

[camps@earthtreksclimbing.com](mailto:camps@earthtreksclimbing.com)

## **EARTH TREKS - WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

The individual named below desires: (a) to use or permit the use of one or more of the Earth Treks Climbing and Fitness Centers (individually or collectively as the context may require, "Facility") located at - - (i) 7125 Columbia Gateway Drive, Columbia, MD 21046, 725 Rockville Pike, Rockville, MD 20852, and/or 1930 Greenspring Drive, Timonium, MD 21093 (collectively, "MD Facilities"), (ii) 1225 and 1235 South Clark Street, Arlington, VA 22202 ("VA Facility"), and/or (iii) 700 Golden Ridge Road, Golden, CO 80401 ("CO Facility"); and/or (b) to participate in trips, competitions, camps, events and/or climbing courses (collectively, "Events") sponsored by or involving the following (individually or collectively as the context may require, "Earth Treks") - - (i) Earth Treks, Inc., Earth Treks Columbia Climbing Center, LLC, Earth Treks Timonium Climbing Center, LLC, and/or Earth Treks Rockville Climbing Center, LLC (collectively, "MD Entities"), (ii) Earth Treks Crystal City Climbing Center, LLC ("VA Entity"), and/or (iii) Earth Treks Golden LLC and/or Earth Treks Golden Climbing Center, LLC (collectively, "CO Entities"). In consideration for Earth Treks permitting me to use the Facility and permitting me to participate in Events, I have agreed to execute this Waiver And Release Of Liability And Assumption Of Risks ("Release").

**WARNING BY EARTH TREKS:** There are significant elements of risk associated with climbing, participating in Events and participating in any other adventure, sport or activity associated with Earth Treks (individually, "Activity"). Although Earth Treks has taken reasonable steps to provide you with appropriate equipment and/or skilled instructors so you can enjoy each particular Event and Activity for which you may or may not be skilled, we must remind you that each Event and Activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the Event or Activity. The same elements that contribute to the unique character of the Event or Activity can be causes of accidental injury, illness, or in extreme cases, permanent trauma or death.

I acknowledge that using the Facility, participating in Events and participating in any other Activity sponsored by Earth Treks involves certain inherent risks, including the risk of death or serious personal injury, regardless of whether I follow Earth Treks' safety instructions or recommendations, including but not limited to those involving my choice of wearing a helmet or not. I agree to assume all such risks, as well as any other risks involved in using the Facility, participating in Events, or participating in any other Activity sponsored by or involving Earth Treks. I agree to release and discharge Earth Treks and all of its officers, directors, managers, members, employees, agents, and representatives, as well as all other persons or entities that may own, operate or manage each Facility, including but not limited to the respective landlord of each Facility, as well as any and all other persons or entities that might have any liability whatsoever to me (collectively, "Released Parties"), from and against any and all damages, actions, claims and liabilities, whether known or unknown, anticipated or unanticipated, suspected or unsuspected, relating to or arising from the Events, an Activity, or any and all occurrences involving the Facility, Earth Treks or its employees or agents. This Release is intended to release and discharge the Released Parties from all damages, actions, claims and liabilities of any nature whatsoever, specifically including, but not limited to, damages, actions, claims and liabilities arising from or related to the negligence of, or the breach of any duties which may be owed by, the Released Parties. I further agree to indemnify, hold harmless and defend the Released Parties from and against any and all loss, damage, liability and expense, including costs and attorneys' fees, incurred by any of the Released Parties as a result of my using the Facility, participating in Events, or participating in any other Activity sponsored by or involving Earth Treks. In addition, **I SPECIFICALLY WAIVE (AND EARTH TREKS, BY ITS ACCEPTANCE HEREOF WAIVES) THE RIGHT TO A TRIAL BY JURY IN ANY ACTION BROUGHT BY OR AGAINST THE RELEASED PARTIES.**

Insofar as the MD Facilities, the VA Facility, the MD Entities and the VA Entity are concerned: (a) the laws of the State of Maryland shall govern the rights and obligations of the parties to this Release and the interpretation, construction and enforceability thereof; and (b) I agree that any lawsuit brought against any Released Parties shall be brought solely in the Circuit Courts for Howard County, Baltimore County or Montgomery County, MD. Insofar as the CO Facility and the CO Entities are concerned: (i) the laws of the State of Colorado shall govern the rights and obligations of the parties to this Release and the interpretation, construction and enforceability thereof; and (ii) I agree that any lawsuit brought against any Released Parties shall be brought solely in the District Court for the First Judicial District, Jefferson County, CO. This Release shall be effective upon my execution hereof and shall continue in force, unless sooner terminated pursuant to a written notice, for so long as I or (if applicable) my child or such other below-named individual use a Facility, participate in Events, or participate in any other Activity sponsored by or involving Earth Treks.

