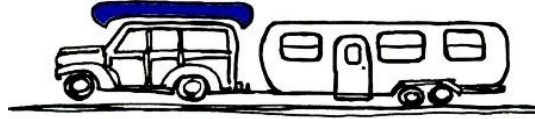


AMERICAN WANDERER



Summer 2024 Application

Camper's Name _____ Nickname _____

M or F ___ Date of Birth _____ Current Grade ___ School _____

Home Address _____ City/State/Zip _____

Home Phone _____ Home Email Address _____

Classic Camp: Session I Session III Session II Session IV

1 Session \$3,000 2 Sessions \$5,800 3 Sessions \$8,400 4 Sessions \$11,400

Military Discount Home School Discount Charter School Discount

Custom Camp: 4 Camper min. \$2,000/wk per camper Number of Weeks _____

Dates _____ Parks _____

Father's Name _____ Cell Phone Number _____

Email Address _____ Business Phone _____

Mother's Name _____ Cell Phone Number _____

Email Address _____ Business Phone _____

What Did You Do Last Summer? _____

Previous Camps Attended? _____

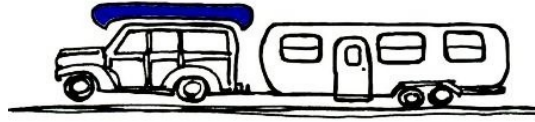
How Did You Hear About American Wanderer – Summer Camp? _____

To reserve a space for camp a deposit of \$500 must accompany this application form.
Additional Deposit of \$1,000 Due February 1st. Final Payment Due April 1st.

Refund Policy: All deposits fully refundable until February 1. After February 1st less \$500.
After April 1st and until June 1st less \$1,500.

Parent or Guardian's Signature _____ Date _____

AMERICAN WANDERER



RELEASE OF LIABILITY AND MEDICAL CARE AUTHORIZATION

THIS IS A RELEASE OF LIABILITY AND AN AUTHORIZATION REGARDING MEDICAL CARE. BY SIGNING BELOW, I AM AGREEING TO RELEASE AMERICAN WANDERER, LLC AND OTHER PARTIES FROM LIABILITY. I AM ALSO GRANTING PERMISSION TO AMERICAN WANDERER CAMP TO SEEK AND OBTAIN MEDICAL CARE IN THE EVENT OF MY ILLNESS OR INJURY. I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.

Introduction: I understand and acknowledge that participation in American Wanderer Camp is a privilege. In consideration for this privilege, I hereby enter into this Release of Liability and Medical Care Authorization (the "Release and Authorization"). I understand that the Release and Authorization applies to all States, Counties, Municipalities, and National/State Parks, Forests, and Coastal Areas where American Wanderer Camp activities are held by American Wanderer, LLC.

Assumption of Risk and Acknowledgement of Understanding: I understand that during my camp session, I may participate in several activities including, but not limited to, water activities (swimming, boating, rafting), activities requiring physical exertion. All of these activities may require me to assist and depend on the assistance of other participants in my assigned group. Although not desiring to discourage me from participating, American Wanderer, LLC intends to make me aware, that participation in this Camp exposes me to certain risks, including, by way of example, the risk of personal injury (including the risk of death), exposure to adverse weather conditions, and that American Wanderer's Camp operates in coastal areas, mountains, and remote wilderness areas in which rescue may take several hours or even days, depending on the weather, terrain, and other circumstances. By signing this Release and Authorization, I expressly assume these risks, whether such risks are known or unknown to me.

Release and Indemnification: In consideration for the privilege of participating in the American Wanderer Camp, I hereby release and hold harmless American Wanderer, members of its board of directors, and its officers, employees, members, volunteers, and agents (collectively, the "Released Parties"), from, and to discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or death arising from my participation in American Wanderer Camp. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties. I agree not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release and Authorization shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

Authorization of Medical Care: In the event I am in need of any necessary medical or surgical treatment to protect my health and welfare while participating in American Wanderer Camp, I hereby authorize and agree to allow any authorized agent or employee of American Wanderer Camp to consent to and authorize the administering of such necessary medical and/or surgical treatment. I acknowledge and agree that the release of liability, hold harmless and indemnification provisions set forth above shall apply to any authorization and consent to medical or surgical treatment made on my behalf by American Wanderer, LLC or its authorized agents or employees. I further agree to be personally responsible for all costs of medical treatment and services (including emergency services) as may be authorized by any authorized agent or employee of American Wanderer Camp.

Miscellaneous: In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

PARENTAL CONSENT

I represent that I am the parent/legal guardian of:

Camper's Name, Date of Birth _____

who is under the age of eighteen (18) or otherwise a minor in his or her State of residence. In consideration for allowing the participation of my child/ward in American Wanderer's Camp Program, I hereby agree to be bound by the terms of the above Release, Hold Harmless and Authorization of Medical Care.

Signature: _____

Date: _____

Printed Name: _____

IF ONLY ONE PARENT/GUARDIAN SIGNS THIS FORM, THE FOLLOWING MUST ALSO BE SIGNED:

I hereby certify that this Release was signed by only one parent/guardian because (i) I am the sole parent/guardian responsible for the care and upbringing of the child/ward due to death or other incapacity of the other parent or because of a court order; **or** (ii) I have made a good faith effort to obtain the signature from the second parent/guardian but have not been able to do so due to reasons beyond my control.

