



2012 Compass Points Participant Registration Form

Congregation Name _____ **Trip Dates** _____

Please Return This To _____

With A Trip Deposit Of \$ _____

By _____

First Name	Last Name	Gender	Birthdate
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Address	City	State	Zip
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E-mail Address	Phone
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Parent's Name	Preferred Phone
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Parent's Name	Preferred Phone
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Dietary Concerns (Vegetarian, Allergies, Etc)

Medical Concerns (A Physical completed within 12 months of the trip date and Physicians Release is required for all participants, youth and adult.)

Our child has permission to take part in all Compass Points activities under supervision of Rainbow Trail Lutheran Camp staff, and we agree that the camp or its personnel will not be held responsible for accidents arising therefrom. I give the camp staff permission to seek medical treatment for me/my child in case of injury or illness. I also give permission for the use of photographs, video, and electronic images of me/my in camp publicity.

Participant Signature _____ **Parent/Guardian Signature** _____ **Date** _____

Group Leader Use Only			
Trip Deposit Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
Trip Payment Rcvd	\$ _____	Date _____	Method _____
			Health Form Rcvd _____
			Physician Release Rcvd _____
			Rafting Release Rcvd _____
			Ropes/Rock Release Rcvd _____



**2012 Compass Points
Physician's Release Health History and Examination Form**

**IMPORTANT
PLEASE READ
Before Conducting the Physical Exam**

Dear Doctor,

This person has registered to take part in a week long, wilderness adventure experience that includes three to five days backpacking with thirty plus pound packs for five to eight miles, in remote areas. The program may also include white-water rafting, rock climbing, service work, and/or high and low ropes course elements. These activities will occur at high altitudes, ranging from 8,500 to 14,000 feet. If you would like more information about specific program activities or environments please contact Ben Larson, Director of Compass Points, at 719-431-0050.

In order for this person to participate in this trip we require that a health history and physical exam be completed within 12 months of the trip dates. As you complete this exam we feel that it is important for you to take into consideration what affects the strenuous nature of activity and high altitude may have on this person and their ability to safely participate.

Please review the attached Health History and complete the Physical Examination Form, and talk with the patient about any concerns that you have for their participation. If you feel that this person is capable of safely participating in the above listed activities please complete the attached physical exam form.

PLEASE KEEP A COPY OF THIS FORM

WEEK OF CAMP: _____

2012 ** This side to be filled out and signed by a licensed physician or licensed nurse practitioner. 2012
Colorado Law requires that a physical exam must occur within 12 months prior to arrival at camp**

Name of Camper: _____ Date of examination: _____

Height _____ Weight _____ Temperature _____ Pulse _____ Respirations _____ Blood Pressure _____

This person is under the care of a physician for the following: _____

Treatment to be continued at camp: _____

Medications to be given at camp (include dosages & times): _____

Medically prescribed dietary restrictions: _____

Recommendations and restrictions on participation while in camp program: _____

What special precautions, if any, must be observed for activities at high altitudes? (Altitudes 8,000-14,000 ft) _____

MUST BE COMPLETED FOR ALL PERSONS. REQUIRED BY COLORADO STATE LAW
IMMUNIZATION VERIFICATION Please give all dates of immunization for:

Vaccine:	Dates:	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr	Mo/Yr
DTP		_____	_____	_____	_____	_____	_____
Tdap		_____	_____	_____	_____	_____	_____
Tetanus		_____	_____	_____	_____	_____	_____
Polio		_____	_____	_____	_____	_____	_____
MMR		_____	_____	_____	_____	_____	_____
Or Measles		_____	_____	_____	_____	_____	_____
Or Mumps		_____	_____	_____	_____	_____	_____
Or Rubella		_____	_____	_____	_____	_____	_____
Haemophilus influenza B		_____	_____	_____	_____	_____	_____
Hepatitis B		_____	_____	_____	_____	_____	_____
Varicella (chicken pox)		_____	_____	_____	_____	_____	_____

I have examined the above camp applicant, and found him/her to be in satisfactory condition, free from contagious diseases and capable of active participation in strenuous activity at high altitudes and an active camp program.

Date examined: _____

Physician's signature: _____

Physician's Name (please print): _____

Address: _____
Street and Number City State Zip

Phone: (____) _____

Date of Form Completion _____ *By _____

*Initial if completed by nurse or physician's assistant.

