

Disabled Adventure Outfitters
Adventure Camp
FOR SUMMER 2018
STAFF Registration Form

Please complete this form and return it to Disabled Adventure Outfitters, PO Box 152, Arcata, CA 95518-0152. We must receive your **completed** registration (SIX pages including medical history acknowledgment of risk, Hats OFF Policy (IF you are industry), Plus registration fee, postmarked by the **registration deadline - (Friday, JUNE 9th)**. You will either be assigned a spot or placed on a waiting list (if the staff is full), and will be notified of your standing. We will place registrants as we receive **complete** applications. Slots available for this camp will be filled by "what skills can u bring" basis, so please tell us your experience and highlight your skills. Once you are registered you will receive directions and further information about the camp.

Personal Information:

Name _____ Nickname _____

Birthdate _____ Sex _____ Height _____ Weight _____

Address _____

City _____ State _____ Zip _____

Tel: Home (_____) Business (_____)

Email _____

What would you like to gain/learn during the week? _____

Previous Experience Whitewater Rafting? (please describe) _____

Any skills or talents you'd like to share with others? _____

Rate your SWIMMING ABILITY from 0 (non-swimmer) to 10 (dolphin) _____

Emergency Contact:

Name _____ Relationship _____

Tel: Eve (_____) Day (_____) Cell (_____)

Address _____

City _____ State _____ Zip _____

Disabled Adventure Outfitters

2018 MEDICAL HISTORY FORM

(use back of form for additional space if necessary)

Participant Name _____

Doctor _____ Dr. Phone (_____) _____

Health Insurance:

Carrier _____ Group # _____ Policy # _____

Phone _____ Covered individual name _____

Health History: (Use back of page for additional information)

Bleeding disorder/severity _____ Product _____

"Normal" dose _____ Trauma dose _____

Do your religious beliefs affect medical treatment? If yes, how? _____

(Please check all applicable):

Diagnosed Conditions

___ Epilepsy/Convulsions
___ Diabetes
___ Immune Compromised
___ Deafness/Ear Infections

Allergies

___ Poison Oak
___ Penicillin
___ Medicines*
(list below)

___ Insect Bites*
___ Bee, Wasp, or
___ Insect Stings*
___ Food*

Physical Aids

___ Hearing Aid
___ Limb Brace
___ Cane/Crutches
___ Wheelchair

Other _____ Other _____ Other _____

Do you have **ASTHMA**? Y N If YES, how do you treat it? _____

*Does participant's reaction to **any** food/bites/stings require medical attention or a Reaction Kit? Y N

Please list ALL allergies/reactions/treatments: _____

DIETARY RESTRICTIONS: _____

Sensitivity to Sun: ___ Sensitive ___ Average ___ Mild

Serious Injury or Recent Surgery(What/When): _____

Current Medications & Dosages _____

Date of Last Tetanus Shot: _____ Date of Last Physical Exam: _____

Recent Exposure to Contagious Disease (What disease\when): _____

Other Medical Problems or Conditions _____

Participant name _____ Date of birth _____

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*** This is NOT kids' hemophilia summer camp! ***
*** You MUST be able to self-treat for your bleeding disorder (if you treat) ***
*** You will be expected to bring your own medications and infusion supplies ***
*** Bring enough meds for a high-activity week - plus a trauma dose ***
*** DAO will NOT have extra factor medication on hand ***
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If you run out of a particular medication you may have to leave, as the nearest pharmacies can be 20 to 100 miles away. Please bring enough medications for a week. Bring enough to cover you during high activity levels (i.e. prophylaxis). You must also bring your own infusion supplies, as camp does not provide these. Use the camp sharps container or your own - Do not throw your infusion trash in the regular camp trash, as this is unsanitary, and camp staff sorts through the trash for burning.

Initial here that you have read, and understand, the above paragraph (_____)

Photo/Video Release

Disabled Adventure Outfitters (DAO) reserves the right to take photographic and video records of any trip. Participant and Participant's Guardian hereby agree that DAO may use such photos and/or videos for promotional purposes.

Signature _____

Authorization for Emergency Medical Treatment

The included medical history form is correct to the best of my knowledge. I hereby grant permission to the medical personnel designated by the Disabled Adventure Outfitters guide or trip leader to order X-rays, routine tests, and treatment for the above named person in the event that the person to be notified in case of emergency cannot be reached. I also grant permission to the physician designated by Disabled Adventure Outfitters to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and for surgery, as deemed necessary by medical personnel, for the participant named above.

