

# Camp Venturoosity 2018

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## What is Camp Venturoosity?

Camp Venturoosity is a 5 day overnight camp designed to place emphasis on character, culture, and community; all delivered through a variety of educational, experiential, and adventure based activities. We will be spending these 5 days participating in activities like slackline, tree climbing, white water adventures, hiking into a cave, campfires, cultural events, team building games, and much more.

## Who, When and Where?

If you are going into 7<sup>th</sup> grade -12<sup>th</sup> grade you are eligible to participate. We are looking for youth going into 9-12<sup>th</sup> grade to sign up as peer leaders. Camp Venturoosity 2018 will be held on June 7<sup>th</sup> through June 11<sup>th</sup> and will be held near Thoreau, NM.

- Drop Off: Between 7:00-7:30 Thursday June 7<sup>th</sup> at the ELHI.
- Pick Up: approximately 6:00 Monday June 11<sup>th</sup> at the ELHI.
- **There will be a mandatory planning day that students are required to attend held on the 6<sup>th</sup> of June 2:00-6:00pm at the ELHI to pack gear, divide in teams, develop team names and make shirts, at 6 we will have dinner provided with a quick parent meeting to go over expectation, discuss itinerary and answer any questions.**

## Important Information:

- Because Camp is only once a year, and only 5 days long, we require youth to make a full commitment to attend the entirety of camp.
- There is a scholarship application for the week that covers all costs. Please see last page for scholarship directions.
- Peer leaders scholarship will be completed and turned into Andre; as well as, they are required to be involved in the mandatory trainings leading up to camp.
- All registration is to be turned in to either staff at the ELHI, the SUCAP admin building (285 Lakin St., Ignacio, CO) June 1<sup>st</sup> before 5pm, or Ignacio MS before last day of school
- There is a packing list attached to this packet, please make sure the appropriate gear and attire are packed. Please feel free to keep this page and the packing list to use as a guide.
- We have a no-technology policy at camp, so please do not bring your cell phones, iPods, cameras, etc. We will take plenty of photos that will be available to you via Facebook.
- **There will be a mandatory parent information meeting on June 6th at the ELHI at 6pm. Please attend; refreshments and a dinner will be served.**
- If you have any questions you may contact Cuauhtemoc Torres (Quazzy) 970-903-2691.



## Camp Venturocity 2018 Participant Packing List

Clothes: 5 Days' worth of clothes that can get dirty

- Socks and Underwear
- Warm Clothes (at least one full set): Pants, Sweatshirt/Jacket, Hat
- Active Wear for the Day: A mix of shorts/pants, tee-shirts/long-sleeved shirts
- Comfortable Clothes for the Evenings (PJ's)
- Swimsuit
- Rain Gear (waterproof pants and top are preferred)!!!!
- Quick drying clothes for rafting

Footwear:

- Sandals for getting river/raft trip (no flip flops)  
\*\*\* If you do not have water shoes or sandals you can bring a second pair of tennis – they will get soaking wet in the river!
- Hiking or tennis shoes (no skate shoes)

Toiletries:

- Toothbrush & Toothpaste
- Soap and Shampoo
- Any necessary specifics (i.e. Contact case and solution)
- Towel
- Feminine hygiene products

Bedding:

- Sleeping bag
- Sleeping pad
- Pillow

Other Necessities:

- Head lamp or Flashlight
- Water Bottle/hydration pack
- Insect Repellent
- Day pack/backpack

\*\*\*Please leave all electronics at home\*\*\*

Bringing electronics will only create opportunities for loss or theft. There is no need to bring cell phones; they will not work at camp.

SUCAP Youth Services has gear that you can borrow! If you need extra warm clothes, rain gear, sleeping bag, flashlight, water bottle, or day pack please come into the SUCAP administration building at least one week prior to trip and let staff know. Gear will be provided on a first come first serve basis and will only be available until June 5<sup>th</sup>!

