

2012 ADULT FINISHING FORMS™

SUMMER * snowboard * camp
Mt. Hood, OR

The following forms are mandatory for camp participation must be sent in as soon as possible, but **NO LATER** than 30 days before the start of your session.

Before May 30th, please Mail to:
High Cascade, 5014 NE 15th Ave. Portland, OR 97211

After May 30th, please Mail to:
P.O. Box 368 Government Camp, OR 97028
(FedEx or UPS) 30481 E. Blossom Trail, Government Camp, OR 97028



1. MEDICAL HISTORY AND CONSENT FORM

In addition to having a physical within the past 24 months, a licensed physician must sign this form within 6 months of the start of your session.



2. RELEASE OF LIABILITY FOR HIGH CASCADE/SKI AREA/EQUIPMENT SUPPLIER

Please be sure to sign both sections.



3. TIMBERLINE SKI AREA RELEASE OF LIABILITY

This is the public ski area where our private snowboard parks are located.

Don't forget; if you have not already completed your travel itinerary and snowboard ability forms in your myHCSC online account; please do so at least 30 days before the start of your session.

hcsc.

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authorized
awesome.

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100%
SNOWBOARDING

800.334.4272

high
cascade.
SUMMER * snowboard * camp
Mt. Hood, OR 

2012 HIGH CASCADE CAMPS, INC. MEDICAL HISTORY AND CONSENT FOR TREATMENT

Page 1 of 2

Name of Camper _____ Date of Birth ___/___/___ Gender M F Session _____
Mailing Address _____ City _____ State ___ Zip _____

Emergency Contact Information

1st Parent or Guardian Name _____ Relationship _____ Home phone _____
Cell Phone _____ Work Phone _____ Other Phone _____

Parents' marital status _____

2nd Parent or Guardian Name _____ Relationship _____ Home phone _____
Cell Phone _____ Work Phone _____ Other Phone _____

Address (if different) _____ City _____ State ___ Zip _____

1st Emergency Alternative Name _____ Phone #s _____

2nd Emergency Alternative Name _____ Phone #s _____

Medical Care Payment & Insurance: A front and back copy of your insurance card is also required.

Guarantor (Insured) _____ DOB ___/___/___ Relationship _____

Guarantor Address _____

City _____ State ___ Zip _____ Phone Number _____

Employer Name & Address _____

Insurance Company _____ Insurance Phone _____

Insurance Company Address _____

Contract Number _____ Group Number _____

Description of any physical, medical, surgical, behavioral, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp (please expand on the back of this form)

Circle **Y** or **N** for all queries; List specific information for all yes responses. (use backside if necessary)

Medication Allergies Y N List _____

Allergies to Food Y N List _____

Allergies to Insects Y N List _____

Other Allergies Y N List _____

Active Infections Disease Y N List _____

Any Activity Limitations Y N List _____

Concussions in the last year Y N List _____

Pertinent Medical History Y N List _____

Date of Last Tetanus _____ All other immunizations up to date? _____

Any Medication at Camp Yes No **If yes please read the following guidelines and complete the medication list.**

Over the counter medications: For the safety of your camper and other campers please limit over the counter medications. We have medical orders and medications for most minor aches, pains, allergies, upset stomachs, itches, sore throats, etc. If over the counter medications are sent they must be labeled with camper's name and be listed on this form. A few of the medications carried; Ibuprofen, acetaminophen, antacids, anti-diarrhea & others.

Prescribed medications at camp: All medications must be in the original container. A physician must prescribe these medications. The container must have the camper's name, the medication, the dosage and the frequency printed on it. This information must match the information on this form. Except for emergency or rescue medications the medications are stored in locked storage units. Unless the camp is otherwise advised, campers are expected to take their own medications as directed. The suggested administration times for medications are before breakfast and bed. Other times are disruptive to camp and increase the likelihood of missed medications.

Medication Name (include mg, gm, mcg, etc.) Amount (number of pills, puffs, etc.) Number of times per day & when (am/pm)

Medication Name (include mg, gm, mcg, etc.)	Amount (number of pills, puffs, etc.)	Number of times per day & when (am/pm)

PLEASE BE SURE TO COMPLETE THE SECOND PAGE OF THIS FORM!



