



2022 Camp CB Registration

Please complete the following for each child:

Last Name _____ First Name _____

Date of Birth _____ Age _____ Gender (Optional) _____

Email(s) _____

Name of Parents or Guardians _____

Home Address _____

Phone _____ Employer/Address/Phone _____

Additional Emergency Contacts:

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

My child will be picked up at Camp CB at 4:00 pm by a parent, or one of the following:

Name & Number _____

Name & Number _____

Medical History

- ***Proof of Non-Covid Vaccines REQUIRED: See attached Page for more Info.***

List any medical/behavioral information Camp CB should be aware of: _____

List any know drug or food reactions or allergies: _____

Does your child carry an Epi-Pen? YES NO Does your child carry an inhaler? YES NO

Will your child bring any medications to camp? YES NO

List any medications, prescriptive and non-prescriptive, the child currently takes. If your child will bring **any** medication to camp you must complete a copy of the *Authorization for Administering Medication* form.

Name of medication	Dosage & Frequency	Prescribing Physician	Bringing to Camp?
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
_____	_____	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Authorization for Emergency Medical Care

I hereby give my permission to camp officials to contact a doctor or emergency medical services on behalf of my child and for a doctor, hospital or medical service to provide emergency medical or surgical care for my child.

Should an emergency arise, it is understood that camp officials will make a conscientious effort to locate the emergency contacts listed below before any action is taken. If it is not possible to locate the contacts, I will accept the expense of emergency medical or surgical treatment.

Initialed _____ on this date _____

Hospital of choice is: Gunnison Valley Health 711 N. Taylor St. Gunnison CO. 81230 (970) 641-1456

Transportation Permission

I hereby give permission for my child to ride in Camp CB vehicles and busses operated by Mountain Express. I understand that Camp CB staff will make a good faith effort to ensure that my child is properly belted throughout the trip. I also understand that seatbelts are not available on Mountain Express busses, which are driven by CDL certified drivers. I am aware that misbehavior while in vehicles will not be tolerated and is grounds for dismissal from Camp CB without refund.

Initialed _____ on this date _____

Sunscreen Permission

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, this sunscreen is unavailable I give permission to apply sunscreen provided by Camp CB to my child.

Initialed _____ on this date _____

Late Child Drop-off Policy

Our programming is complex and requires our campers to be dropped off on time and at the Camp CB drop-off location. Every camper is required to have a Parent or Guardian sign-in for each activity day, unless stated otherwise on sign up forms. This is required by our State of Colorado Licensing agreement and no exceptions are allowed. In addition to the sign in requirements, we do not accept campers who are late for offsite activities. It is best practice to have all campers together, from the beginning of all activities to cover safety rules, guidelines and expectations for the activity day. This best practice benefits the instructors and sets up all participants for activity success and safety. If campers are late and the activity has left the Camp CB drop-off area, participants will be charged for that day's activity and will be unable to participate.

Initialed _____ on this date _____

Cancellation Policy

Due to the complexity of scheduling multiple activities per day for hundreds of children per week and providing staff with timely work schedules, we provide these opportunities for cancellation:

- You may cancel with more than 48 hours' notice to receive a full refund. Additional notice, whenever possible, is always appreciated.
- Cancelling within 48 hours of the activity will result in no refund except medical or family emergencies

Initialed _____ on this date _____

Please send Registration to CBMtnAdventures@Vailresorts.com

Immunization Records Information

A **Certificate of Immunization**, showing up to date vaccinations, is required for all children participating in camp due to our State Licensing Requirements. *Regardless of what you have been able to do in the past, all participants will be held to the guidelines outlined below.* The Colorado Department of Public Health (CDPHE) requires certain vaccines based on age and you can find the most recent vaccine schedule on the CDC website at the link below. Your child is NOT required to have a COVID Vaccination this summer. Refer to the following link to ensure your child meets the state requirements.

<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Your child will not be able to attend camp if we do not have a Certificate of Immunization reflecting up to date vaccines or an exemption certificate 24 hours before arrival. It is your responsibility to know if your child is eligible to come to camp based on the information on this form.

