

ROGER PEPPER ADVENTURE CAMP W24-25
APPLICATION QUESTIONNAIRE

Please return by Nov 1st

First Name: _____ Last Name: _____ M.I.: _____

Permanent Address: _____

Apt/Unit: _____ City: _____ State: _____ Zip: _____

Permanent Phone Number: _____ Best Time to Call: _____

Cell Phone Number: _____ Best Time to Call: _____

Parent's Email Address: _____

Applicants Email Address: _____

Applicant's Age: _____ Date of Birth: _____ (MM/DD/YYYY)

Gender: ___Female ___Male ___Rather not say ___Other, please specify: _____

Current Grade: _____ Date of High School Graduation: _____

Date of burn injury: _____ Degree of burns: _____ Percentage of body burned: _____

Legal Name (as it appears on photo ID for travel): _____

We need your legal name to book your flights.

First choice departure airport preference: _____

Second choice departure airport preference: _____

Have you previously participated in a Roger Pepper Adventure Camp? ___Yes ___No

If so, winter or summer of what year? _____

Application Questions

1. Why should you be selected for this year's Roger Pepper Adventure Camp?

2. What do you hope to gain by attending the Roger Pepper Camp?

3. What is your idea of a good leader? How can you be an effective leader during camp?

4. Please describe your extracurricular activities such as employment, volunteer service, clubs, sports, or hobbies.

5. What are two strengths you will bring to camp?

6. Do you have a weakness? How could you improve on this during camp?

7. Describe an experience in which you have tried something out of your comfort zone. How did you feel before and after the experience?

8. Pretend scenario: If you were to go camping and could only bring three things, what would you bring?

Please have fun with this application and realize that you are applying to become part of something that is truly great! Through outdoor adventure activities the Roger Pepper Camps provide an opportunity for you to challenge yourself, meet new people, and learn new skills while having a fantastic time. We look forward to hearing from you. -The Adaptive Sports Center Staff

APPLICATIONS DUE NOVEMBER 1ST

Please send the completed application to Sophie by email or mail!

Email: schiado@adaptivesports.org **Mail:** Adaptive Sports Center Attn. Sophie Chiado PO Box 1639
Crested Butte, CO 81224



ADAPTIVE SPORTS CENTER

Roger Pepper Adventure Camp

Working Together: Camp Rules

Please Sign and Return with Your Paperwork

The rules for this camp aim to provide a baseline agreement for the staff and participants to follow. These rules are in place to ensure that all participants are safe and treated with respect. All participants will be held to the following rules during the camp with no exceptions.

1. Show respect for yourself and others. Sarcasm, teasing, and profanity are not allowed.
2. Use of tobacco, drugs, alcohol, or possession of any related paraphernalia is strictly prohibited. Breaking this rule will result in immediate dismissal at the parent's or guardian's expense.
3. Do not leave the group without permission from an ASC staff member.
4. Take care of yourself. ASC is not responsible for medical fees or clinical costs. The ASC requires a parent's or guardian's credit card information in the event of a medical emergency.
5. During outdoor recreation activities, be responsible for equipment and follow risk management rules.
6. At lodging and at camp:
 - a. Respect everyone's privacy and quiet time by keeping noise at an appropriate level.
 - b. All participants must be in their own rooms or tents by 10:00pm. Remain in your room/tent (unless there is an emergency) until we meet in the common area every morning for breakfast.
7. If you are unsure about something, please ask. The ASC staff will be happy to answer all questions.
8. Cell phones and tablets may be used at designated times or in the case of an emergency. We need everyone's full attention while participating in outdoor adventure programming.
9. Challenge by Choice philosophy will be present throughout camp and will be discussed prior to engaging in different programmed activities. The key concepts are listed below.
 - a. Each individual is empowered to decide whether to participate in an activity. ASC staff and other campers are expected to respect each other's right to opt out of an activity.
 - b. Challenge by Choice creates an environment where participants are asked to find opportunities to grow during the experience.
 - c. All are asked to add value to the group experience by finding a way to contribute to the group's efforts while also discovering value in the experience for themselves.
 - d. Parents/Guardians that do not wish to have their child participate in any scheduled activity during the trip, please contact Sophie Chiado at schiado@adaptivesports.org or (970) 349-2296.

Please recognize that failure to follow and respect above rules may result in early dismissal from the camp at the parent's or guardian's expense. By signing this document, I acknowledge that I have read the camp policy and procedures attached, understand its contents, and agree to the above rules.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Adaptive Sports Center of Crested Butte Waiver & Release of Liability Agreement

Adaptive Sports Center of Crested Butte, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Adaptive Sports Center of Crested Butte Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Adaptive Sports Center of Crested Butte, Inc., and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Adaptive Sports Center of Crested Butte and/or Adaptive Sports Center of Crested Butte, Inc. related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Risks of Participation. The Undersigned recognizes and understands that while Released Parties have undertaken reasonable steps to lessen the risk of transmission of communicable diseases, including but not limited to, COVID-19, in connection with participation in the activities, the Released Parties are not responsible in any manner for any risks related to communicable diseases in connection with Participant’s participation in the activities. Specifically, the Undersigned understands that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. The Undersigned is fully aware that participation in the activities carries with it certain inherent risks related to transmission of communicable diseases (“Inherent Risks”) that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying a communicable disease; (2) the risk of transmitting or contracting a communicable disease, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from communicable diseases or the treatment thereof. Further, the Undersigned understands that the risks of all communicable diseases are not fully understood, and that contact with, or transmission of, a communicable disease may result in risks to the Participant including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. The Undersigned hereby voluntarily accepts and assumes all risk of loss, personal injury, sickness, death, damage, and expense for the Participant arising from such Inherent Risks. Furthermore, the Undersigned represents and warrants that Participant does not knowingly carry any communicable diseases that may be transmitted during participation in the activities.

3. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Adaptive Sports Center of Crested Butte/Adaptive Sports Center of Crested Butte, Inc. events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to



indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant's participation in such events or activities or the Participant's presence on or travel to the premises where such events or activities take place.

4. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

5. Medical Treatment. Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

6. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Colorado and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Gunnison County, CO; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or

legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.



I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant's Signature

Participant's Name (please print clearly)

Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB

Parent/Legal Guardian or Representative Signature

Date

Parent/Legal Guardian or Representative Name

Relationship



Adaptive Sports Center of Crested Butte Media Release Agreement

Adaptive Sports Center of Crested Butte, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. “Released Parties” include Adaptive Sports Center of Crested Butte, Adaptive Sports Center of Crested Butte, Inc. and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

MEDIA/PHOTO WAIVER:

Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS.

Participant's signature

Participant's Name (please print clearly)

Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor, or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant's behalf.

Minor's DOB

Parent/Legal Guardian or Representative Signature

Date

Parent/Legal Guardian or Representative Name

Relationship