Signature: _____

Date: _____



American Wanderer, LLC
Over the Counter Drugs Accept and Decline Form

Camper's Name: _____

1. I give my child permission to self-administer sunscreen and bug repellent or sunburn and bug bite relief ointment while at American Wanderer Camp. I understand that American Wanderer Camp staff is not responsible for putting sunscreen or bug repellent on my child. **Accept / Decline** (circle one)
2. I give my child permission to self-carry an inhaler for asthma if prescribed by a doctor.
Accept/ Decline (circle one)
3. I understand that American Wanderer LLC Camp cannot administer over the counter drugs without written permission from a doctor and a parent/legal guardian.

Signed _____ Date _____

Photography & Video Release Form
American Wanderer, LLC (The Photographer)

For valuable consideration, hereby received, I irrevocably consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs which you have this day taken of me, negative or positive, mechanical or electronic, for any purpose whatsoever, without restriction, and without further compensation to me.

All negatives, positives, video or audio tapes, electronic files, together with any prints shall constitute your property, solely and completely.

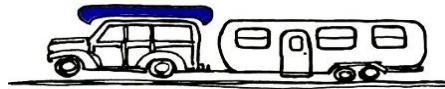
I hereby release, discharge and save harmless the American Wanderer, LLC, their representatives, assigns, employees, or any person or corporation acting under the permission of the photographer, including any firm publishing or distributing the finished product. I hereby waive any right to approve the finished photograph or any copy which might be used in conjunction with the finished photograph. The images and video will only be used for promotion of American Wanderer, LLC Summer Camp and only in a manner consistent with our camp philosophy and mission.

I hereby certify that I am the parent or legal guardian of the above named model, and for value received I do give my consent without reservations to the forgoing on behalf of him, her, or them.

Name _____

Signature _____ Date _____

AMERICAN WANDERER



Code of Conduct Contract

To ensure that everyone has a positive experience while participating in American Wanderer Summer Camp campers attending the Program are expected to behave in a disciplined, responsible, and respectful manner. Failure to follow these rules and regulations will subject the campers to immediate disciplinary action as described more fully below.

As a condition of the Camper's participation, both Parents and Camper must agree that neither American Wanderer (nor staff members) are guarantors of the safety of the Camper, particularly where the Campers fail to follow applicable rules and regulations.

Campers will:

- respect Program staff requests and follow all of their directions;
- respect all safety guidelines required by Program staff ;
- respect all curfew, wake-up and lights-out policies;
- wear appropriate clothing and shoes during all activities;
- respect the differences in other people, make an effort to include everyone, and not behave in a manner that may hurt another camper or staff member's feelings;
- pick-up after myself (at all locations) and throw all trash away;
- respect other people's personal property and Camp property including equipment;
- let my Program counselor know if I am not having a good time;
- immediately bring disagreements to the attention of Program staff;
- behave in an age-appropriate manner and have fun while remaining safe to others and myself;

Campers will not:

- fight with other campers using any part of their body, gestures or words;
- go anywhere without the permission and accompaniment of counselors;
- go into water unless given permission while in a counselor's presence
- use derogatory terms or offensive language *at any time*;
- tease or bully other campers;
- bring inappropriate items to camp (weapons, drugs, cigarettes, R-rated materials, etc)
- enter the sleeping quarters or shower areas of the opposite sex

Parents will not:

- interact with Program staff in a threatening/abusive manner at any time (in person or on the phone) or they will risk their child's dismissal from the Program without tuition/fee refund.

If I chose not to follow the Camper Code of Conduct, I acknowledge (with my signature below) that on my:

First offense: I will be given a verbal warning explaining the expected behavior. (***Unless the offense involves physical or substance abuse for which we have a zero tolerance policy and you will be immediately dismissed.***)

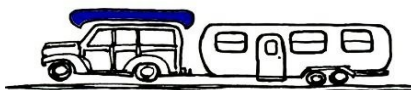
Second offense: I will be removed from the activity and my parent(s) will be called to discuss my behavior.

Third offense: My parent(s) will be called notifying them of my dismissal from camp requiring immediate pick up or transportation home at parent's expense.

Parent's Signature _____ Date _____

Camper's Signature _____ Date _____

AMERICAN WANDERER



Camper Questionnaire

Camper name _____

Swimming experience (circle one): Non Swimmer Beginning Swimmer Competent Swimmer

Lake Experience YES NO River Experience YES NO

Is there a history of:

Asthma/Respiratory: YES NO

Sleep Disorders: YES NO

Sinus issues: YES NO

Ear infections: YES NO

Head injury: YES NO

Headaches: YES NO

Stomach issues: YES NO

Heart problems: YES NO

Seizures/Epilepsy: YES NO

Sleep-walking: YES NO

Behavioral issues: YES NO

Food Allergies: YES NO

Allergies: YES NO

Physical Problems: YES NO

Bed Wetting: YES NO

Depression: YES NO

Menstrual Issues: YES NO

Eating disorder: YES NO

Nervousness/Anxiety: YES NO

Skin/Sun issues: YES NO

Please explain any of the above “yes” answers:

Special Dietary Needs Such As Vegetarian, Gluten-free, Lactose Intolerant or Other:

List any medical problem being currently treated:

Any other conditions being treated:

Parent's Signature _____ Date _____