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Certification of Information and Consent for medical Care

Information provided on this two (2) page document "Medical History and Consent for Treatment" for above camper is accurate. I agree to update any changes in information. In the case of a minor camper it is my intention that the camp be treated as acting in loco parentis. I grant permission to High Cascade Camps, Inc. to provide or seek routine and emergency medical care for listed camper. I grant permission for the hospital, clinic and or physician that High Cascade Camps, Inc. has selected to provide medical care. I grant permission for High Cascade Camps, Inc. to select the mode of transportation. I accept full responsibility for the cost of transportation to a hospital or clinic. I accept responsibility for all costs associated with the medical care provided. I grant permission for High Cascade Camps, Inc. to cover costs associated with medical care and then charge same costs to my valid credit card. I grant permission for the clinic, hospital or medical professional to discuss the care planned or rendered with High Cascade Camps, Inc. In the case of minor campers I understand that High Cascade Camps, Inc. will attempt to notify me should an exam at a clinic, hospital or physician's office be sought, but not necessarily prior to the medical care being sought or rendered. Should I rescind this agreement and refuse a specific mode of transportation or refuse to seek medical care or choose to seek medical care a different facility than that selected by High Cascade Camps, Inc. I release High Cascade Camps, Inc. from providing any further assistance with medical care or transportation.

Camper Name _____ Date _____

Camper Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*For campers under the age of 18 this certification and consent must be signed by a legal guardian or parent.

PHYSICIAN'S SECTION

This section must be completed by a licensed physician, physician's assistant or nurse practitioner.

A physician's signature for clearance to participate and affirmation of health information is required within 6 months of participation. In addition, a physician's exam must have been completed within 24 months of the session the camper is participating.

Exam: Date of last physical exam: ____/____/____ (must be within 24 months of camp)

Clearance to participate: Listed on page one of this two page document are known physical restrictions, current on-going allergies, treatments and/or medications. With consideration of the above named camper's medical history and current medical condition, I approve of his/her participation in the programs offered by High Cascade Camps, Inc.

Physician's Signature _____ Date _____

Printed Name and Title _____ Phone _____

Address _____

**A PHYSICIAN MUST SIGN THIS FORM WITHIN 6 MONTHS OF CAMPER'S ATTENDANCE.
COPIES OF PHYSICALS AND/OR GENERIC SPORTS/SCHOOL ACTIVITY RELEASES WILL
NOT BE ACCEPTED IN PLACE OF THIS SIGNED FORM.**

*Before you send in this form read and check:

- I have completed and will send both pages of this 2 page document
- I have completed all information requested and I have attached a copy of my health insurance cards
- The consent section is signed by both the camper and parent/guardian (if the camper is under 18)
- A physician, nurse practitioner, or physician's assistant signed this form (for all campers, regardless of age)

This form is in accordance with requirements of the American Campers Association as listed in Health and Welfare sections HW-2, HW-5, HW-6 & HW-8



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**HIGH CASCADE CAMPS, INC./ SKI AREA/ EQUIPMENT
RELEASE OF LIABILITY**

1.) I am aware that all High Cascade Camps, Inc., dba High Cascade Snowboard Camp ("HCSC") activities, including but not limited to snowboarding; skateboarding; skiing; chair lifts; on-hill cable lift tows; in-line skating; wakeboarding; wakesurfing; mountain biking; bicycling; swimming; snow skating; basketball; tetherball; camp fires; horse shoes; arts and crafts; hiking; white water rafting; paintball; trampolines; surfing; BMX biking; soccer; dodge ball; kick ball; volleyball; baseball; balance boards and apparatus; dry slope snowboarding and rail training foam pit; launch trampoline & skateboarding into foam pit; water slide; jousting and jousting into foam pit; on & off hill bag jump; inverted aerials and jumps on trampolines, into foam pits and into on and off hill bag jumps; bowling and golf are hazardous sports that include certain risks and dangers and include the risk of serious injury, paralysis or death. I voluntarily assume all risks involved, including all risks inherent in all camp activities and in the following features: halfpipes, quarterpipes, freestyle bumps, jumps and hips, rail slides, freestyle boxes & wall rides, and other man-made and natural features and inverted aerials and jumps on these features. Inverted aerials are attempts to maneuver the human body while airborne and can involve maneuvers like flips and somersaults. Inverted aerials and all camp activities include the risk of serious injury, paralysis, and death.

