# TEAM ADVENTURE CAMP: ADVENTURE EDGE 2
## WEEKLY SCHEDULE
### July 8th-12th, 9am-3pm

<table>
<thead>
<tr>
<th>DAY</th>
<th>ACTITIES</th>
<th>ADDITIONAL ITEMS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MON</td>
<td>Teams &amp; High Ropes Course</td>
<td>Comfortable Clothes &amp; Sturdy Shoes, All Forms &amp; Waivers (see checklist)</td>
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<tr>
<td>TUE</td>
<td>Climbing Tower or Crate Climbing, Horseback Riding (Sarah's Pony Rides – Willow Springs)</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<tr>
<td>WED</td>
<td>Geocaching, Canoeing, Swimming, Cookout* (Northside Park - Wheaton)</td>
<td>Comfortable Clothes &amp; Sturdy Shoes, Swimsuit &amp; Towel</td>
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<tr>
<td>THU</td>
<td>Teams Course, Climbing Tower, Crate Climbing, and/or Power Pole, T-Shirt Tie Dying</td>
<td>Comfortable Clothes &amp; Sturdy Shoes</td>
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<tr>
<td>FRI</td>
<td>Creek Trekking (Waterfall Glen - Lemont), Recreational Tree Climbing (Camp Manitoqua - Frankfort)</td>
<td>Comfortable Clothes &amp; Sturdy Shoes, Swimsuit &amp; Towel</td>
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*All activities take place at Lincoln Marsh unless otherwise noted.*

*Please inform us of any dietary restrictions. We will provide hot dogs, veggie dogs, buns, ketchup, and marshmallows.*

**Please note:** While we strive to stick to the above schedule, flexibility is necessary. Activities may be adjusted due to weather and other circumstances.

**WAIVERS:** Parents/Guardians, please sign all the forms and waivers listed on the checklist for your child’s camp. **All necessary forms and waivers must be completed and signed by a parent or legal guardian in order for your child to participate.**

Suggested items to **bring every day to camp:**

- Small backpack
- Water bottle
- Sunscreen
- Sunglasses
- Bug spray
- Hat
- Lunch
- Snack

All Team Adventure Camps begin and end at the east entrance of the Lincoln Marsh at 1000 W Lincoln Ave near the Lincoln Marsh Natural Area sign. If you have any questions, please call 630.871.2810.
TEAM ADVENTURE CAMP: ADVENTURE EDGE 2
FORMS AND WAIVERS

Below is a checklist of forms and waivers that you will need for camp. Please print, complete, and bring these with you the first day of camp. These forms can also be downloaded at www.wheatonparkdistrict.com.

☐ Health History & Emergency Form

☐ Sarah’s Pony Rides (Horseback Riding)

☐ Camp Manitoqua Waiver (Recreational Tree Climbing)

☐ Medicine Dispensing Form (if needed)*

☐ Inhaler/Epi-Pen Waiver (if needed)*

*If you have a camper who needs to have medicine available at camp, please contact the Lincoln Marsh office at 630.871.2810 or you can download the Medicine Dispensing form at www.wheatonparkdistrict.com. The Inhaler/Epi-Pen waiver must be completed in addition to the Medicine Dispensing form. If your camper will self-administer an inhaler or Epi-Pen.
Wheaton Park District
Health History and Emergency Form

Name of Camp: ______________________________ Session: __________________________

Name ___________________________________ Birthday ______ Age ______ Grade in Fall ______

Home Address __________________________________ City ________ Zip Code ________

Parent/Legal Guardian ________________________ Phone Number ______________________

Address __________________________________ City ________ Zip Code ________

(If different from address above)

Work Phone: ______________________ Cell Phone: ______________________

Second Parent/Legal Guardian ______________________ Phone Number ______________________

Address __________________________________ City ________ Zip Code ________

(If different from address above)

Work Phone: ______________________ Cell Phone: ______________________

If not available in an emergency, notify:

Name __________________________________ Relationship __________________________

Cell: ______________________ Home Number: __________________________

Address __________________________________ City ________ Zip Code ________

Insurance Information
Is the participant covered by family medical/hospital insurance? ____yes ____no

If yes, indicate carrier or plan name __________________________ Group # ______________

Carrier Address __________________________________ City ________ Zip Code ________

Name of Insured __________________________________ Relationship to participant __________

Physician Information

Name of Physician __________________________ Telephone __________________________

Address __________________________________ City ________ Zip Code ________

Name of Dentist __________________________ Telephone __________________________

Address __________________________________ City ________ Zip Code ________

Authorization for Emergency Medical Treatment

I authorize the Wheaton Park District to take action as necessary in case of an emergency.

Date __________________________ Signature of Parent or Guardian __________________________

Please see back side of form for health information
**Health History**

The parent/legal guardian must fill in the following information. The intent of this information is to provide camp personnel the background for appropriate care. Keep a copy of the completed form for your records.