- For use by camp health care provider (initial for compliance):
- _____ Health screening performed within 24 hours of camper's arrival.
 - _____ No signs of illness or injury upon arrival at
 - _____ No exposure to communicable disease in past 3 weeks.
 - _____ No additions or corrections to information on health history.
 - _____ Medications given to health care provider.

NOTES:

PLEASE KEEP A COPY OF THIS FORM

RAFTING WARNING, ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNIFICATION AGREEMENT
PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS.

1. **Definitions.** The person who is participating in rafting 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. "Released Parties" mean ARKANSAS RIVER TOURS, INC. or any of its/their respective successors in interest, affiliated organizations and companies, insurance carriers, agents, employees, representatives, assignees, officers, directors, members, and shareholders. The "Activity" means taking part in rafting, swimming, wading, hiking, climbing on rocks and slopes, portaging and traveling to and from Activity site.

2. **Risks of Activity.** The Undersigned agree and understand that taking part in the Activity can be HAZARDOUS AND INVOLVES THE RISK OF PHYSICAL INJURY AND/OR DEATH. The Undersigned acknowledge that the Activity is inherently dangerous and fully realize the dangers of participating in the Activity. The risks and dangers of the activity include, but are not limited to: choice of rafting course, negligence of rafting guides, changing weather conditions, changing water conditions, cold water immersion, hidden underwater obstacles, trees or other above water obstacles, slippery terrain, changing and unpredictable currents, drowning, exposure, swimming, overturning, improper use of equipment, jumping off rocks, carrying rafts and other equipment, entrapment of feet or other body parts under rocks or other objects, equipment failure, dehydration, sunburn, driving to and from the Activity site, and mental distress from exposure to any one of the above. THE UNDERSIGNED ACKNOWLEDGE AND UNDERSTAND THAT THE DESCRIPTION OF THE RISKS LISTED ABOVE IS NOT COMPLETE AND THAT PARTICIPATING IN THE ACTIVITY MAY BE DANGEROUS AND MAY INCLUDE OTHER RISKS.

3. **Release, Indemnification, and Assumption of Risk.** In consideration of the Participant being permitted to participate in the activity, the Undersigned agree as follows:

(a) **Release.** THE UNDERSIGNED HEREBY IRREVOCABLY AND UNCONDITIONALLY RELEASE, FOREVER DISCHARGE, AND AGREE NOT TO SUE OR BRING ANY OTHER LEGAL ACTION AGAINST THE RELEASED PARTIES with respect to any and all claims and causes of action of any nature whether currently known or unknown, which the Undersigned, or any of them, have or which could be asserted on behalf of the Undersigned in connection with the Participant's participation in the Activity, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract.

(b) **Indemnification.** The Undersigned hereby agree to indemnify, defend and hold harmless the Released Parties from and against any and all liability, cost, expense or damage of any kind or nature whatsoever 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 the Activity. Such obligation on the part of the Undersigned shall survive the period of the Participant's participation in the Activity.

(c) **Assumption of Risk.** The Undersigned agree and understand that there are dangers and risks associated with the participation in the Activity and that INJURIES AND/OR DEATH may result from participating in the Activity, including, but not limited to the acts, omissions, representations, carelessness, and negligence of the Released Parties. By signing this document, the Undersigned recognize that property loss, injury and death are all possible while participating in the Activity. RECOGNIZING THE RISKS AND DANGERS, THE UNDERSIGNED UNDERSTAND THE NATURE OF THE ACTIVITY AND VOLUNTARILY CHOOSE FOR PARTICIPANT TO PARTICIPATE IN AND EXPRESSLY ASSUME ALL RISKS AND DANGERS OF THE PARTICIPATION IN THE ACTIVITY, WHETHER OR NOT DESCRIBED ABOVE, KNOWN OR UNKNOWN, INHERENT, OR OTHERWISE.

4. **Minor Acknowledgment.** In the case of a minor Participant, the Undersigned parent or legal guardian 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 and that the minor shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the Activity. By signing this Agreement without a parent or legal guardian's signature, Participant, under penalty of fraud, represents that he/she is at least 18 years of age. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

2012 Rainbow Trail Lutheran Camp

Compass Points Rock Climbing and Ropes Course Release

Agreement to Participate: Assumption of Risk and Release of Liability

Participant Name: _____	Compass Points Trip Dates: _____
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Each participant, prior to participation in high or low ropes activities, or rock climbing will complete an Agreement to Participate and a Statement of Health Form.