# CAMP VENTUROSITY 2018 REGISTRATION PACKET

June 7<sup>th</sup>- June 11<sup>th</sup>

Registration Deadline is due June 1<sup>st</sup> 2018

Participant Name: \_\_\_\_\_ T-shirt size (adult): \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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## REGISTRATION INFORMATION

Camp is open to all Ignacio and surrounding area youth going into 7<sup>th</sup> – 12<sup>th</sup> grades in the 2018-2019 academic year. This event has a limited number of spaces available for both female and male participants. We anticipate a high demand for camp, so in the event we have to enforce a preference system, the following factors may be considered: how soon your registration packet was turned in, how many SUCAP youth services activities you have gone to, and how well your essay scores. Please have someone proofread your essay and turn your packet in right away! A waiting list will be created for those youth interested in registering after the maximum quota is filled. Paperwork should be filled out for potential participants so their name can be added to the waiting list. If a registered participant is unable to attend, that space will be filled in respective order of the waiting list. **Spaces cannot be assured after the registration deadline.** Any participant turning in a permission form without scholarship application will not be considered registered for the event. Please inform staff a.s.a.p. if you will not be attending camp so other participants can fill that spot.

## PHOTOGRAPHY AND VIDEO RECORDING

Photographs and videos will be taken during the event and will be used for promotional and funding purposes. Youth are not allowed to have cameras during camp; however, photos and videos will be available to view and download via social media sites.

## Confidential Medical Information

Please ensure that all medical information is up to date in the SUCAP registration packet. Please include fears, anxiety, allergies and any other health/mental health considerations. We are committed to the positive development of the youth in our community and ensure confidentiality in these matters. Thank you!

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## Dietary Needs

Please provide any special dietary needs of the participant including specific food allergies. Please omit likes and dislikes as these will not be considered for alternatives. A predetermined menu will be set and provided as the main offering for the camp participants. Staff will review dietary needs and do our best to accommodate those needs when appropriate. It is the responsibility of the participant to know their individual dietary needs, including allergies, and the participant is expected to request information about the food being provided if there are known needs.

**Please highlight information pertaining to severe allergic reaction and include signs and symptoms of such reaction. If participant is prone to severe allergic reaction please be sure to provide them with their appropriate medication (epinephrine pen) and make camp director and staff aware of these circumstances!**

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I understand the importance of disclosing all pertinent medical information; including, but not limited to, medical history, environmental and medicine allergies, health and physical ailments, and all current medications. I have also provided all food related allergies to the best of my knowledge. If I/my dependent is currently taking medication, and will be doing so on the trip, this has been indicated above. If my child becomes ill or injured during the trip, I give the event staff the authority to pursue appropriate medical assistance and understand that I will assume all costs acquired.

To the best of my knowledge all the information provided above is complete and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Additional Disclosures**

**Personal Responsibility Agreement**

All participants are responsible for creating and maintaining a positive environment for themselves and other members of the group. Participants and their guardians understand that a positive attitude will affect the outcome of the event for each individual. Participants are expected to engage in all activities within reason and ability.

Participants are responsible for their own choices and actions. Participants and parents agree that, once the event begins, the designated staff will make decisions not only for the group but also for individual members. These decisions are for the purpose of keeping the group safe during the event. Furthermore, participants and their guardians understand the importance of adhering to safety policies. Camp Venture staff reserves the right to remove the participant from the event if the participant exhibits dangerous, or otherwise inappropriate, behavior to him/her-self, staff, or other participants. This policy applies to all aspects of the camp including structured events, free time and travel.

If inappropriate behavior is displayed by my child I give Camp Venturocity staff permission to handle the situation as they see fit for the circumstances and the environment. Any participant not willing to follow directions from Camp Venturocity staff may be dismissed from the trip and resulting costs will be assumed by the participant/guardian.

**If a participant is determined to be out of compliance with Camp Policies he/she will be sent home. Travel and accommodations for such circumstances will become the responsibility of the participant's guardian and they assume all costs associated.**

**If the participant is found or suspected to be under the influence of, or in possession of, alcohol or drugs during the event, at any time, that participant's guardian, and possibly law enforcement, will be notified immediately.**

I understand that the vast majority of this event will be held outdoors and that this environment requires special considerations. This includes being aware of my surroundings at all times; and being considerate of the environment and everything that inhabits it. Every outdoor event has an inherent risk/danger associated with it, which could ultimately result in injury or, in extreme circumstances, loss of life. I understand that while the program and its staff will make every reasonable effort to minimize exposure to known risks, not all danger, hazards or perils can be avoided. I understand and have explained to my child the importance of adhering to safety policies; especially in the outdoor environments. I understand that unsafe behavior can lead to serious injuries or death and will not be tolerated.