**ALLERGIES — List all known Medication Allergies (List)**

**Describe Reaction and Management of the Reaction**

**Food Allergies (List)**

**Other Allergies (List) — include insect stings, hay fever, asthma, animal dander, bug spray, etc.**

**Restrictions (The following restrictions apply to this individual)**

**Does not eat:**
- Peanuts
- Tree Nuts
- Pork
- Poultry
- Seafood
- Eggs
- Dairy
- Other

Please describe other:

**General Questions (Explain “yes” answers below)**

1. Had any recent injury, illness or infectious disease? Yes No
2. Have a chronic or recurring illness/condition? Yes No
3. Ever had a head injury? Yes No
4. Ever been knocked unconscious? Yes No
5. Wear glasses contacts or protective eyewear? Yes No
6. Ever been diagnosed with a heart murmur? Yes No
7. Ever had back problems? Yes No
8. Ever had problems with joints? Yes No
9. Have any skin problems (rash, itching, etc)? Yes No
10. Have diabetes? Yes No
11. Have frequent headaches? Yes No
12. Ever have frequent ear infections? Yes No

Please explain any “yes” answers, noting the number of the question(s).

My child is up-to-date on his/her immunizations and tetanus shots: _____yes _____no

Use this space to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the camp should be aware:

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary, including swimming info):

My child is authorized to be picked up by the following person(s) from camp: (ID must be provided by person picking up)

1. __________________________ Relationship ______________ Phone # __________________
2. __________________________ Relationship ______________ Phone # __________________
3. __________________________ Relationship ______________ Phone # __________________
SARAH'S PONY RIDES, INC & HOOVED HAVEN CO., INC

Riding Participant: ____________________________

Name (Please Print Clearly)

Participant's Address: ____________________________

_______________________________________

Phone number: ____________________________

Emergency phone number: ____________________________

Email: ____________________________


ACKNOWLEDGMENT OF ASSUMED RISKS AND RELEASE OF LIABILITY

WARNING: Under the Illinois Equine Liability Act (1995), each Participant who engages in an "equine activity" (including horse riding) expressly assumes the risks of engaging in and legal responsibility for any injury, loss or damage to person or property resulting from the risk of equine activities.

Horses are very large and powerful animals. While Sarah's Pony Rides, Inc and / or Hooved Haven Co. chooses its rental horses for their calm dispositions and follows a rigid training and risk reduction program, nevertheless any horse may behave in an unpredictable manner, regardless of its training or past performance. Horseback riding is a rugged physical activity, which carries with it the risk of mild to the most severe of injuries. Potential risk circumstances include but are not limited to: (1) the propensity of a horse at times or in certain circumstances to behave in ways that may result in injury or even death to persons; (2) certain hazards such as surface and subsurface conditions may cause a horse to react unpredictably; (3) collisions with other horses or objects may result in injuries; (4) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability, and (5) any and all injuries related to being on the premises including, but limited to, injuries due to biting.

I understand that, by engaging in this "equine activity," I am expressly and without any reservation assuming all risks associated with and which are a result of engaging in this activity and I am assuming all legal liabilities for any injury or damage to person or property resulting from this activity and I am expressly releasing and forever waiving any claims which I or my heirs may have against Sarah's Pony Rides, Inc and / or Hooved Haven Co. or its owners, officers/directors, employees/agents or volunteers related to my horseback riding and related "equine activities."

In addition, I acknowledge that I also have reviewed the various warnings in the attached pages and that, by initialing such paragraphs, I am agreeing to the applicable provisions.

Participant (or Parent/Guardian): ____________________________ Date: __________, 20__
and cause them to react in unsafe ways. Some examples are: cameras, cell phones, hats not securely fastened under the chin, toys or purses.

7. **Initials:** _______ **Noises.** When near or riding a horse, riders must not make sharp or loud noises, such as whistling, screaming or yelling, the sound of which may scare horses causing them to react in unsafe ways.

8. **Initials:** _______ **Saddle Girths.** I understand that saddle girths (saddle fasteners around the horse’s belly) may loosen during a ride, due to the movements of the horse. If a rider notices this, he/she must alert the nearest guide or wrangler as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

E. **Initials:** _______ **Conditions of Nature.** I understand that Sarah’s Pony Rides, Inc and / or Hooved Haven Co. is not responsible for natural hazards or occurrences of nature that can scare a horse, cause it to fall or react in some other unsafe way. Some examples are: thunder, lightning, rain, wind, water, wild and domestic animals, insects, reptiles, which may walk, run or fly near, or bite or sting a horse or person and irregular footing on out-of-door groomed or wild land which is subject to constant change in condition according to weather, temperature and natural or man-made changes in landscape. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on Sarah’s Pony Rides, Inc and / or Hooved Haven Co. to list all possible conditions for me.