I acknowledge and agree that Earth Treks reserves the right to use any photograph or video taken at the Facility, during Events, or in connection with any other Activity involving Earth Treks to be used in Earth Treks' promotional materials, brochures and website.

**I HAVE READ AND I UNDERSTAND THE FOREGOING ACKNOWLEDGMENT OF RISK, ASSUMPTION OF RISK AND RESPONSIBILITY, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT BY SIGNING THIS FORM I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

**THIS RELEASE IS A BINDING LEGAL CONTRACT. PLEASE READ IT CAREFULLY BEFORE SIGNING \*\*\*PLEASE PRINT LEGIBLY \*\*\***

_____ Today's Date	_____ Participant's Name <i>(please print)</i>	_____ Participant's Date of Birth	
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ Home Telephone Number	_____ Work Telephone Number	_____ Cell Telephone Number	
_____ Signature of Participant	_____ E-mail Address		

### **TO BE SIGNED IF PARTICIPANT IS A MINOR**

I represent that I am the parent or legal guardian of the above individual ("Participant") and I hereby consent to the Participant using the Facility, participating in Events and participating in any other Activity sponsored by Earth Treks. In consideration for Earth Treks allowing the Participant to use the Facility, participate in Events and participate in any other Activity, I agree, personally and on behalf of the Participant, to be bound by the terms and conditions of this Release. I further agree to indemnify, hold harmless and defend all of the Released Parties from and against any loss, damage, liability and expense, including costs and attorneys' fees, incurred by any of the Released Parties as a result of the Participant using the Facility, participating in Events, or participating in any other Activity involving Earth Treks.

**THIS RELEASE IS A BINDING LEGAL CONTRACT. PLEASE READ IT CAREFULLY BEFORE SIGNING \*\*\*PLEASE PRINT LEGIBLY \*\*\***

_____ Today's Date	_____ Printed name of Parent or Court-Appointed Legal Guardian	
_____ Home Telephone Number	_____ Work / Cell Telephone Number	_____ Signature of Parent or Court-Appointed Legal Guardian

**EARTH TREKS CAMP MEDICAL FORM**

Please **print** this sheet out and legibly print or type all information.  
Also, please **print** and fill out the Earth Treks waiver and attach to this application.

Circle One: Climbing Day Camp

Session Dates: \_\_\_\_\_

Full Name of Participant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:    male    female Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_**Medical Information***Complete answers to the following are necessary.*Is your child covered by hospitalization and medical care insurance?    Yes    No

Policy or Certificate number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

**Chronic Health Problems***(If your child has any health problems which we should be aware of, please list below and describe).*☐ Neck, Back, or Shoulder pain or injury: \_\_\_\_\_☐ Diabetes, Seizures, or frequent or unexplained fainting or dizziness: \_\_\_\_\_☐ Chronic illnesses: \_\_\_\_\_
☐ Medications and prescriptions you are taking **(NOTE: Any medication at a youth camp, including OTC, must be kept in the original container and be accompanied by the Medication Administration Authorization form signed by the child's physician. You must authorize Self Administration at bottom of medication form.)**  
 \_\_\_\_\_  
 \_\_\_\_\_
☐ Allergies: \_\_\_\_\_☐ Dietary restrictions: \_\_\_\_\_
☐ Previous injuries, illnesses, or other medical or emotional considerations or problems which might affect your participation on the trip: \_\_\_\_\_  
 \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

The undersigned individual desires to use one or more of the Earth Treks Climbing Centers located at 7125-C Columbia Gateway Drive, Columbia, MD 21046, and/or 725 Rockville Pike, Rockville, MD 20852, and/or 1930 Greenspring Drive, Timonium, MD 21093, and/or 700 Golden Ridge Rd, Golden, CO 80401, and/or 1235 S Clark St, Arlington, VA 22202 (collectively, "Facility") and/or to participate in trips and/or climbing courses sponsored by or involving Earth Treks, Inc., Earth Treks Columbia Climbing Center, LLC, Earth Treks Timonium Climbing Center, LLC, Earth Treks Rockville Climbing Center, LLC, Earth Treks Golden, LLC, Earth Treks Golden Climbing Center, LLC, and/or Earth Treks Crystal City Climbing Center, LLC (individually or collectively as the context may require, "Earth Treks").

