



## Adventure Camp 2018

The goal of Candia Springs Adventure Camp is to help young campers develop basic social skills while having fun with age appropriate activities. Campers will get plenty of one-on-one attention and be encouraged to discover their own special talents and abilities while exploring the nature around them. Camp counselors provide kids with a comfortable and supportive environment. Children will build new friendships, confidence and have a blast! Candia Springs Adventure Camp is located in the heart of New Hampshire's great outdoors. We have combined the tranquility and majestic beauty of nature with the fun and excitement of an adventure park situated in the quaint, picturesque town of Candia, NH.

**Please check the preferred week or weeks & appropriate camp:**

Summer Schedule	Explorers 8-11 Years	LIT 12-13 Years	<u><b>CAMP FEES</b></u>
<b>WEEK 1:</b> 7/02 - 7/06			<b>Full Day: 9-5pm</b> <b>\$225/week</b> <b>\$270 w/food pkg</b>  <u><b>Registration Fee:</b></u> \$100 non-refundable deposit is due with registration form. The deposit will be deducted from the first week's camp fee. Full payment is due no later than three weeks prior to start date.
<b>WEEK 2:</b> 7/09 - 7/13			
<b>WEEK 3:</b> 7/16 - 7/20			
<b>WEEK 4:</b> 7/23 - 7/27			
<b>WEEK 5:</b> 7/30 - 8/03			
<b>WEEK 6:</b> 8/06 - 8/10			
<b>WEEK 7:</b> 8/13 - 8/17			
<b>WEEK 8:</b> 8/20 - 8/24			
Child 1: NAME _____ AGE _____ Child 2: NAME _____ AGE _____ Parent's Name _____ Address _____ Home Phone _____ Cell _____ Work _____ E-Mail _____			<u><b>PLEASE MAKE CHECKS PAYABLE TO:</b></u> Candia Springs Adventure Park  <b>Mail TO:</b> Candia Springs Adventure Park 446 RAYMOND ROAD CANDIA, NH 03034
I accept full responsibility for my child's/children's use of any and all apparatus, appliances, facility privilege whatsoever owned and operated by Candia Springs Adventure Park at their own risk and shall hold Candia Springs Adventure Park, it's shareholders, directors, officers, employees, representatives and agents harmless from any and all loss, claim injuries, damages or liability sustained or incurred by my child/children resulting therefrom.  <b>Parent's Signature</b> _____ <b>Date</b> _____			

# Candia Springs Adventure Park Summer Camp - 2018

Parents!

We are so excited to spend a week(s) with your child this summer! We have tons of exciting events planned as well as all the fun we will have on the water park attractions and Adventure course. Here are a few things that you would like to know for your child's week of camp.

The State of NH requires that we have a copy of your child's **immunization records**. We must have this state required documents in your campers file prior to your start date. Please mail documents to Candia Springs Adventure Park 446 Raymond Road Candia, NH 03034 Attention: Steve Coppin or email [scoppin@candiasprings.com](mailto:scoppin@candiasprings.com).

Every day camp starts at 9:00am sharp. We head down to the pool for swim assessments at 9:15am so it is important that your child is on time for camp. Please send your child each day already sun-screened and in their bathing suit if possible. Leave all electronic devices at home.

Daily checklist of items to bring:	Our Daily Schedule
<ul style="list-style-type: none"><li><input type="checkbox"/> <b>Towel and Bathing Suit</b></li><li><input type="checkbox"/> <b>Sneakers</b>- Everyday</li><li><input type="checkbox"/> <b>Extra sunscreen</b></li><li><input type="checkbox"/> <b>Water bottles</b></li><li><input type="checkbox"/> <b>Change of clothes</b></li></ul>	<ul style="list-style-type: none"><li>• 9:15-10 Swim Assessments and Swim lessons</li><li>• 10:00-10:30 Snack</li><li>• 10:30-12 Morning program</li><li>• 12-12:45 Lunch</li><li>• 12:45-2:15 Afternoon program</li><li>• 2:30-4:00 Afternoon elective</li><li>• 4:00-5:00 Pack up cleanup/free time</li></ul>

If you are going to be picking up your child early, please make sure you tell someone in the front office or one of the camp staff. We are generally out and about in the park for most of the day and we'd like to have your child ready to be picked up. This becomes especially difficult if we are on the ziplines.

If you have any concerns about your child (allergies, etc.) please make sure to list them on the emergency form and let camp staff know as needed. We prefer to address any problems before your child's week at camp, so if they have an epi-pen, an inhaler, etc. or any severe allergies please make sure to let us know before the Monday your child is dropped off.

Thank you for choosing Candia Springs Adventure Park as your summer camp destination we look forward to a week of fun with your camper!