If you submitted your records to us last year, it might be best to submit them again to be sure what we have is up to date or check in with us in advance to be sure we have everything we need.

Exemptions

If you are requiring a Medical or Non-Medical Exemption, we will need a copy of the CDPHE Certificate of Medical Exception or a copy of the CDPHE Certificate of Nonmedical Exemption filled out entirely at least 24 hours prior to your first day at camp.

New exemption forms need to be submitted every calendar year you attend camp. Additionally, as a guideline of being exempt to vaccines, you may be excluded from camp activities at any time if there is concern of an outbreak. Details on those forms can be found here: <https://cdphe.colorado.gov/vaccine-exemptions>

Your Immunization Plan

Your Certificate of Immunization, will need to be signed by a healthcare administrator, unless it comes from the Colorado Immunization Information System (CIIS). In some cases, we can look up your Certificate of Immunization, provided you are confident they have been entered into CIIS. We will tell you on the morning you arrive at camp if you are not eligible for camp activities, so it is your responsibility to know ahead of time if we're going to turn you away. Select one of the following so that we know how you are planning on addressing this:

- Child has gotten all vaccines in the state of Colorado and their complete immunization records are in the Department of Public Health Colorado Immunization Information System.
- Child is not a Colorado Resident or has not always been vaccinated in Colorado, and **I have attached a copy of their immunization records to this registration** (select this option if you aren't sure about CIIS and are submitting your own records).
- I do not currently have my Certificate of Immunization but will provide it 24 hours prior to our first day of camp. I also understand that CBMR will not be reminding me to do this.
- I have a Certificate of Exemption and I am attaching it to this email.
- I will have a Certificate of Exemption filled out in its' entirety 24 hours before our first day of camp

Please sign and date to acknowledge that you read and understand all of the guidelines.

Signature _____ Date _____

**CHILDREN'S DAY CAMP & CHILD CARE
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK & INDEMNITY AGREEMENT**

**WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!
THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS**

1. My child is participating in a recreational day camp and/or child care. I understand that participation involves a number of recreational activities, which may include zip lining, rock climbing, ropes/challenge courses, bungee trampoline, road or mountain biking, using a bike park, rollerblading, kayaking, canoeing, rafting, paddle boarding, hiking, golfing, frisbee golfing, archery, horseback riding, caving, rock climbing, swimming, ice skating, camping, field trips, transportation by motor vehicle, martial arts, archery, laser tag, petting zoo, bounce houses, miniature golf and other recreational activities (the "Activity"). I understand that **PARTICIPATING IN THE ACTIVITY AND USING SKI AREA FACILITIES, INCLUDING THE LIFTS, FOR ANY PURPOSE, CAN BE HAZARDOUS AND PRESENTS A RISK OF PHYSICAL INJURY OR DEATH.**

2. I ACKNOWLEDGE THAT THIRD PARTY VENDORS, NOT AFFILIATED WITH THE RESORT, MAY PROVIDE AND OPERATE MANY OF THE ACTIVITIES AND THAT THE RESORT MAKES NO WARRANTIES OR REPRESENTATIONS REGARDING THESE PROVIDERS.

3. I EXPRESSLY ACKNOWLEDGE AND ASSUME ALL RISKS AND DANGERS associated with the Activity. I understand that the risks and dangers include, but are not limited to: the negligence of other participants and instructors; falling; equipment malfunction; sharing the facilities with others; not following the direction of the Activity provider or third party vendor's personnel; high speeds; slick or uneven surface conditions; variations in slope, surface and subsurface terrain; rugged mountainous terrain; bumps; stumps; forest growth; downed timber; rocks of various sizes; course and venue configuration and/or conditions; marked and unmarked obstacles; varying conditions; collisions or accidents when traveling by vehicle to/from an activity site; contact with wild animals or allergens; becoming lost or separated; forest and/or other fires; lightning, snow, storms and other adverse weather; strenuous activity; fatigue; exhaustion; dehydration; heatstroke; hypothermia; high elevation; and sickness or disease (including exposure to COVID-19).