Consent is hereby given to attend an Earth Treks trip and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my participation on an Earth Treks trip. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless Earth Treks if all relevant information is not disclosed. I also agree to notify Earth Treks should there be any change in my health prior to the course.

Date: \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_

**CAMPER HEALTH HISTORY (Page 4 of 8)**

Child's Name: \_\_\_\_\_

Camp Location: **Columbia / Timonium / Rockville** Session Dates: \_\_\_\_\_

**The following information is required:**

1<sup>st</sup> Emergency Contact

(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact

(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware? ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

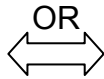
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive? ☐ NO

☐ YES, Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION INFORMATION:**

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations? ☐ NO

☐ YES, List them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Release of Liability, Waiver of Claims and Assumption of Risks and Indemnity Agreement**

By signing this document you will waive certain legal rights, including the right to sue or claim compensation following an accident, injury or death. Please read carefully.

I acknowledge that directly or indirectly, I have requested to participate in activities provided by Terrapin Adventures (TA) (which includes Terrapin Adventures, LLC, Savage Mill LLLP, (collectively referred to as "THE RELEASEES").

**Description of Activities** In this agreement "Adventure Activities" include but are not limited to traversing on ziplines and ropes courses, walking on cable suspension bridges, climbing ladders, negotiating a ropes challenge course, hiking in woods, kayaking, mountain biking, fishing, tubing, rappelling, horseback riding, sailing, windsurfing, geo-caching, being transported in a commercial passenger van, climbing up on towers or platforms.

### **Acknowledgement – Safety**

I acknowledge that I am required to wear an approved helmet and other safety equipment while participating in certain Adventure Activities. I am aware that there are guides or instructors available to answer questions that I may have as to the proper use of the equipment. I am aware that the physical exertion required of Adventure Activities and the forces exerted on the body can activate or aggravate pre-existing physical injuries, conditions, or congenital defects. I acknowledge that my mental and physical health are in a condition compatible with participating in the Adventure Activities and that I should seek medical advice if I know or suspect that my condition may be incompatible with Adventure Activities.

I acknowledge that I am not under the influence of alcohol, nor am I under the influence of any drugs, including prescription, illegal or over-the-counter medication, which could impair my ability to participate in the Adventure Activities. If I am taking medication, I affirm that I have seen a physician and have approval to participate in the Adventure Activities while under the influence of medication. I acknowledge that I am at least eight years of age.

### **Assumption of Risks**

I understand that these Adventure Activities and services have an inherent level of risk of injury, personal property damage, and possible death. I am aware that participating in these activities involves some hazards including hiking on rough and uneven terrain; changing weather conditions which may cause parts of the courses to become slippery; equipment failure; failure to properly adjust or fasten equipment; improper use of equipment; slips and falls; over-exertion; fear of heights; failure to remain within designated areas; impact or collision with trees/poles, other participants or guides; negligence of other participants or guides; and negligence on the part of THE RELEASEES, including the failure on the part of THE RELEASEES to take reasonable steps to safeguard or protect me from the risks, dangers and hazards of participating in Adventure Activities. I acknowledge that even if I follow all appropriate practices and procedures there is still a risk of injury or death. I freely accept and fully assume all risks, dangers and hazards and the possibility of personal injury, death, property damage and loss resulting therefrom.

### **Release of Liability, Waiver of Claims and Indemnity Agreement**

In consideration of THE RELEASEES allowing me to participate in Adventure Activities and permitting my use of their property, ziplines, platforms, bridges, towers, trails, kayaks, bikes, roads, vehicles and other structures and equipment (herein referred to as "the facilities"), and for other goods and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