Steve Coppin

Director

Candia Springs Adventure Park

[scoppin@candiasprings.com](mailto:scoppin@candiasprings.com)

603-587-2182

## Candia Springs Adventure Camp Information Sheet

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Grade Fall 2016 \_\_\_\_\_ Shirt size \_\_\_\_\_ Sex \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Town \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Family Email \_\_\_\_\_

### Emergency Information:

Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_  
Father \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

In case of an emergency and Unable to reach Legal Guardian/Mom/Dad please contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_ cell \_\_\_\_\_ Home/Work \_\_\_\_\_  
Doctor \_\_\_\_\_ Town \_\_\_\_\_ Phone \_\_\_\_\_

Physical/Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies (including food) \_\_\_\_\_

Any other information we may need to better suit your child's needs: \_\_\_\_\_

### Consent:

I (please check one): do  do not  give Candia Springs Adventure Camp permission to use any photographs, videotapes, voice tapes of my child during his/her camp experience to be used by Candia Springs Adventure Park in their public relations, website, or marketing efforts.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Child Sign out:** Only the following people will be allowed to pick up your child from our summer camp. Please make sure to list all possible individuals. All individuals should come prepared with a photo id.

(Please check from above):

Legal Guardian

Mother

Father

Anyone Else?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



## Candia Springs Adventure Park Camper Lunch Order

**\$9 per day or \$45 per week: Please check the days your camper will be ordering lunch!**

Monday [  ] Tuesday [  ] Wednesday [  ] Thursday [  ] Friday [  ]

<b><u>Entree's:</u></b>	<b><u>Side:</u></b>	<b><u>Beverage:</u></b>
6 inch sub Slice of Pizza Chicken Nuggets Hotdog Cheeseburger	Chips Fries Salad	Bottled Water Juice Box Bottled Soda

**Staff Notes**



## Candia Springs Adventure Camp Movie Waiver

On rainy days and during lunch we may watch a G or PG movie. If you have concerns with your child watching these movies, please contact Steve Coppin or Candia Springs office staff.

If you agree to grant permission for your child to view this video, please sign below.

Your child is not required to view any video. If there is an alternate movie you would like to bring in that is G or PG.

Child's Name 1 \_\_\_\_\_

Child's Name 2 \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Notes:

Staff Notes:

**CANDIA SPRINGS, LLC****Acknowledgment of Waiver and Release From Liability**

This Document Affects Your Legal Rights. <b>You Must Read And Understand Before Signing This Document.</b>
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**Parent / Guardian OR Participant Information** (if Participant is 18 years of age or older):

<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Initial</b>	<b>Gender</b> Male / Female	<b>Date of Birth</b>
<b>Mobile / Primary Phone#</b>		<b>Email</b>		
<b>Street Address</b>	<b>City</b>	<b>State/Region</b>	<b>Zip/Postal Code</b>	<b>Country</b>

**Minor Information** (if Participant is under 18 years of age):

1.	<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Initial</b>	<b>Gender</b> Male / Female	<b>Date of Birth</b>
2.	<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Initial</b>	<b>Gender</b> Male / Female	<b>Date of Birth</b>
3.	<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Initial</b>	<b>Gender</b> Male / Female	<b>Date of Birth</b>
4.	<b>Last Name</b>	<b>Legal First Name</b>	<b>Middle Initial</b>	<b>Gender</b> Male / Female	<b>Date of Birth</b>

**WARNING: All forms of recreational and adventure activities are hazardous and include risks.**

**Falls, collisions, injuries, death, and property damage can happen.**

**Participating in these activities requires conscious control of your physical body.**

**Safety is directly affected by your judgment.**

**We do not recommend expectant mothers, or those persons with back problems, heart conditions, or other conditions that would be aggravated by this activity, participate in Candia Springs' activities.**

As a condition of the use of facilities and services of Candia Springs, LLC, affiliated and successor companies or entities, real and personal property owners and their respective officers, directors, employees, agents, and any event hosting company or their affiliates and employees hereafter called RELEASEES, I acknowledge and promise on behalf of myself and the additional guests listed who are under 18, my parents, my heirs, assigns, personal representatives, and estate as follows:

**Acknowledgement of Risk**

**I am fully aware that all forms of recreational activities are hazardous, filled with risks and hazards, and that falls, collisions and injuries can happen.** I am about to voluntarily engage in activities that bear certain risks, which could result in injury, death, illness or disease, physical or mental, or damage, as follows: (1) the nature of activities themselves that may include some or all of the following, namely: aerial lifts, zip lines, rope and rope lines, elevated platforms, off-road truck tours; Using adventure park elements, swinging on zip lines; traversing bridges; hiking, climbing and walking on uneven natural and manmade surfaces; climbing ladders and stairs; and using other features; observation of the adventure park, zip line, or off-road tours; transportation to and from the activity by motor vehicle; any and all related activities; and associated equipment; (2) the particular risks of the activities and their associated equipment, including but not limited to the following: personal injury of any sort; participant's failure to follow the guide's safety instructions; participant's failure to use harness, helmet, or other safety or activity-specific equipment, as required; participant's failure to follow RELEASEES safety guidelines; unavailability of immediate medical attention in case of emergency; property damage; hyperthermia or hypothermia; sun or windburn; collision with trees, rocks other natural or man-made obstacles, and/or other vehicles; slips, falls or awkward landings; manufacturer's defects in equipment; weather conditions including, but not limited to: rain, hail, snow, sun, lightning, temperature, wind and other adverse weather; becoming disoriented and lost; actions of other people including other participants, spectators, or employees; encounters with domesticated animals and wildlife that may lead to: insect bites; bee stings; animal attacks and bites; encounters with poisonous or thorny plants; participants may encounter jolting, jarring, slipping and shaking traveling in the vehicle, on a zip line or in the adventure

## CANDIA SPRINGS, LLC - Acknowledgment of Waiver and Release From Liability – page 2

park; sections of the tour include cliffs, trees, rocks with other natural obstacles on either side of the vehicle and trail which can scrape, catch, tear or otherwise injure or harm property or person if contact occurs; (3) the negligent acts or omissions of RELEASEES, and other persons or entities; (4) latent or apparent defects or condition in equipment, vehicles, harnesses, cables, tree platforms, protective clothing, bridges, stairs, ramps, other park components, or property supplied by RELEASEES or other persons or entities; (5) use or operation by myself or others of equipment supplied by RELEASEES or other persons or entities; (6) the negligent acts or omissions of other participants in this activity and of third parties; (7) weather conditions; (8) contact with water, plants, or animals; (9) participant's own physical condition or participant's acts or omissions; (10) condition of roads, trails, waterways or terrain, and accidents connected with their use; (11) first-aid, emergency treatment or other services rendered; and (12) consumption of food or drink.

I understand and acknowledge that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, may also result in injury, death, illness or disease, or damage to my property.

I agree and promise that if I encounter a situation or problem that wasn't covered by the instructions provided by RELEASEES, I will wait for proper instructions.

### Acceptance of Risk and Responsibility

I hereby certify I am physically fit and have no medical conditions or allergies that affect my ability to participate in these activities.

Being aware this activity entails risks of injury, I agree and promise to accept and assume all responsibility and risk of injury, death, illness or disease, or damage to my property arising from my participation. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

### Release, Indemnification and Promise Not To Sue

I hereby voluntarily release and forever discharge RELEASEES from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically but not limited to the negligent acts or omissions of RELEASEES, for any and all injury, death, illness or disease, and damage to my property.

I hereby agree to and shall at all times defend, indemnify and hold RELEASEES harmless from any and all losses, costs (including court costs and reasonable attorney's fees), expenses, penalties, response costs, claims, demands, suits by any person, persons, or entities whether or not frivolous), injuries, damages or death and other liabilities of whatever kind or nature, arising out of (directly or indirectly), connected with, incident to, or resulting from participation in this activity.

I FURTHER AGREE AND PROMISE NOT TO SUE, ASSERT OR OTHERWISE MAINTAIN OR ASSERT ANY CLAIM AGAINST RELEASEES, FOR ANY ACTION, INJURY, DEATH, ILLNESS OR DISEASE, OR DAMAGE TO MY PROPERTY, ARISING FROM OR CONNECTED WITH MY PARTICIPATION IN THIS ACTIVITY.

### Agreement

I understand this is the agreement for release and discharge, acceptance of responsibility and acknowledgement of risks between myself and RELEASEES and it cannot be modified or changed in any way by the representations or statements of any employee or agent of RELEASEES or by me.

### Jurisdiction

Notwithstanding the waiver of liability, release, indemnification and promise not to sue, which I am signing, I further agree any claim based upon or arising out of this document will be brought in a court located in the state of New Hampshire and be subject to the statutory and common law of New Hampshire.

### Photographic Assignment

I consent to the use of any photographic or film (of whatsoever nature) for commercial purposes or otherwise of my child, my ward, or myself in connection with these activities, without remuneration to me, or restriction as to frequency, duration or medium. I/we hereby assign all right, title and interest I/we may have in, or to, any and all media in which my likeness might be used by the RELEASEES.

**I have read page 1 and 2 and sign below to show that I understand and agree with its content:**

\_\_\_\_\_  
PARTICIPANT'S or GUARDIAN'S SIGNATURE      DATE