By signing below the participant and guardian, acknowledge the expected behaviors and responsibilities throughout the entirety of the event.

Participant Signature \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Any Preferences to who you would like to bunk/group with shall be listed below and will be considered:  
(There will be no coed bunk houses.)

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By signing this permission waiver I give \_\_\_\_\_ permission to attend the Camp Venturocity 2018 Event. I agree that all information provided above is correct and complete. By signing below I am stating that I have reviewed, understood, and accepted all information provided on this registration form. Furthermore, participant/guardian agree not to hold any Camp Venturocity staff, Tribal entities, SUCAP, or any other affiliated entity, liable for any injuries or theft of personal belongings that occur during the event.

Participant / Parent Signature: \_\_\_\_\_  
(Parent signature required if participant is under the age of 18)

Date \_\_\_\_\_

Peer Leader Registration (y/n): \_\_\_\_\_ Note: Must be going into 10-12<sup>th</sup> grade and must attend training on May 30<sup>th</sup> from 8am-5pm in Ignacio.

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**Legal Disclosures**

**PLEASE READ CAREFULLY BEFORE SIGNING**



**Agreement for Assumption of Risk, Waiver and Release of Liability, and Indemnification**

In consideration of allowing my child to participate in the Southern Ute Indian Tribe/SUCAP Camp Venturocity ("Program"), I acknowledge and agree as follows:

1. **Assumption of risk.** There are inherent dangers associated with the Program and these dangers may be increased when the participants are minors. I understand and acknowledge that such risks cannot be eliminated nor does the Southern Ute Indian Tribe ("Tribe") have the duty, responsibility or ability to eliminate such risks due to the nature of such activities. The risk of serious personal injury or death from participation in the Program may be very high and includes the potential for injuries or death as described in Appendix A, which is attached hereto and fully incorporated herein and made a part hereof.

I knowingly assume all such risks of injury or death, whether identified in Appendix A or not, that may result from my child's participation in the Program and I assume full responsibility for my child's participation.

2. **Program Independent Contractor.** I understand and acknowledge that the Tribe may hire an Independent Contractor(s) to operate and direct the Program. The Tribe and SUCAP Youth Services, therefore may not exercise every day-to-day control or supervision over the Program and therefore have no duty of care toward my child as a participant in this event or to protect him/her from injuries or harms arising from the actions or negligence of the Independent Contractor. I understand and acknowledge that the Tribe may sponsor the Program, but that this sponsorship does not give the Tribe any control over the provision of services from any Independent Contractor.

3. **Waiver and release of liability.** For myself, my child participating in the Program, and my heirs, I hereby waive and release the Tribe, its Tribal Council members, appointed officials, employees, and agents (collectively "released parties") from all claims, liabilities, causes of action, and damages that in any way arise out of, are connected with, or result from my child's participation in the Program.

4. **Agreement to pay costs and attorney fees.** For myself, my child participating in the Program, and my heirs, I agree that if I make any claim or bring any suit against the released parties, the prevailing party shall be entitled to recover reasonable attorney's fees and costs.

5. **Indemnification.** I agree to defend and indemnify the released parties for any loss or damage that results from claims or lawsuits for personal injury, death and/or property loss or damage related in any way to my child's participation in the Program in any capacity whatsoever.

6. **Governing law, forum, and non-waiver of immunity.** The forum for the resolution of any dispute arising from this agreement shall be the Southern Ute Indian Tribal Court and the governing law shall be tribal law. Nothing in this agreement, however, shall constitute a waiver of any immunity of the Tribe.