1. To waive any and all claims that I have or may have now or in the future against THE RELEASEES and to release THE RELEASEES from any and all liability for any loss, damage, expense or injury, including death, that I may suffer or that my next of kin may suffer, whether foreseen or unforeseen, as a result of my use of the facilities and my participation in the Adventure Activities, due to any cause whatsoever, including gross negligence, breach of contract, or breach of any statutory or other duty of care.
2. To hold harmless and indemnify THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participating in Adventure Activities.
3. The Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.
4. The Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Maryland, without reference to principles of conflicts of law.
5. If any dispute or controversy arises among the parties to this Agreement concerning any provision of this Agreement, that dispute or controversy shall be submitted for binding arbitration pursuant to terms of the Federal Arbitration Act. The dispute or controversy shall be submitted for resolution to a board of arbitration in Columbia, Maryland, composed of one member. Such arbitration shall be conducted

pursuant to the rules of the American Arbitration Association (the "AAA"), Commercial Rules (expedited version) and a decision of the board of arbitration (including an award of costs) shall be final and binding upon the parties. Each of the parties consents to the jurisdiction of the courts of the State of Maryland for enforcement of any arbitration award as stated above. THE PARTIES HEREBY AGREE TO AND EACH HEREBY DO WAIVE A TRIAL BY JURY IN ANY ACTION, PROCEEDING, OR COUNTERCLAIM BROUGHT BY EITHER OF THE PARTIES HERETO AGAINST THE OTHER ARISING OUT OF THIS AGREEMENT AND THE RELATIONSHIP BETWEEN THE PARTIES.

6. Each provision of this Agreement shall be considered separable and if for any reason any provision or provisions in this Agreement are determined to be invalid or contrary to any existing or future law, that invalidity shall not impair the operation of this Agreement or affect those portions of this Agreement which are valid.
7. Although Howard County, MD as the owner of Savage Park is not a party to this Agreement between myself and the RELEASEES, I hereby agree on behalf of myself, my heirs, executors and assigns to waive any and all claims, hold harmless and indemnify Howard County, MD its officer, agents, employees, volunteers and assigns, from and against any and all claims, actions or damages whatsoever arising from my participation in Adventure Activities unless due to the sole negligence of Howard County, MD with no negligence on the part of any other party.
8. By signing below I am giving Terrapin Adventures the right to take and use photos/videos taken during the days activities for use by THE RELEASEES for promotion purposes.

I am not relying upon any oral or written representations or statements made by THE RELEASEES with respect to the safety of Adventure Activities other than what is set forth in this Agreement. I acknowledge that THE RELEASEES have not made any representations as to the safety of the Adventure Activities.

I confirm that I have read, been fully informed, and understand this Agreement prior to signing it, and I am aware that by signing this Agreement, I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns and representatives may have against THE RELEASEES.

For participants of a minority age, I hereby certify that I, as parent/guardian with legal responsibility for this participant of minority age, do consent and agree, to his/her release of all THE RELEASEES, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify THE RELEASEES from any and all liabilities incident to this participant of minority age's participation in these Adventure Activities.

**Please complete all the fields below**

**Weight Restriction**

Participation in some activities is restricted, due to safety reasons, to persons of a certain age, weight and height. Please indicate your

Weight \_\_\_\_\_ lb/kg (please indicate pounds or kilos)

Height \_\_\_\_\_ inches/cm (please indicate inches or centimeters)

Age \_\_\_\_\_ please indicate age in years

**THIS IS A RELEASE OF LIABILITY.**

**DO NOT SIGN UNTIL YOU HAVE READ AND FULLY UNDERSTAND ITS CONTENTS. PLEASE COMPLETE ENTIRE FORM.**

Date of Event: month \_\_\_\_\_ day \_\_\_\_\_ 20\_\_\_\_

Signature of Participant : \_\_\_\_\_

Print Full Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address: \_\_\_\_\_  
(We do not sell our lists to any outside entities)

Signature of Parent/Guardian if Participant is under 18 years of age

**For Office Staff Use Only**

Witness Signature: \_\_\_\_\_ Print Name of Witness: \_\_\_\_\_

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

Department of Health & Mental Hygiene (DHMH)  
Center for Healthy Homes and Community Services (CHHCS)  
6 St. Paul Street, Suite 1301  
Baltimore, Maryland 21202-1608  
(410) 767-8417 FAX (410) 333-8926  
Toll Free 1-877-4MD-DHMH ext. 8417

