

RAFT Camp 2009

WHEN: June 29th-July 3rd

WHERE: Klamath River

(Near the Oregon Border)

DEPART: Monday, 8:00am

RETURN: Friday, 4:00pm

We will depart from & return to the New Life - 1370 S. Novato Blvd

**WHO: All Middle School &
High School Students**

COST: \$200

Pay Online with a credit card – www.visitnewlife.com/gen7/raftcamp2009

\$100 deposit due by Wednesday, June 17th, otherwise price goes up to \$210



WHAT TO BRING:

Clothes:

- × Modest swimsuit & board shorts for girls
- × Swim trunks for guys
- × Velcro sandals for the water (Teva's)
- × Warm clothes for evening
- × T-Shirts for sun protection
- × Sunglasses and hat for sun protection

Camping Gear:

- × Sleeping bag & pillow
- × Sleeping pad (optional)
- × Tents are welcomed (optional)
- × Flashlight

Personal Gear:

- × Money for food on the way up and back
- × Reusable plate, cup, & utensils (no glass)
- × Bible, notebook, & pen
- × Mosquito repellent
- × Toiletries - sunscreen is a must

Optional Equipment:

- × Fishing gear – collapsible
- × Camera
- × Candy & soda if desired

WHAT NOT TO BRING:

- × Walkmans and CDs/tapes
- × Alcohol, drugs, cigarettes
- × Fireworks, matches
- × Arm Floaties
- × Bad attitudes
- × Fischer Price™ Toys
- × Pets or animals

Please take note about Adventure Whitewater Camp...

This camp is in the great outdoors. There are no cabins – so be aware that you will be sleeping underneath the stars, unless you bring a tent. But if you go – be prepared for the time of your life! Furthermore, this is a river rafting trip – but no experience is required. Adventure Whitewater has professional lifeguards and rafting experts to guide each raft. Don't miss this camp!

Fill out the attached release forms & turn in the deposit as soon as possible.

If you have any questions, please contact Eric Lucan at (415) 892-0714

Check out last year's raft camp video online at www.visitnewlife.com/gen7/raftcamp2009

Adventure WhiteWater Release of Liability

Read Before Signing

In consideration of being allowed to participate in any way in the Adventure Whitewater program, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Adventure Whitewater immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Adventure Whitewater, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and owners of premises used for the activity, with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date signed: _____

For Parents/Guardians of participants under the age of 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

X _____ Date signed: _____
Parent/Guardian signature (print name)

NEW LIFE CHRISTIAN CENTER	
MEDICAL INFORMATION AND AUTHORIZATION FOR TREATMENT	
Date: June 29-July 3, 2009	
Name: _____	
Address/City/State/Zip: _____	
Male: ___ Female: ___ Birthdate: ___/___/___ Age: ___ Home Phone: _____	
Person to contact in emergency (other than parent): _____ phone: _____	
List allergies to medications: _____	
Daily medications and dosage: _____	
Physical/Medical limitations: _____	
We, the parents of the above named minor, hereby authorize the administration of any medical treatment deemed necessary by any physician licensed under the provisions of the Medicine Practice Act on the staff of a licensed hospital during the above dates. We realize that insurance protection for this child is our responsibility.	
Family's Insurance Company: _____ Policy #: _____	
_____ Date signed: _____	
Parent/Guardian signature	