2.) I agree to abide by all HCSC and ski area rules and policies; all HCSC and ski area directions, warnings and instructions; the Skier Responsibility Code; the Oregon Ski Statute (ORS 30.970, et. seq.); and any other applicable rules, policies, regulations, ordinances and statutes.

3.) I understand that I may borrow certain recreational equipment from HCSC and/or other equipment suppliers, distributors, manufacturers or sponsors through HCSC or elsewhere. Such equipment may include, but is not limited to, helmets, snowboards, boots, bindings and hardware, skateboards, wakeboards, bicycles and other recreational equipment (The "Equipment"). I agree that any Equipment I use while participating in camp activities or on my own time, I use entirely at my own risk. I voluntarily acknowledge and assume all risks associated with the use of the Equipment. I further agree to return, in good condition, any Equipment that I borrow and I may be held responsible for any damages thereto.

4.) **IN CONSIDERATION OF MY ENROLLMENT IN HCSC AND IN FURTHER CONSIDERATION OF MY BEING PERMITTED TO BORROW AND USE THE EQUIPMENT, I HEREBY RELEASE AND HOLD HARMLESS HCSC, THE SKI AREA AND ANY EQUIPMENT SUPPLIER, DISTRIBUTOR, MANUFACTURER OR SPONSOR AND ANY OF THEIR/ITS AGENTS, OFFICERS, DIRECTORS, MEMBERS, EMPLOYEES, RELATED ENTITIES, SUCCESSORS AND ASSIGNS (COLLECTIVELY THE "RELEASEES") FROM ANY AND ALL CLAIMS BY ME OR ON MY BEHALF AGAINST THE RELEASEES ARISING DIRECTLY OR INDIRECTLY OUT OF MY PARTICIPATION IN ANY CAMP ACTIVITIES, USE OF ANY CAMP OR SKI AREA PREMISES OR FACILITIES, USE OF ANY EQUIPMENT AND TRAVEL TO AND FROM THE SKI AREA AND/OR HCSC ACTIVITIES AND PORTLAND INTERNATIONAL AIRPORT (PDX). THIS RELEASE INCLUDES CLAIMS AND LIABILITIES ARISING FROM ANY CAUSE WHATSOEVER, INCLUDING, BUT NOT LIMITED TO, NEGLIGENCE ON THE PART OF THE RELEASEES. THIS RELEASE IS ALSO BINDING AS TO MY HEIRS, EXECUTORS, ADMINISTRATORS, AND ANY MINOR CAMP PARTICIPANT AND/OR ANY MINORS NAMED BELOW. I ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS (INCLUDING COSTS AND ATTORNEY FEES) THE RELEASEES FOR ANY CLAIM BROUGHT ON BEHALF OF ANY MINOR CAMP PARTICIPANT AND/OR ANY MINOR NAMED BELOW.**

5.) This release shall be subject to and interpreted in accordance with the laws of the State of Oregon.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY, FULLY UNDERSTAND ITS CONTENTS, AND SIGN IT OF MY OWN FREE WILL.

Participant Name: (please print) _____ Age: _____

Participant Signature: _____

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

(Required if participant is less than 18 years of age)

HIGH CASCADE PHOTO RELEASE

In sole consideration of my participation at High Cascade I, _____ do hereby give High Cascade Camps, Inc., the irrevocable right to use my name, picture, portrait, likeness or photograph in all forms and media, whether now known or hereafter created, for advertising, trade, promotion, catalog, and any other lawful purposes, and I hereby waive any right to approve the finished product, including written copy, that may be created in connection therewith. I agree that I will not be entitled to any compensation for the rights I am giving hereby.

I have read this release and am fully familiar with its contents.

Participant Signature: _____

Parent/Guardian Signature: _____ (Required if participant is less than 18 years of age)

Date _____



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TIMBERLINE LODGE & SKI AREA
GROUP/EVENT/CAMP/SHOP NAME: _____
AGREEMENT OF RELEASE AND INDEMNITY
SUMMER 2012

NAME OF PARTICIPANT: _____ AGE: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

I acknowledge that snowskating, bicycling, skiing, snowboarding, racing, chairlifts, and the boarding and unloading process, sports event production, sports events, snowmobiles, snowcats, vehicle shuttle transportation, and related sports activities including training for such activities (collectively referred to as "Sports Activities") are HAZARDOUS activities and that I have made a voluntary choice to participate in such Sports Activities (or to allow my child to do so) despite the risks that they present. I ASSUME ALL RISKS OF THE SPORTS ACTIVITIES ON BEHALF OF MYSELF AND ANY CHILD ENTRUSTED TO MY CARE. I understand that no refunds of any fees will be given after the program, event, or session begins.