F. **Initials:** _______ **Accident/Medical Insurance.** I hereby authorize any emergency medical treatment deemed necessary in the event of any injury to me while participating in horseback riding or other “equine activities” at Sarah’s Pony Rides, Inc and / or Hooved Haven Co. facilities or nearby trails. I either have appropriate insurance or, in its absence, I agree to pay all costs for medical services as may be incurred on my behalf. Should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for all such incurred expenses.

G. **Initials:** _______ **Minors.** As a parent or legal guardian of the above named Participant who is under age 18, I understand that I am acknowledging and assuming the inherent risks of “equine activities” as described above on behalf of the Participant and that, on behalf of the minor Participant, I am waiving/releasing any and all claims of liability against Sarah’s Pony Rides, Inc and / or Hooved Haven Co. or its owners, officers/directors, employees/agents and volunteers with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law. N/A: _______

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**Parent/Guardian Signature**

Name: ____________________________

Address: __________________________

Parent: ____________________________

Legal Guardian: ____________________

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**H. Helmets.**

1. **PROTECTIVE HEADGEAR IS REQUIRED FOR ALL PARTICIPANTS UNDER AGE 18.**

a. **Initials:** _______ **Protective Headgear/Helmet Warning.** I agree that I, for myself and on behalf of my child and/or legal ward, have been fully warned and advised by Sarah’s Pony Rides, Inc. that protective headgear/helmet which meets or exceeds the quality standards of the SEI Certified ASTM Standard F 1163 Equestrian Helmet must be worn by Participants under age 18 while riding, handling, and/or being near horses, and I understand the wearing of such headgear/helmet at these times may reduce severity of some of the wearer’s head injuries and possibly prevent the wearer’s death from happening as a result of a fall and other occurrences.

b. **Initials:** _______ **Offering.** I acknowledge that Sarah’s Pony Rides, Inc and / or Hooved Haven Co. has offered an ASTM Standard F 1163 Equestrian Helmet. I acknowledge that a protective headgear/helmet provided by Sarah’s Pony Rides, Inc and / or Hooved Haven Co. may not be of perfect fit for the Participant’s head, and that, once provided, I will be responsible for securing the headgear/helmet on the Participant’s head at all times. I am not relying on Sarah’s Pony Rides, Inc. and/or its associates to check any headgear/helmet or headgear/helmet strap that the Participant may wear.

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**Parent/Guardian Signature**

Name: ____________________________

Address: __________________________

Parent: ____________________________

Legal Guardian: ____________________
I certify that I have read this release before signing and that I understand its terms and sign it freely and voluntarily, without inducement.

X (Signature) ___________________________ Date: __________

Signing Party's Name
( Participant or Parent/Guardian)
(Print Clearly): ___________________________
Outdoor Education

Medical Statement:

I recognize that Outdoor Education activities can be a strenuous endeavor requiring me to be in good physical condition. I hereby certify that I do not suffer from any physical infirmities or illnesses which would affect my ability to engage in the Outdoor Education activities and that if I am now under the treatment for any of the following, I will circle the proper heading and discuss them with the Manitoqua Ministries course instructor:

Cardiac or Pulmonary Condition or Disease  Nervous Disorder  Diabetes
High or Low Blood Pressure  Recent Injuries  Pregnancy
Fainting Spells or Convulsions  Kidney Related Diseases  Alcoholism
Drug Addiction or Dependency  Shortness of Breath  Insect Allergies
Back or Neck Injury  Any Orthopedic Problem  Mental Distress

I further certify that I have not taken any alcoholic beverages or non-prescription drugs within the last 12 hours and the drugs I have used within the last 12 hours are _______________________________________

Acknowledgment of Risk and Assumption of Personal Responsibility:

I understand that during my participation in the Outdoor Education activity I may be exposed to physically and psychologically stressful and challenging situations.

I understand, too, that although the program has taken precautions to provide proper organization, supervision, instruction and equipment for each activity it is impossible for the program to guarantee absolute safety. Also, I understand that I share responsibility for safety and I assume that responsibility. Further, I waive any claim that may arise against Manitoqua Ministries and/or its employees as a result of my participation in the program, except those which are the direct result of the negligence of Manitoqua Ministries and/or its employees.

I have accepted responsibility for verifying my personal health and my medical history as stated above and that I have no physical or psychological problems that would prohibit my participation in this program.

I agree to comply with all instructions and directions of the Manitoqua Ministries staff during my participation.

Print Name: ___________________________  Date: ___________________________
Signature: ___________________________  Age: ___________________________

I/we acknowledge that there can be no guarantee of safety against risk and unforeseen accident, as detailed above, and consent to the participation of the above named participant in the Outdoor Education activities. I also authorize the treatment of my son or daughter by a licensed medical doctor in the event of any emergency. This authority is granted only after a reasonable effort has been made to reach me.

Parent Signature (if under 18): ___________________________  Date: ________________
Emergency Phone Number: ___________________________