I verify that I am the parent or guardian of the participant identified below who is under 18 years of age or the adult in whose care the participant has been entrusted. I have read and understand this agreement. Prior to signing this agreement, I have had the opportunity to ask any questions about this agreement and the Program. I understand that (1) the Program provides only limited supervision of minors, and, (2) participants who are under 18 years of age may not always be aware of the inherent risks associated with participation in the Program. In addition to the terms of the agreement set forth above, therefore, I agree that it is my duty and responsibility, as either a parent or guardian, or as the adult in whose care the participant has been entrusted, to provide supervision in an effort to protect the participant from harm associated with participation in the Program. By signing below, I am (1) entering into this agreement on my own behalf and on behalf of the participant, (2) representing, if I am an adult in whose care the participant has been entrusted, that I have the authority to sign this document on behalf of the participant, and (3) agreeing to be bound by the terms of this agreement.

Participant's Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

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

## **Camp Venturocity 2018 : Scholarship Application**

Your answer needs to be typed and written in accordion-style paragraphs. Each essay must include an introductory paragraph (5 sentences), a body paragraph (8 sentences) and a concluding paragraph (5 sentences).

Each essay will be scored using 4 points for each of the following elements: 16 out of 20 (80%) will earn a scholarship. Less than 16 will not. If your essay scores below 16 points, you will have the option to correct it and try again.

1. The title should indicate which question you have chosen.  
The writing is clear and answers the question.
2. The writing is nearly free of errors (grammar and spelling).
3. The writing includes specific details, explanations and examples and is clearly organized and developed.
4. The vocabulary is precise and engaging. There are no meaningless terms, such as “stuff” and “things”.
5. There are a variety of sentence structure patterns.

Answer **one** of these four questions:

1. Why do you want to attend camp this summer, and explain what you believe you have done to earn a scholarship?
  - a. *We would be interested in what hardships you overcame this past year or achievements you are particularly proud of. How did you make this happen or who do you credit with helping you?*
2. Explain what you want your life to be ten years from now, and explain how you plan to get there.
  - a. *Use SMART (Specific, Measurable, Action-oriented, Realistic and we gave you the Timeframe) goals and language to help.*
3. If you could design an after-school program to attract middle school students, what would that look like and why?
  - a. *How would you recruit? How would you make it more than just fun? How would you incorporate “character counts”?*
4. What is your spirit animal?
  - a. *Explain your connection to nature, the outdoors. Why do you need nature? What connects you to this animal?*

COTTONWOOD GULCH FOUNDATION  
*Small Group Wilderness Expeditions since 1926*



Dear Parents and Students,

Hello from Cottonwood Gulch, we are excited for you to join us!

Cottonwood Gulch Expeditions has been leading wilderness courses in the Southwest since 1926. As an educational nonprofit, our mission is to promote personal growth, scientific, historic, and cultural discovery as well as a knowledgeable environmental ethic among all students who join our expeditions. Founded originally by Mr. Hillis Howie, a school headmaster and outdoor education pioneer from Indianapolis, the "Gulch" today manages a 540-acre nature preserve and low-impact education facility in the Zuni Mountains of northwestern New Mexico and sponsors several summer expeditions for elementary, middle and high school students. These treks focus on the natural science and cultural history of the area. Each summer, the Gulch is home to about 150 students, ages 10 to 19, from all over the country and world. Alumni from the past 90 years of expeditions include Senators Mark Udall (CO) and Martin Heinrich (NM), authors like Kurt Vonnegut, Jr. and Douglas Preston, and countless professional geologists, biologists, archaeologists, and environmentalists.

**SAFETY** For parents, please know that safety is a big priority for us. While students are in an outdoor rustic setting for the entire time, the group will explore and learn together with their teachers, chaperones and Gulch instructors for the entire day. We will be emphasizing a safe and responsible way to explore nature. Our programming stems directly from the Gulch's 90 years of experience leading expeditions in this landscape. Instructors are certified in a minimum of Wilderness First Aid and CPR in order to assess medical issues should they arise on our trip.

**CHALLENGE** Our goal is to instill a sense of wonder and awe for students in nature while challenging them to explore living in community and pushing their personal limits while expanding their individual comfort zones. These trips have elements which are fun and exhilarating and also elements which may stretch student's sense of their personal abilities and can at times be somewhat uncomfortable. We are with them along the way to support and encourage each child!