READ CAREFULLY BEFORE SIGNING

I, the applicant (parent or guardian if under 18 years old) agree to abide by the safety rules and regulations set by the Rainbow Trail Lutheran Camp Ropes Course and/or Rock Climbing Staff.

I, the applicant (parent or guardian if under 18 years old) understand and appreciate that there are certain inherent risks involved in the Ropes Course and/or Rock Climbing which are beyond the control of Rainbow Trail or its staff and agree to personally be aware of such risks.

I, the applicant (parent or guardian if under 18 years old) expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

I, the applicant (parent or guardian if under 18 years old) voluntarily release, forever discharge, and agree to indemnify and hold harmless Rainbow Trail Lutheran Camp and its staff from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of Rainbow Trail's equipment or facilities, including any such claims which allege negligent acts or omissions of Rainbow Trail.

I, the applicant (parent or guardian if under 18 years old) hereby authorize the Rainbow Trail Staff to secure such medical advice and services as may be deemed necessary for the health and safety of myself (or my daughter, son, or ward) and I agree to accept financial responsibility.

I, the applicant (parent or guardian if under 18 years old) certify that I am completely healthy (both physically and emotionally) and capable of participating in the Ropes Course and/or Rock Climbing activities. I have listed on the Health Statement Form any medical condition that Rainbow Trail should be aware of which may hinder my participation in the Ropes Course and/or Rock Climbing activity. However, I understand that it is solely my responsibility to determine whether there is any medical reason that I should not participate in the Ropes Course and/or Rock Climbing activity.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Signature of Parent/Guardian _____
(if participant is under 18 years old)

Print Name _____

2012 Rainbow Trail Lutheran Camp – Compass Points Ropes Course and Rock Climbing Health Statement

The proposed activity provided by Rainbow Trail requires participation in exercises which are, by their nature, physically demanding. Many of the activities will challenge you, and cause surges in blood pressure and pulse rates. It is 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 these outdoor activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical exam and a physicians release in order to participate.

Name _____ Birthdate _____ Age _____

Address _____ Work Phone _____ Gender _____

City, State, Zip _____ Home Phone _____

In an emergency notify _____ Phone _____

Name of Physician _____ Phone _____

Health History (Circle the appropriate answer and describe any YES answers.)

Have you had or do you currently have any heart problems:	YES	NO
Do you frequently suffer from pains 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 (dates):	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 the Ropes Course and/or Rock Climbing 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
Do you have epilepsy:	YES	NO
Do you have diabetes:	YES	NO
Are you currently sick and/or using a medication that's not listed above:	YES	NO

Do you carry family medical/hospital insurance: YES NO

Carrier _____ Policy Number _____

Suggestions or health related information for Rainbow Trail staff: _____

General Health Statement: _____

Representation and Emergency Authorization

This health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course and/or rock climbing activities. I hereby give permission to Rainbow Trail to seek medical attention for me (my child) in case of accident or injury.

Signature of Participant _____

Signature of Parent/Guardian _____ Date _____



Compass Points **Personal Packing** **Information**

Bringing the right clothing is crucial to your comfort and enjoyment of your trip. Depending on the weather and personal preferences this will mean something different for everyone. To accommodate the wide range of weather conditions and individual preferences our packing list is very broad, and includes lists for both on trail and on site. It is designed to keep you warm in the worst weather we could expect, and be flexible enough to pack away for the great weather we all want.

Packing for a trip is incredibly personal and you may find other items that you also wish to bring. To insure the best possible experience, **please bring everything on the list.** Before heading out on the trail your guides will help you assess your personal gear and pack appropriately for the length of time you will be on the trail and the current weather conditions. On a backpacking trip, you can and (for your own comfort) should carry a lot less than you would for a similar trip in the regular world. Experienced backpackers will tell you that they usually have one complete set of all the layers and not much more. Items that you don't take on trail with you can be stored at the camp.

Mountain weather can change incredibly fast and you need to be prepared for this. Our packing list reflects the importance of "layering" so that you can adjust to the changing weather and amount of physical activity you are doing. The three basic layers are described below. When packing please try on layers together, ideally you should be able to wear all your "layers" at once.

The Wicking Layer (long underwear, liners socks and gloves, etc) – Moisture is the enemy of warmth and this layer pulls sweat, from physical activity, away from your body. This layer is worn closest to the skin.

