

Release of Claims and Waiver of Liability

The undersigned applicant acknowledges, understands, and agrees that as to the contemplated trip with Expeditions Unlimited:

- 1. There are unique physical demands and risks involved in all activities;
- 2. Activities can be of a dangerous nature and may result in various types of injury including, but not limited to the following: Sickness, exposure to infectious/communicable disease, dislocations, broken bones, lacerations, abrasions, bruising, strains, sprains, etc. Paralysis, distress, damage, or death can result by participation in any activity.
- 3. That instructions given must be followed for ongoing participation and safety of the applicant; and
- 4. That Expeditions Unlimited, Ltd. retains the right of final approval of all participants and the right to terminate a participant's involvement in a trip at its discretion.
- 5. The Expeditions Warrior Challenge is an optional activity which entails unique physical demands and risk of injury to participants. I acknowledge these risks and give permission for my child to participate in this activity if they choose to do so.

In consideration of conducting the trip and based on the above, Expeditions Unlimited, Ltd., it's officers, directors, shareholders, employees, agents and their heirs, executors and assigns are released as to any and all claims for damages, including but not limited to injuries, whether to person or property, known or unknown that the undersigned has or may have in the future arising out of and in connection with the contemplated trip.

I hereby authorize Expeditions Unlimited to consent to emergency medical or dental care for me or my child while attending Expeditions Unlimited.

Release as to Photographic, Movie and Video Images

The undersigned irrevocably consents to and authorizes the use and reproduction of any and all photographic and video images taken during the trip. The use and reproduction of images is at the discretion of Expeditions Unlimited whether for advertising, promotional or other legal purposes without additional consideration or compensation to the undersigned. Originals and copies or images are and will remain the sole property of Expeditions Unlimited, Ltd.

Complete the following information for each member of your household participating in the trip with Expeditions Unlimited.

Applicant Information

Address Applicant's Signature Date of Birth

Applicant's Signature Date of Birth

City/Sate/Zip Applicant's Signature Date of Birth

Date

Parent or Guardian Signature

Church/Organization:

^{*}Required if applicant is under 18 years of age

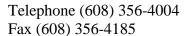


CAMP HEALTH EXAMINATION FORM

Developed by the American Camping Association in consultation with The American Medical Association and the American Academy of Pediatrics

Name:		Birth date:	Gen	der: M:F:_	Age:	
Last	First	M. Init.				
Name of Parents/Guardians						
(or spouse):			Phone:()			
Home Address:						
Street		Cit	y	State	Zip	
Email Address:						
Church/Organization:						
If not available in an emergenc						
1				Phone: ()		
Name		Relations	hip	1 none. (<u>/</u> _		
2				Phone: ()_		
Name		Relations	1			
		ck all that apply, giving appi				
Health History	Date	Allergies	Date	Diseas		3
Frequent Ear Infections		Hay Fever		Chicke		
Heart Defect/Disease		Poison Ivy, etc.		Measle		
Convulsions		Insect Stings			n Measles	
Diabetes		Penicillin		Mumps		
Bleeding/Clotting Disorder		Other Drugs		Asthma	a	
Allergies (describe reactions/tr	eatment):					
Operations or serious injuries a	and dates:					
Chronic or recurring illnesses:						
				none: ()		
Dentist/Orthodontist:						
Medical/Health Insurance Com	npany:					
IMPORTANT: Please notify us i	if this individual is o	exposed to any communicable	disease durin	g the three week		ıg.
	Medications: A	ll medications must be in ori				
	_	Administer at:				
Medication 1:	Dosage:	(Check all that apply)	Idinner \square be	ed 🗀 other	Reactions:	
Physician:	RX#:	Route of	Administratio	n:	Date:	
		Administer at:	breakfast 🗌 lu	nch		
Medication 2:	Dosage: (Check all that apply) dinner bed other		ed other	Reactions:		
Physician:	RX#:	Route of	f Administration	on:	Date:	
		ns are necessary please use t				
		IUST BE COMPLETED FO				
Parental Authorization. This h						e in
all prescribed activities. In the ev						
Unlimited staff to order X-rays, r						
emergency, I also give permissio				o hospitalize, se	cure proper treatm	ient
for, to order injection and/or anes	sthesia and/or surge	ry for my child as named abo	ve.			

Parental Signature:______ Date:_____





Food Allergy Action Plan THIS FORM IS DUE BACK NO LATER THAN 2 WEEKS BEFORE YOUR RETREAT

Completion of this form is necessary only if participant has a food allergy

Name:				
Group:				
Allergy To: Dairy Wheat Eggs Peanuts	Tree Nuts Other: (Please list)			
(We do not provide specialized meals for vegetarians, vegar will do our best to acco				
Physician:	Phone #:			
Emergency Numbers Name:	Phone #:			
Name:	Phone #:			
PLEASE TELL US WHAT TO DO IN C CHECK ALL				
couple of additional options, as well as inform st. Please return this form 2 weeks If returned later than 2 weeks addit	prior to scheduled arrival date. ional options may not be available.			
Comments regarding other accommodations:				
Parental Signature:	Date			