I hereby irrevocably grant and convey to 'RLK and Company' all right, title and interest in and to record my name, image, voice, statements and/or writings including any and all photographic images and video or audio recordings at Timberline Lodge and Ski Area. I further irrevocably grant to RLK and Company, its advertisers, customers, agents, successors and assigns, unrestricted rights to use the above mentioned sound, still, or moving images in any medium, including posting on the Internet and World Wide Web, for educational, promotional, advertising, or other purposes without limitation consistent with the mission of Timberline Lodge and Ski Area. I agree that all intellectual property rights to the sound, still, or moving images belong to RLK and Company. I voluntarily waive the right to inspect or approve such images and waive my right to any royalties, proceeds or other benefits derived from such photo graphs or recordings.

IN CONSIDERATION OF PARTICIPATING IN SNOWSKATING, BICYCLING, SKIING, SNOWBOARDING, RACE TRAINING, EVENT PRODUCTION, RACING, SPORTS EVENTS, CHAIRLIFT USE (INCLUDING LOADING AND UNLOADING), AND/OR SNOWMOBILE OR SNOWCAT TRANSPORTATION, AND VEHICLE SHUTTLING. I AGREE TO RELEASE FROM LIABILITY AND TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZERS AND SPONSORS OF THE SPORTS ACTIVITIES, AND R. L. K. AND COMPANY DBA TIMBERLINE SKI AREA, AND THEIR OFFICERS AND DIRECTORS, OWNERS, EMPLOYEES, VOLUNTEERS, AGENTS, LANDOWNERS, AFFILIATED COMPANIES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITIES (INCLUDING COSTS AND ATTORNEY FEES), ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY PREPARATION OR PRACTICE FOR, OR MY PARTICIPATION IN, SPORTS ACTIVITIES ON OR NEAR TIMBERLINE SKI AREA, OR ANY OTHER USE OF THE FACILITIES OR EQUIPMENT OF TIMBERLINE SKI AREA. THIS RELEASE AND INDEMNITY AGREEMENT IS INTENDED TO RELEASE CLAIMS AND LIABILITIES CAUSED BY THE NEGLIGENCE OF TIMBERLINE SKI AREA AND/OR THE ORGANIZERS AND SPONSORS OF ANY SPORTS ACTIVITIES OR EVENTS.

I agree to abide by the Skier Responsibility Code, ORS 30.970, and any rules, regulations, directions, signage, warnings, and/or orders of Timberline Ski Area. If I do not, I understand that Timberline Ski Area can revoke my sporting activities privileges.

In the event of any claims or litigation arising out of or in connection with participation in any activity at Timberline Ski Area, the venue for legal proceeding shall be Clackamas County, Oregon. If any term is declared to be invalid hereunder, the remaining terms of this Agreement shall continue to be enforceable. This Agreement is governed by Oregon law.

I, the undersigned, have carefully read and understood this Agreement and all of its terms. I understand that this is a RELEASE AND INDEMNITY AGREEMENT which may prevent me or my estate from recovering damages in the event of injury or death. I, nevertheless, enter into this Agreement freely and voluntarily and agree that it will be binding upon me, my heirs, assigns, and my legal representatives.

PARENT OR GUARDIAN OF PARTICIPANT (must be signed by parent or legal guardian if Participant is under eighteen (18) years of age). AS PARENT OR GUARDIAN OF THE NAMED PARTICIPANT, I HEREBY AGREE TO THE INDEMNITY PROVISIONS REFERRED TO ABOVE AND I WILL BE RESPONSIBLE FOR THE PAYMENT OF ANY MEDICAL EXPENSES INCURRED BY THIS MINOR.

PARENT OR GUARDIAN NAME: _____
(Please print)

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PARTICIPANT'S NAME: _____
(Please print)

PARTICIPANT'S SIGNATURE: _____ DATE: _____