4. IN CONSIDERATION FOR MY CHILD BEING ALLOWED TO PARTICIPATE, I AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE Vail Resorts, Inc., The Vail Corporation, each of their parent and affiliated companies and subsidiaries, the United States, the resort owner/operator, land owner, equipment manufacturer, and all their respective insurance companies, successors in interest, commercial and corporate sponsors, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party") FROM ANY AND ALL LIABILITY and/or claims for injury or death to persons or damage to property arising from the Participant's participation in the Activity, INCLUDING THOSE INJURIES AND DAMAGES CAUSED BY ANY RELEASED PARTY'S ALLEGED OR ACTUAL NEGLIGENCE (including failure to take reasonable steps to protect against the risks of the Activity) OR BREACH OF ANY EXPRESS OR IMPLIED WARRANTY. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF ANY RELEASED PARTY TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT AGAINST THE RISKS, DANGERS AND HAZARDS OF THE ACTIVITY. I TAKE FULL RESPONSIBILITY FOR ANY INJURY OR LOSS TO ME OR MY CHILD, INCLUDING DEATH, WHICH I OR MY CHILD MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF THE ACTIVITY.

I AGREE TO PAY ALL COSTS AND ATTORNEY'S FEES INCURRED BY ANY RELEASED PARTY IN DEFENDING A CLAIM OR SUIT BROUGHT BY ME, ON MY CHILD'S BEHALF, OR AS A RESULT OF MY CHILD'S PARTICIPATION IN THE ACTIVITY.

In consideration for allowing my child to participate in the Activity, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT MY CHILD OR I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, including those of which I am not aware, those not mentioned in this release and those resulting FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

5. I represent that my child is in good health and has no special problems with his or her physical or mental condition. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for my child which may be necessary and agree to be fully responsible for any associated costs.

6. I agree that ANY AND ALL CLAIMS FOR LOSS, INJURY AND/OR DEATH REGARDING AN ALLEGED INCIDENT SHALL BE GOVERNED BY THE LAW OF THE STATE WHERE THE ALLEGED INCIDENT OCCURRED AND EXCLUSIVE JURISDICTION SHALL BE IN THE STATE or federal court sitting in the district where the alleged incident occurred, except that all cases arising out of an alleged incident at (a) Heavenly Mountain shall be governed by California law and the exclusive jurisdiction of any such claim will be a California court of competent jurisdiction; and (b) Hunter Mountain shall be governed by New York law and the exclusive jurisdiction of any such claim will be in the Supreme Court of the State of New York, County of Greene or in the United States District Court for the Northern District of New York.

7. I represent that I am the parent or legal guardian of the child listed below and VOLUNTARILY GRANT PERMISSION FOR MY CHILD TO TAKE PART IN THE ACTIVITY. I acknowledge that I am signing this release on behalf of my child and that my child ALL BE BOUND BY ALL THE TERMS OF THIS AGREEMENT. I AGREE TO INDEMNIFY THE RELEASED PARTIES FOR ALL LIABILITY AND CLAIMS, INCLUDING ATTORNEYS' FEES, ARISING FROM ANY MISREPRESENTATIONS IN OR FRAUDULENT EXECUTION OF THIS AGREEMENT.

8. I understand that this release shall apply during every time my child participates in the Activity during the season and that this release shall be binding to the fullest extent permitted by law. If any part of this release is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties. This release shall be binding upon my and my child's assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives.

MINOR PARTICIPANT INFORMATION - Requires Parent/Guardian to Complete, Sign & Date Below

MINOR #1 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #2 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)
MINOR #3 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	MINOR #4 – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)

PARENT/GUARDIAN INFORMATION – Required to Complete, Sign & Date Below

PARENT/GUARDIAN – Last Name, First Name, M.I. (print)	Date of Birth (MM-DD-YYYY)	<input checked="" type="checkbox"/> X	SIGNATURE OF PARENT/GUARDIAN	DATE
EMERGENCY CONTACT (print)	RELATION		PHONE NUMBER	