I. CAMP OPERATOR			
<p>This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self administer medication. A new medication administration form must be completed at the beginning of each camp season, for each medication, and each time there is a change in dosage or time of administration of a medication.</p> <ul style="list-style-type: none"> <li>Prescription medication must be in a container labeled by the pharmacist or prescriber.</li> <li>Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.</li> <li>An adult must bring the medication to the camp and give the medication to an adult staff member.</li> </ul>			
II. CAMP INFORMATION			
YOUTH CAMP NAME			
PHYSICAL ADDRESS			
CITY		STATE	ZIPCODE
III. PRESCRIBER'S AUTHORIZATION			
CHILD'S NAME		DATE OF BIRTH	
CONDITION FOR WHICH MEDICATION IS BEING ADMINISTERED:		EMERGENCY MEDICATION <input type="checkbox"/> YES <input type="checkbox"/> NO	
MEDICATION NAME	DOSE	ROUTE	
TIME/FREQUENCY OF ADMINISTRATION		IF PRN, FREQUENCY	
IF PRN, FOR WHAT SYMPTOMS			
KNOWN SIDE EFFECTS SPECIFIC TO CHILD			
MEDICATION SHALL BE ADMINISTERED (NOT TO EXCEED 1 YEAR)		FROM	TO
PRESCRIBER'S NAME/TITLE		This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX		
ADDRESS			
CITY	STATE		
<b>PRESCRIBER'S SIGNATURE</b> ( <i>Parent cannot sign here</i> ) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE
IV. PARENT/GUARDIAN AUTHORIZATION			
<p>I request authorized youth camp operator/staff to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I authorize camp personnel to communicate with the prescriber as allowed by HIPAA. I confirm that, if the medication above is a prescription medication, the child has at some point taken the medication prior to attending camp.</p>			
PARENT/GUARDIAN SIGNATURE			DATE
HOME PHONE #	CELL PHONE #	WORK PHONE #	
V. AUTHORIZATION FOR SELF ADMINISTRATION AND SELF CARRY			
<p>I consent that the child named above is able to self administer the medication listed. I authorize self administration of the above listed medication for the child named above under the supervision of an authorized youth camp operator/staff member. The child named above may self carry emergency medication if indicated below.</p>			
PRESCRIBER'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	
PARENT/GUARDIAN'S SIGNATURE	SELF CARRY EMERGENCY MEDICATION (Check One) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not emergency medication	DATE	



## 2016 Rock N' Adventure Camp Logistics (Page 8 of 8)

### Drop-Off Locations

The drop-off and pick-up location vary (Earth Treks Columbia or Terrapin Adventures) during the week depending on the activity your camper is scheduled for that day. Conveniently, the two locations are only 6 miles apart. Each day of camp runs from 9am to 3pm. Participants should arrive at their designated site 15 minutes prior to each day's start time. We request that you pick up your child promptly at each day's end time.

Earth Treks Columbia Directions: <http://www.earthtreksclimbing.com>

Terrapin Adventures Directions: <http://www.terrapinadventures.com/about-us/directions-hours/>

### Packing List

Please use the list below as a guide for each activity / location. Check your child's session (A or B) below to determine which days they will be at Earth Treks (climbing) or at Terrapin Adventures (adventure activities).

#### Session A:

Monday / Tuesday: Earth Treks Columbia

Wednesday / Thursday: Terrapin Adventures

Friday: Terrapin Adventures, Pizza lunch will be provided.

#### Session B:

Monday / Tuesday: Terrapin Adventures

Wednesday / Thursday: Earth Treks Columbia

Friday: Terrapin Adventures, Pizza lunch will be provided.

Earth Treks Days: lunch, snacks, water bottle. Climbing gear and shoes are provided, but you may bring your own.

#### Terrapin Adventures Days:

- Sturdy shoes (sandals or flip flops are not permitted).
- Non-perishable lunch and water in a re-fillable water bottle. We will provide a healthy snack. Sharing food is not permitted and we encourage campers to bring peanut free products.
- Swim suit / water shoes / towel to splash in local rivers.
- Sunscreen - SPF 30 or better. Please apply in advance too.
- Rain gear on inclement weather days.
- Bikes are provided, but if your camper is under 5' tall you must provide your own bike and lock due to sizing restrictions. Biking will occur on their second day at Terrapin Adventures only.
- Day pack. Please do not bring any valuables or electronics.

**Medications:** State law requires that any medication your child must take during camp, including OTC drugs, be kept in the original container and be accompanied by the Medication Administration Authorization form signed by the child's physician. Please authorize self administration on the bottom of the medication form.