**AT HOME BEFORE** It's essential to make sure students come prepared for the weather that occurs on our trips! Please make sure to work with your student to pack EVERYTHING on the list. Please take the time to talk about what challenges may arise for your student and encourage them to have the courage and creativity to meet these challenges.

**AT HOME AFTER** When we return back to school, not only will your student be a little dirtier, but they will also have great stories and tales of their adventures, challenges and endeavors. We encourage you to explore the learning that is ripe from these experiences and help them see their accomplishments as amazing! We find this type of reflection from parents can help distill the resiliency and confidence created in outdoor education for the student to make a part of their everyday life!

We look forward to spending more time with the students on this expedition and getting an infusion of their inquisitive spirits and enthusiasm. Great adventures await us!

Warm Regards,

The Staff at Cottonwood Gulch  
(505) 248-0563





# COTTONWOOD GULCH EXPEDITIONS

## School Group Participant Info & Health History Form

COMPLETE, SIGN & RETURN TO: COTTONWOOD GULCH, 9223 4th St. NW, ALBUQUERQUE, NM 87114

GROUP \_\_\_\_\_

TREKKER NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT(S)/GUARDIAN(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH INSURANCE? YES/NO (CIRCLE ONE) INSURANCE COMPANY \_\_\_\_\_ ID # \_\_\_\_\_

GROUP # \_\_\_\_\_ NAME OF PRIMARY INSURED \_\_\_\_\_

IF UNAVAILABLE IN AN EMERGENCY, CAMP SHOULD NOTIFY: #1 \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

IF UNAVAILABLE IN AN EMERGENCY, CAMP SHOULD NOTIFY: #2 \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

### PARENT AUTHORIZATION TO PROVIDE MEDICAL TREATMENT

THE HEALTH HISTORY DESCRIBED BELOW IS CORRECT SO FAR AS I KNOW, & THE PERSON DESCRIBED HEREIN HAS PERMISSION TO PARTICIPATE IN ALL PRESCRIBED ACTIVITIES EXCEPT AS NOTED BY ME & THE EXAMINING PHYSICIAN. IN THE CASE THAT I CANNOT BE REACHED IN AN EMERGENCY I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL/PHYSICIAN SELECTED BY THE COTTONWOOD GULCH FOUNDATION, OR ITS EMPLOYEES, TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, & TO ORDER INJECTION, ANESTHESIA, OR SURGERY FOR MY CHILD AS NAMED ABOVE:

SIGNATURE OF PARENT OR LEGAL GUARDIAN (if minor): \_\_\_\_\_ DATE: / /

### HEALTH HISTORY TO BE COMPLETED BY PARENT (PLEASE INCLUDE APPROXIMATE DATES AND DETAILS OF ILLNESS/INJURY):

MUSCULOSKELETAL INJURIES (RESOLVED?) \_\_\_\_\_

ALLERGIES, SENSITIVITIES, DIETARY RESTRICTIONS \_\_\_\_\_

HEAD INJURIES, CONCUSSION, KNOCKED UNCONSCIOUS (RESOLVED?) \_\_\_\_\_

SKIN PROBLEMS \_\_\_\_\_

ASTHMA OR OTHER BREATHING PROBLEMS? \_\_\_\_\_

HAS YOUR CHILD BEEN STUNG BY A BEE? YES / NO (CIRCLE ONE) REACTION? \_\_\_\_\_

DIABETES? \_\_\_\_\_

HEART CONDITIONS? \_\_\_\_\_

SERIOUS MEDICAL CONDITIONS, INFECTIONS \_\_\_\_\_

OPERATIONS OR HOSPITALIZATIONS \_\_\_\_\_

DISABILITY OR CHRONIC/RECURRING ILLNESS \_\_\_\_\_

PSYCHIATRIC TREATMENT OR COUNSELING \_\_\_\_\_

LEARNING CHALLENGES/ SPECIAL SERVICES RECEIVED DURING THE SCHOOL YEAR \_\_\_\_\_

CURRENT MEDICATIONS (NAME, FREQUENCY, DOSE AND REASON) \_\_\_\_\_

FOR FEMALES: FIRST MENSTRUAL PERIOD \_\_\_\_\_ LAST MENSTRUAL PERIOD: \_\_\_\_\_

OTHER HEALTH INFORMATION THAT MAY BE HELPFUL TO OUR STAFF (USE ADDITIONAL SHEET IF NEEDED) \_\_\_\_\_

### IMAGE RELEASE

I, \_\_\_\_\_, THE PARTICIPANT (OR LEGAL GUARDIAN OF THE CHILD) LISTED ABOVE, HEREBY GRANT THE COTTONWOOD GULCH FOUNDATION PERMISSION TO USE MY CHILD'S PHOTOGRAPHIC IMAGE, AUDIO AND VIDEO RECORDED LIKENESSES, AND WRITTEN MATERIALS FOR USE IN ITS PROMOTIONAL MATERIALS. THIS USE MAY INCLUDE, BUT IS NOT LIMITED TO, THEIR BROCHURE, WEB SITE, FOUNDATION REPORTS AND NEWSLETTERS, PRESS RELEASES, PROMOTIONAL AND ARCHIVAL AUDIO AND VIDEO RECORDINGS AND RECRUITING PRESENTATIONS.

SIGNATURE OF PARTICIPANT (or parent/guardian-minors): \_\_\_\_\_ DATE: / /

REV 2/17

IMPORTANT: PLEASE NOTIFY THE DIRECTOR IF THIS CAMPER IS EXPOSED TO ANY COMMUNICABLE DISEASES DURING THE THREE WEEKS PRIOR TO THE START OF THE SESSION.

**PARTICIPANT'S AGREEMENT**

In consideration for the services of New Mexico River Adventures Inc., its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter collectively referred to as N.M.R.A.) I hereby agree to waive, release and discharge N.M.R.A. on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based education/activities such as river trips, rock climbing, kayaking, hiking and camping, hunting, fishing, pack trips, mountain biking, horseback riding and rescue education/operations entail both known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or other damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without significantly compromising the essential qualities of the activity. Furthermore, I acknowledge that N.M.R.A. guides must not be held accountable for my fitness or abilities, my failure to heed any warnings or follow any instructions, the reckless or negligent acts of others, predicting weather conditions, or the malfunction of any equipment used by N.M.R.A.
2. I expressly agree and promise to accept and assume all of the risks related to in any activity in which I participate with N.M.R.A. My participation in any activity with N.M.R.A. is purely voluntary on my part, and I elect to participate in spite of the risks.
3. I hereby voluntarily waive, release, forever discharge, and agree to indemnify and hold harmless N.M.R.A. from any and all claims, demands, or causes of action which are in any way connected with my participation in any N.M.R.A. activity or my use of N.M.R.A.'s equipment or facilities, including any such claims which allege negligent acts or omissions of N.M.R.A.
4. If N.M.R.A. or anyone acting on its behalf is required to incur attorney's fees or costs to enforce this agreement, I agree to indemnify and hold N.M.R.A. harmless for all such fees and costs.
5. I certify that I either have adequate insurance or will personally bear whatever loss I might suffer in the event of any injury or damage which I may experience while participating in any activity with N.M.R.A. I further certify that I am not aware of any medical or physical condition that I may have which could jeopardize my safety while participating in any activity with N.M.R.A. In any event, I assume and accept all risks that may be related to participating in any N.M.R.A activity with such condition.
6. In the event that I file any lawsuit against N.M.R.A., I agree to do so only in the County of Rio Arriba, New Mexico, USA, and that the substantive law of New Mexico shall apply in any such action filed without regard to any conflict of law rules of New Mexico.

By my signature below, I acknowledge that if I suffer any injury or property damage during my participation in any N.M.R.A. activity, I may be found by a court of law to have waived my right to maintain any lawsuit against N.M.R.A. because I have agreed to the terms stated above in this document.

