider's authorization, and medicine must be packaged in ORIGINAL container.

AEI Base Camp agrees to administer medication prescribed by a licensed Health Care Provider as directed on this form. The unused or expired medication will be given to the adult group leader to be given back to the parent/guardian upon completion of the trip. All medication(s) left at AEI Base Camp will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's Health Care Provider to share information about the administration of this medication with AEI Base Camp staff delegated to administer medication.

Parent/Legal Guardian's PRINTED Name

Parent/Legal Guardian SIGNATURE

Date

Health Care Provider Authorization

Child's Name:	Date of Birth:
**Medication:	Dosage:
Route:	To be given at the following Times:
State Date:	End Date:
Special Instructions:	
Purpose of Medication:	
Possible Side Effects:	

SIGNATURE of Health Care Provider with Prescriptive Authority

Date

PRINTED Name of Health Care Provider with Prescriptive Authority

Name of Health Care Facility/Medical Office

Phone #

****If Child has MULTIPLE medications, this form needs to be filled out for EACH medication.**

Sunscreen Waiver

Please provide the instructions for application of sunscreen or other approved sun protection product(s):

Every _____ Minutes/Hours (Please circle), Participant's Name: _____
First and Last Name

Please list sunscreen ** that participant will bring to AEI Base Camp:

_____ Brand _____ SPF Protection

**Make sure you write the participant's first and last name on his/her sunscreen prior to arrival.

In the case that you DO NOT wish for your participant to wear sunscreen or other sun approved protection product(s) for health, medical, mental health, religious reasons or any reason not otherwise specified, please provide the explanation in the following space provided:

In the event that the participant requests to use AEI Base Camp's sunscreen. I authorize AEI Base Camp to supply the participant with *Banana Boat Sport Sunscreen*. The participant will apply sunscreen or approved sun protection to his/her own exposed skin prior to going outside. Sunscreen will be used and re-applied as directed on the product label.

PRINTED NAME of Parent/Guardian

SIGNATURE of Parent/Guardian

Date

The following Sunscreen Waiver is required by the **Division of Child Care Licensing**. Thank you for filling out this form completely.



AEI Base Camp provides most of the necessary wilderness equipment for your trip. You will provide the personal items listed below. Please keep in mind that the weather in Colorado can change rapidly. Rain or snow showers are likely and temperatures can vary from 25 degrees to 80 degrees on any day in May through August. This means that wool and synthetic blends are preferred. Please try to AVOID bringing COTTON clothing. Try to bring “layering” clothes that are wool/synthetic. Synthetic means polyester, polypropylene, polartec, fleece, synchilla, capilene, etc. Storage space is limited so please keep this in mind when packing. You can wear clothing multiple times and/or for multiple days as our environment is dry and on the cooler side. Our Base Camp is around 10,000 ft. in elevation and altitude sickness is a common occurrence. Drink plenty of WATER prior to arriving, as it combats altitude sickness.

BRING:

- | | |
|---|--|
| <input type="checkbox"/> 2 Water Bottles (<i>1 Liter Capacity each</i>) | <input type="checkbox"/> Swimsuit(s) (<i>if rafting, 2 needed</i>) |
| <input type="checkbox"/> Rainwear (<i>jacket with hood or poncho, pants preferred</i>) | <input type="checkbox"/> Sunscreen and Chapstick |
| <input type="checkbox"/> T-shirts (<i>some can be cotton, at least 1 synthetic</i>) | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Long Pants/Insulated Pants (<i>NO JEANS</i>) | <input type="checkbox"/> Bible, notebook, pen/pencil |
| <input type="checkbox"/> Long Sleeved Shirt or Wool/Synthetic Sweater | <input type="checkbox"/> Bandana (<i>if backpacking</i>) |
| <input type="checkbox"/> Flannel/Sweat Shirt | <input type="checkbox"/> Camera (<i>optional</i>) |
| <input type="checkbox"/> Socks (<i>wool/synthetic, NO COTTON</i>) | <input type="checkbox"/> Moleskin/Blister Care (<i>optional</i>) |
| <input type="checkbox"/> Underwear | <input type="checkbox"/> Sleeping Bag (M:15-30 degrees; W:0-20 degrees) |
| <input type="checkbox"/> Insulated Jacket | <input type="checkbox"/> Mummy Sleeping Bag (<i>if backpacking</i>) |
| <input type="checkbox"/> Hat/Beanie (<i>wool/synthetic</i>) | <input type="checkbox"/> Stuff Sack for Sleeping Bag |
| <input type="checkbox"/> Sun Hat/Baseball Cap | <input type="checkbox"/> (<i>if backpacking</i>) |
| <input type="checkbox"/> Athletic Shoes | <input type="checkbox"/> Flashlight/Headlamp (<i>plus extra batteries</i>) |
| <input type="checkbox"/> Long Underwear (<i>wool/silk/synthetic, NO COTTON</i>) | <input type="checkbox"/> Toiletries |
| <input type="checkbox"/> Mid-Height Hiking Boots (<i>if hiking or backpacking</i>) | <input type="checkbox"/> Towel &/or Washcloth |
| <input type="checkbox"/> Rafting Shoes (<i>must have HEEL strap, Chacos, Tevas, etc.</i>) | <input type="checkbox"/> Alarm Clock (<i>optional</i>) |
| <input type="checkbox"/> Prescribed Medication (<i>if applicable</i>) | <input type="checkbox"/> Pillow |
| <input type="checkbox"/> in ORIGINAL container ONLY | <input type="checkbox"/> 2-3 Clif Bars/Protein Bars/Luna Bars |
| <input type="checkbox"/> Portable Charging Device (<i>no outlets in cabins, optional</i>) | <input type="checkbox"/> Watch (<i>highly recommended</i>) |

DO NOT BRING:

Jeans, cell phones, iPods/MP3 players, illegal drugs, over-the-counter medication, marijuana, THC edibles, vapor pens/e-cigarettes, tobacco products of any kind, guns/explosives, weapons/knives, fireworks, blow-dryers, curling irons, electronic games, pets, personal harness/rock climbing equipment, valuables/personal prized possessions

WE PROVIDE:

- | | |
|---------------------|------------------------------------|
| Backpacks** | Cooking/Eating Utensils** |
| Tents** | First Aid Kits** |
| Cooking Stoves/Fuel | Compasses/Maps** |
| Sleeping Pads** | Water Purification (Filters, etc.) |

**Note: Please feel free to bring your PERSONAL items listed above (optional)

ADDITIONAL INFO:

- | | | |
|----------------------|----------------------|------------------------------------|
| Sleeping Bag Rentals | \$7/night | 20 Degree Mummy Sleeping Bags |
| Camp Store | T-Shirts, Hats, etc. | Cash, Checks, Credit Card Accepted |