Participant Signature _____ Date: _____

Emergency Contact Name _____
Phone: Day _____ Eve _____
Cell _____ Other _____



DISABLED ADVENTURE OUTFITTERS
P.O. Box 152
ARCATA, CA 95518
(707) 822-1101
WWW.SPECIALADVENTURES.ORG

Taking Off Our Hats Policy

DAO Adventure Camps are outdoor camp programs for teens and adults in the Northern and Central California regions with bleeding disorders. These camping experiences are designed in such a way to empower and instill independence, personal growth, and provide participants with a better understanding and management of their bleeding disorders in the face of life's many challenges. DAO programs are funded in large part by donations from companies that provide services and products to members of the community. In the interest of fairness to participants, volunteer staff, and the companies they represent, DAO has instituted the following policy:

DAO Adventure Camps are both staffed and attended by many community volunteers who may or may not work in businesses which have a direct profit benefit from the sale and/or manufacturing of clotting products or related services to the hemophilia community. If an individual works for a business entity that benefits either directly or indirectly from the sale of products and/or services the following must occur in order to assure one's participation:

Marketing (direct):

- ✓ No distribution of public relations or marketing materials to any DAO Adventure Camp participant (i.e. staff, volunteer or program participant).
- ✓ No distribution of business cards and/or contact information methods which list/state or describe methods to contact the person via his/her regional, local, or national offices
- ✓ No wearing of company specific shirts unless previously approved by Camp Director(s)

Marketing (indirect):

- ✓ No discussion with any DAO Adventure Camp participants (i.e. staff, volunteer or program participant) regarding the product and/or service of your company versus that of other competitors
- ✓ No providing participants with your contact agency on a business card and/or related materials which also has your company information listed

In the event any of the above guidelines are violated, one's respective manager/supervisor will be contacted at the conclusion of camp and made aware of this serious violation of DAO Adventure Camp policy. Secondly, the Region IX Coordinators and local camping programs in California will be notified of the employee's infraction. Thirdly, the employee, and potentially other members of the company will not be able to participate for a period of at least three years with DAO Adventure Camp. If the violation occurs during the camping experience, the individual will be asked to immediately depart from the camp site. During the camping experience the only professional staff who this policy does not pertain to are the Medical staff, during the experience they are functioning in their licensed clinical capacities - And this exclusion only applies as necessary for the performance of such duties.

If an individual has questions as they pertain to this policy, they must speak with a Camp Director prior to the arrival of campers to the program. By signing below, one indicates that there is full comprehension, clarity and understanding off the Taking Off Our Hats policy. It is further understood that by signing below that you will not violate the spirit and/or intention of this policy, you have a full understanding of the policy and that you will uphold all matters contained in this document.

I have read and understand the above policy in its entirety,

Signed _____ Employer: _____

Date _____

DISABLED ADVENTURE OUTFITTERS

P.O. Box 152
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707.498.9470
johnyotto@sbcglobal.net

PARTICIPANT AGREEMENT AND ACKNOWLEDGEMENT OF RISK

In consideration of the services of Disabled Adventure Outfitters, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "DAO") of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I _____ acknowledge that my participation in river rafting activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. **The risks include, among other things:** slipping and falling; accidental drowning; whitewater rapids will be encountered; collision with fixed or moveable objects or other watercraft; being jolted, jarred, bounce, and shaken about; contact with food boxes, other storage containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft; "washed" overboard resulting in having to swim rapids risking collision with rocks and entanglement in trees; damage to equipment or personal injury; exposure to temperature and weather extremes which could cause cold water shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to sun, strong wind, cold, storms, large waves, eddies and whirlpools, and lightening; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; improper lifting or carrying; travel in remote areas with poor or no access to emergency and/or medical services; my own physical condition, and the physical exertion associated with this activity. Furthermore, DAO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
2. I expressly agree and promise to accept and acknowledge 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. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in this activity.
3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to acknowledge the risk of any medical or physical condition I may have.
4. In the event that I file a lawsuit against DAO, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this 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 _____

Print Name _____

Address _____

Phone _____

Date _____