



## Dear Parents and Participants of Quaker Ridge YFC Campers,

YFC Camp utilizes CampDoc.com to offer online electronic health record system for our camps. The system consolidates and integrates camper health information and consent forms into a centralized and secure database.

The security, confidentiality and privacy of your child's personal health information will always be protected. Only YFC Camp staff and your local YFC trip leader will have access to camper health information. This is no different than who has had access to the information than in the past – if anything, it is fewer people. The CampDoc.com site is secure, encrypted and password protected.

### How to Register and Fill out the Electronic Medical Record:

1. Go to [app.campdoc.com/register/yfc](http://app.campdoc.com/register/yfc)
2. Enter your email and begin filling out the form (if returning, it is same login info as 2017)
3. Register for your "session" by select the group your child will be attending camp with.
4. The next step will offer you a "Protection Plan." This is a supplemental insurance service provided by CampDoc company and is not an offering of Youth For Christ USA. This is completely your choice as a parent to purchase but **please note it is not a requirement of YFC Camp in order to attend camp with us.**
5. Continue to work through the steps completing your child's "Health Profile." All the red buttons along the right side of your screen will be green when the Health Profile is completed.

### Things to Note:

- Most of the forms are E-Signature. These are accepted as legal signatures.
- There will be 3 forms requiring download and/or upload in order to capture doctors' signatures. Please pay attention to everything being asked for. Connect with your child's YFC trip leader if you need assistance uploading them to your child's health profile. They have been trained and have access to the system.
- These download/upload forms are:
  - Medication Administration Authorization – (*Customized with your child's medication information that you enter in and asks for a doctor's signature.*)
  - Immunization Record – (*upload best records you can acquire*)
  - Healthcare Provider Form – (*Combines the physical exam sheet with special treatment plans for allergies and diabetic care, all requiring doctor signatures. Fill out what is relevant to your child.*)
- The system saves everything automatically as you work through it. Don't let the fact that there is no "Save" button throw you off J
- You will receive periodic notifications from the system if you have not completed required health information.
- Uploading can consist of a HIGH QUALITY, WELL-LIT photograph (via a cell phone) ONLY if it is readable. If the photo is questionable at all – it will not be accepted.
- **ACTIVITY WAIVERS** are in various formats and NOT in CampDoc
  - **Rock Climbing** is a hybrid paper and online process. Follow instructions on following pages.
  - **Whitewater Rafting** is a separate, but fully online process in 2018. Follow instructions on following pages.

### CampDoc Support Info:

- [help@campdoc.com](mailto:help@campdoc.com)
- 734.636.1000
- Your YFC Trip Leader

We are excited to continually evolve, building safer, more productive and more efficient systems to create the best experience for you and your child! We cannot wait to see you this summer!

**Sarah Nelson**

YFC Camping Specialist & Registrar

**CROSS BEARING ADVENTURES**  
**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Cross Bearing Adventures, LLC., 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 "CBA"), I hereby agree to release, indemnify, and discharge CBA, on behalf of myself, my children, my heirs, assigns, personal representative and estate as follows:

I acknowledge that outdoor adventure based activity which may include, but is not limited to: high and low ropes courses, hiking, camping, rappelling and rock climbing entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** Slipping and falling, falling objects, other people, rope abrasion and entanglement, injuries resulting from climbing and rappelling, belaying, lowering on a rope, rescue systems, ropes course, exhaustion, exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, equipment failure including ropes, slings, pulleys, harnesses, hardware, belay devices, anchor points and other gear used in activity, improper lifting or carrying.

I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks. **Participant may not participate in the program if he or she has any medical (mental or physical) condition which may induce risk to himself or herself or to other participants or staff.** By signing below, the Participant or responsible parent/guardian acknowledges there are no known health issues, medical concerns or conditions unstated.

**I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CBA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CBA's equipment or facilities, including, but not limited to any such claims which allege negligent acts or omissions of CBA.**

Should CBA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, and if CBA is the prevailing party, I agree to indemnify and hold them harmless for all such fees and costs. In the event that I file a lawsuit against CBA, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of Colorado shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

**By signing this document, I acknowledge that I am waiving my rights to any and all claims arising out of my participation in CBA activities which may be against CBA and its parties. I have had sufficient opportunity to read and understand this entire document and I agree to be bound by the terms outlined herein.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell \_\_\_\_\_

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

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by CBA to participate in its activities and to use its equipment and facilities, I further agree to (voluntarily release voluntarily release, forever discharge, and agree to indemnify and hold harmless CBA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of CBA's equipment or facilities, **including, but not limited to any such claims which allege negligent acts or omissions of CBA.** I agree to indemnify and hold harmless CBA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ v.2013

## 2018 CITY OF COLORADO SPRINGS | ROCK CLIMBING PERMIT

The Rock Climbing Permit for the City of Colorado Springs MUST be filled out online at this link:

<https://parks.coloradosprings.gov/parks-recreation-and-cultural-services/webform/rock-climbing-permit>

**Parent/Guardian: Please sign below verifying that you went to this website and completed the rock climbing permit for your child. Failure to do so will prohibit your child from participating in rock climbing/rappelling activities at YFC Camp Quaker Ridge.**

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Signature of Parent/Guardian

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Date