The Insulation Layer (warm tops, socks, pants, etc) – This layer traps the heat your body produces to keep you warm. Depending on the amount of your physical exertion and the weather conditions you will vary this layer to keep yourself comfortably warm without sweating.

The Shell Layer (rain jacket or pants, poncho, etc) – This is a wind and waterproof layer that prevents wind from stealing you built up body heat. This layer should be large enough to fit over the top of your other layers.

We recommend bringing items made of nylon, fleece, polypropylene, or polypropylene blends for your time on trail. Cotton fabrics (such as t-shirts, sweatpants, and jeans) will lose their insulating value when wet. Many people have some of these items in their closet, even if they don't know it and you can often find them at second-hand stores if you are looking to purchase them. If you have questions about particular clothing or equipment please e-mail Ben at ben@rainbowtrail.org.

The Packing List for “On Trail”

- o 1 pr Hiking boots (broken in)
- o 1 pr “Dry” tennis/running shoes (open toed shoes are not permitted on trail)
- o 2 pr Hiking socks (wool or wool blend)
- o 2 pr Liner socks (polypropylene/nylon)
- o 2 pr Underwear
- o 1 pr Long underwear
- o 1 pr Quick dry pants
- o 1 pr Quick dry shorts
- o 1 pr Wool or fleece pants
- o 1 T-Shirt
- o 1 Long sleeve t-shirt
- o 1 Sweatshirt/jacket (wool or fleece)
- o 1 Windbreaker
- o 1 Poncho or rain jacket/pants
- o 1 pr Gloves/mittens
- o 1 Bandana
- o 1 Cap or hat (w/ brim)
- o 1 Stocking cap
- o 1 pr Sunglasses
- o 1 Whistle
- o 1 Headlamp or flashlight
- o 1 Set extra batteries
- o 2 32 oz. or larger water bottles
- o 1 30°F Sleeping bag w/stuff sack
- o 1 Lip balm (15+spf)
- o 1 Sunscreen (15+spf)
- o 1 Small Bible
- o 2 25-30 gallon trash bags

The Packing List for “On Site”

**These items are also included on the “On Trail” list and don’t need to be duplicated.*

- o 1 pr “Dry” tennis/running shoes*
- o 4 pr Socks
- o 3 pr Underwear
- o 1pr Pants
- o 2pr Shorts
- o 3 T-shirts
- o 1 pr Shorts and shirt for sleeping
- o 1 Sweatshirt/jacket*
- o 1 Poncho or rain jacket/pants*
- o 1 Bandana
- o 1 Cap or hat (w/ brim)*
- o 1 Headlamp or flashlight*
- o 1 Set extra batteries*
- o 1 pr Sunglasses*
- o 1 Lip balm (15+spf)*
- o 1 Sunscreen (15+spf)*
- o 1 Bible*
- o 2 32 oz or larger water bottles*
- o 1 30°F Sleeping bag w/stuff sack*
- o 1 Towel
- o 1 Personal toiletries
- o 1 pr “wet” shoes that tie/strap to your feet**
- o 1 Swimsuit**
- o 1 Glasses strap (if you wear glasses)**

**only required if your group will be rafting

Optional

- o Notebook and pen
- o Journal
- o Camera
- o Trekking poles
- o Binoculars and field guides
- o Magazine, book, cards or games
- o Spending money for souvenirs
- o Gaiters (snap around lower leg and over boots for protection from snow)
- o Fishing gear (campers over 15 must purchase a Colorado license before arrival)

Not on the List

On Compass Points adventures we follow the principles of Leave No Trace camping. Because of the potential to attract wildlife and adversely affect the environment, luxuries such as personal soap, deodorant, toothpaste, and shampoo, are not taken on trail, however they may be used in camp. Personal hygiene is important and we will teach you appropriate methods of trail hygiene. You will probably not smell great by the end of the trip, but don’t worry... no one else will smell great either!

Equipment Provided by Rainbow Trail Lutheran Camp

If you have your own equipment you are welcome to bring it with you. Please be aware that our guides will assess its appropriateness for the trip and may ask you to use RTLCL equipment.

- ✓ Backpacks
- ✓ Maps
- ✓ First-aid Kit
- ✓ Water Filters
- ✓ “The Digger”
- ✓ Sleeping Pads
- ✓ Stoves & Fuel
- ✓ Food
- ✓ Cooksets
- ✓ Climbing Equipment
- ✓ Service Project Tools