



Camp Augusta
 17530 Lake Vera Road
 Nevada City, CA 95959



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www.campaugusta.org

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2017 Outdoor Education Camper Registration Form

School/Organization bringing you to camp: _____

Camper Details

First Name: _____ Last Name: _____

Gender: Birthdate (mm/dd/yy): / /

Parent/Guardian Details

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: ---- Work Phone: ----

Cell Phone: ----

Email Address: _____
(for camp-only communications)

Relationship to camper _____

Optional, for grant purposes only:

Ethnicity: _____ Income less \$20K?: Yes

2nd Parent/Guardian

First Name: _____ Last Name: _____

Address (if different): _____

City: _____ State: _____ Zip Code: _____

Home Phone: ---- Work Phone: ----

Cell Phone: ----

Email Address: _____

Relationship to camper _____

Dates and Tuition (to be filled in by teacher)

Your child's class will be attending Camp Augusta during the following day(s): _____

Tuition for your child's program is: _____

Please consult your child's teacher regarding when tuition is due and whether your checks are written to the school or to Camp Augusta.

Kitchen considerations (only necessary if your child will be enjoying a Camp Augusta prepared meal – usually groups staying longer than one day)

Please list any dietary needs (allergies, vegetarianism, gluten free, lactose intolerance, etc.) relating to your child:

Before sending your child to camp, please read the parent/student information package with your child. It contains valuable information about what you can expect at camp.

I _____ have read the parent/student information package and have shared the appropriate information with my child. I understand and support the Camp Augusta program philosophy that my child will engage in. I am aware that Camp Augusta does not hire an on-site Nurse during the non-summer camp season and that my child's medical health is the responsibility of his/her teachers and adult chaperones, and not Camp Augusta or their staff.

Signature _____

Date: _____

Participant Agreement

In consideration of the enrollment of our child(ren) in the Camp Augusta program, as the parents or legal guardians of any child(ren) attending or visiting, we agree on our own behalf and on behalf of our child(ren) visiting or attending Camp Augusta, to indemnify, defend and hold Camp Augusta and its officers, directors, employees, and agents harmless from and against any and all losses, liabilities, demands, claims, actions, expenses, (including attorneys' fees) of any type ("Claims") arising out of or relating to our child(ren) visiting Camp Augusta, attending its programs, or participating in any of its activities; provided, however, the foregoing indemnification shall not apply to any Claims which are caused by the gross negligence or willful misconduct of Camp Augusta, its officers, directors, or employees. Camp Augusta is not responsible for injuries to a participant which occur during the ordinary course of camp activities. This indemnification shall include, without limitation, any and all Claims arising out of personal injury or death of a camper and any Claims made by third parties. The provisions of this indemnification shall survive the termination of this agreement, and shall be binding on the successors and assigns of the undersigned and the child(ren) attending Camp Augusta. This agreement assumes and requires parents/guardians to be familiar with and informed about the Camp Augusta website; the nature of the programs and philosophy are important to how the camp operates. I understand that part of the camping experience at Camp Augusta involves activities and group interactions that may be new to my child, and that they come with uncertainties beyond what my child may be used to dealing with at home. . Such risks include uneven terrain, standing and moving water, forested and other areas that may result in wildlife encounters including mammals, reptiles and insects that could result in infections and various insect-transmitted diseases such as West Nile Virus and Lyme Disease from tick bites and accept these risks on behalf of my child. I have been advised to examine my child upon return home for ticks and other evidence of insect bites or stings and to take the necessary medical precautions. I am also aware that my child may participate in off-campus activities such as (Yuba River visits, mountain bike trails) that involve additional risks. In addition, there are certain unavoidable risks associated with various game and play activities such as collisions, wayward objects such as balls and other equipment and other risks. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by the camp's rules, and my child and I both agree that he/she is familiar with these rules and will obey them. Questions about the program or philosophy in any manner are assumed to have met the parent/guardian's satisfaction via phone calls or e-mails prior to registration. If Camp Augusta is providing food service, campers must be able to eat a normal and varied diet, yet allowing for medical reasons, vegans, and vegetarians. Camp Augusta reserves the right, at the sole discretion of its Director, to change, add, or delete any portion of its program due to uncontrollable circumstances without notice, refund, or adjustment to tuition. There are also no refunds for uncontrollable acts of nature or large-scale events outside of Camp Augusta's control. My signature below also authorizes Camp Augusta to use pictures or video of my family and camper(s) in brochures, on its web site, or in any other manner that is deemed appropriate to camp operations. My signature below also authorizes chaperones (e.g. teachers, parents) to take pictures or video of my family and camper(s) for school or program use on their part.

Camp Augusta does not provide a lifeguard or any type of supervision or oversight at any of our swimming or water facilities unless a water based activity is in process, and even then, the lifeguard's responsibility is for the guests participating in the activity, not others choosing to use water facilities outside of scheduled program time. This will significantly increase the risks of swimming, boating and other water related activities. Such risks include but are not limited to cuts, bruises, fractures, paralysis, loss of bodily function, and death by drowning or other cause. In addition, there may be obstructions and other underwater hazards that cannot be seen from above the water. I am aware of these risks, and should I choose to leave my child unattended and/or allow my child to use these facilities, I am assuming them on my behalf and/or on behalf of my child.

To the fullest extent permitted by law, I shall waive, release, indemnify and hold harmless Camp Augusta and the Lake Vera Mutual Water Company, their agents, officers, trustees, and employees from and against any claims, damages, losses or expenses arising out of or resulting from my and/or my use of any swimming or other water facilities.

I agree that any dispute concerning, relating, arising out of or referring to the subject matter of this contract shall be resolved exclusively by binding arbitration in Nevada County, California, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state unless Camp Augusta, in its sole discretion, selects a different forum. Any dispute submitted to arbitration under this clause must be heard by the arbitrator(s) in its entirety within one year of submission, who must render his/her decision within thirty days of the close of the evidence. The arbitrator and not any federal, state or local court or agency shall have exclusive authority to resolve any dispute relating to the interpretation, applicability, enforceability, conscionability, or formation of this contract, including but not limited to any claim that all or any part of this contract is void or violable.

No part of this agreement may be altered or amended in any way. Doing so completely voids the registration.

Name of Dependent: _____

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____