LOTS Wilderness School - Registration Form

Thank you for choosing Land of the Sky Wilderness School. Please complete the following information and return with appropriate deposit or payment to LOTSWild, 67 Main Street, Canton NC 28716. Checks are payable to LOTSWild or Spencer Bolejack.

Student Name:

Age:

Parent/Guardian names:

Student Home Address:

Phone Numbers (home/work/cell/other)

Email:

Known allergies, including medicine, food, bees:

Student interests (what classes are they excited about, what do they hope to get out of their experience here):

Parent interests (what do YOU hope they get out of this program):

Phobias or fears:

Personality and background information:

Waiver / Release for medical attention

Students at Land of the Sky Wilderness/Martial Arts can expect rigorous physical and mental training. Participation in class may include but is not limited to activities requiring extended periods of exertion, elevated heart rate, stretching, kicking, falling, and hitting target pads with full force. Students participating in free fighting activities engage in simulated combat and self-defense scenarios which can lead to serious injury including paralysis and death. Free fighting, while not intended to be full force, can lead to hits, strikes, and grapples against sensitive areas of the body including the head. While our school has an outstanding safety record all students and parents are hereby notified of such risks and by signing below surrender the right to hold liable the following parties; Land of the Sky Wilderness School, LLC / Riverside Martial Arts, Spencer Bolejack, US Forest Service, any assistant instructors or students.

In addition, Camp includes activities and functions that increase the risk factor for students. Students learn about poisonous and edible plants, are exposed to the elements, and use hazardous tools including but not limited to saws, knives, firearms, hammers, sewing needles, bows and arrows, red hot metal around the blacksmithing forge, and are around unpredictable animals such as horses, birds of prey, wolves, and dogs. Students are given ample instruction with every tool before using and tool use is incremental resulting in more individual responsibility over time. However, unexpected events are part of the farm and wilderness environments. Therefore, by signing below, parents, legal guardians, or students over the age of 18 years, acknowledge all activities are voluntary, participation may be declined at any time, and that the aforementioned parties are not liable for any civil or medical grievances.

Furthermore, the director has been informed in writing of ANY medical requirements, special needs, injuries, allergies, or medications acquired, held, or needed by the student whose name is printed below. You acknowledge that you are over 18 years of age, or are the parent/legal guardian for said student.

Student Name (printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being over the age of 18 or being the parent/guardian of said minor, agree to the contract as stated and hereby give full authority for professional emergency medical treatment in the event that camp staff deem such treatment necessary for the safety and well being of myself or the child in question. I furthermore agree that camp director Spencer Bolejack has had adequate experience and training for general camp security and safety and trust his judgment in such matters.

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

Insurance company, # and policy holder if applicable:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency name, Phone #, and relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_