I also acknowledge by my signature below that I have had sufficient opportunity to read this entire document, that I have read and understood it, and that I agree to be bound by its terms.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ PRINT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL INDEMNIFICATION**  
(Must be completed for participants under the age of 18)

On behalf of \_\_\_\_\_ (print minor's name) (hereinafter referred to as Minor) the undersigned,  
\_\_\_\_\_ (print name of parent/guardian) represents that I am the parent and/or guardian of Minor, and that Minor is bound by the above stated terms of this document as a condition to N.M.R.A. allowing Minor to participate in any N.M.R.A activities. Furthermore, I agree to indemnify and hold harmless N.M.R.A. from any and all claims against N.M.R.A. which may be brought by or on behalf of Minor that are in any way related to Minor's participation in any N.M.R.A. activities.

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Cottonwood Gulch Expeditions  
Participant Agreement**

**(Acknowledgement of Risks and Agreement of Release and Indemnity)**

In consideration of being allowed to participate in activities and expeditions conducted by the Cottonwood Gulch Expeditions (CGE), I, \_\_\_\_\_ (Participant) acknowledge and agree as follows: CGE programs may include hiking, backpacking, rock climbing, tree climbing, rafting, ropes courses, canyoneering, swimming, boating, farming, sleeping outdoors and similar outdoor activities. I realize that the enjoyment and excitement of an adventure program such as this is derived in part from the inherent risks involved in these activities, which may be beyond the risks that I face in daily life at home. I promise to follow the instructions of CGE staff and group leaders at all times and ask questions when I do not understand because my failure to do so could increase the risks for all participants.

CGE staff members and representatives are trained to provide for the safety of all those engaged in CGE programs. However, some risks are unavoidable, including the failure of equipment used in the activities and unpredictable weather conditions. Also, CGE operates in inaccessible areas where medical treatment may be delayed. These risks are inherent in the activities—that is, they cannot be completely eliminated without altering the nature of the activities and their appeal. These risks may cause bodily injury, and in extreme cases even death. I declare that I am in good health and fully capable of participating in the activities without causing harm to myself or others. I am not, and during the activity will not be, under the influence of any non-prescribed chemical substance, including alcohol. I will voluntarily withdraw from any activity if, for any reason, I feel that I might place myself or others in danger.

I voluntarily choose to participate in these activities and this expedition and to follow instructions and bring to the attention of the staff any instruction or condition which I believe is a danger to myself or others. I assume full responsibility for all risks of the activity, whether or not described above. I agree to release CGE, its members, officers, directors, staff and contractors (referred to herein as "Released Parties") from any and all liability, causes of action, claims and demands of every kind and nature whatsoever (including legal costs and fees), whether for bodily injury, death, property damage or other loss, which may arise in connection with my enrollment or participation in CGE activities or the use of CGE's equipment, vehicles, or premises. I further agree to defend and indemnify (that is, protect by payment or reimbursement) Released Parties from any and all claims arising out of my enrollment or participation in the activities, or the use of the Organization's premises, vehicles, or equipment, whether the loss is incurred by or caused by me, including a claim of a member of my family arising from an injury, death or other loss suffered by me. These agreements of release and indemnity include an injury, death or other loss arising in whole or in part from the negligence, or a claim of negligence (but not the gross negligence or intentionally wrongful conduct) of a Released Party.

I agree that any dispute concerning this agreement and events that occur during my participation in CGE activities will be resolved exclusively by binding arbitration in Albuquerque, Bernalillo County, NM according to the then existing rules of the American Arbitration Association, and any legal actions initiated hereunder will be filed and adjudicated in said jurisdiction according to the substantive laws of the State of New Mexico.

I have read and agree to the terms and conditions herein.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

In the event that Participant is a minor (under 18 yrs.): I, \_\_\_\_\_, (parent/guardian) for myself and \_\_\_\_\_ (minor), have carefully read this agreement and I agree to defend, release, indemnify and hold harmless CGE from any and all claims (including legal costs and fees) brought by or on behalf of me or the Participant which are in any way related to his or her enrollment or participation in CGE activities or the use of its premises, vehicles, or equipment and that any claims will be resolved through binding arbitration in Albuquerque, NM. The claims hereby released include those of negligence, but not of gross negligence or intentionally wrongful conduct.

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Rev. 9/16