

Welcome to our 2022 Adventurelore Summer Program! This is our 41th year and we are so glad to have such great repeat campers. If you are coming to Adventurelore for the first time, get ready for an amazing experience, new friendships and life long memories.

Our camp registration forms follow. Please complete, sign and return to us ASAP.

A \$200.00 (non-refundable) deposit per program is required to register. We are unable to hold a spot without this deposit. We accept MASTERCARD, VISA, DISCOVER.

All camp programs leave from our headquarters in Danville, NH. We provide transportation to and from camp locations.

2022 JUNIOR PROGRAMS	ARRIVE @ DANVILLE
5 Day JR 1 Woodstock, NH (July 11- July 15) \$1,225	Monday, June 11 @ 10:00am
5 Day JR 2 Woodstock, NH (July 18- July 22) \$1,225	Monday, July 18 @ 10:00am
6 Day JR 3 Franklin, ME (August 1- August 6) \$1,335	Monday, August 1 @ 9:00am
2022 SENIOR PROGRAMS	ARRIVE @ DANVILLE
8 Day XC Challenge (June 25 – July 2) \$1,995 with out bike \$1,695	Saturday, June 25 @ 9:00am
8 Day Land & Sea (July 7– July 14) \$1,795	Thursday, July 7 @ 9:00am
8 Day White Mountain (July 31 – August 7) \$1,695	Sunday, July 31 @ 10:00am
6 Day GIRLS Adventure (July 25 – July 30) \$1,335	Monday, July 25 @ 9:00am
6 Day Girls White Mountain Adventure (June 26- July 1) \$1,335	Sunday, June 26 @ 10:00am

Each program returns to Danville at approximately 3pm. We will make every effort to contact you should this change. Please allow some time for post-trip conferences.

Any questions you have, we can answer! Call us @ 603-382-4661, or email us at lexi@adventurelore.org

We are ready for another FUNtastic summer. All we need is you!

ADVENTURELORE, LLC
197 Long Pond Road, Danville NH 03819
Phone: 603-382-4661 – Fax: 603-382-0571

We recommend you use a duffle bag for all your child's belongings. On your arrival day, *please bring a backpack with your own lunch, water, bathing suit and towel.*

PLEASE LABEL EVERYTHING! Unclaimed clothing is donated to charity. We are not responsible for lost or stolen valuables. Use of personal cell phones or electronics will not be allowed during programs. Cell phones will be collected by our staff and returned at the end of the program.

ALL PRESCRIPTION MEDICATION MUST BE GIVEN TO ADVENTURELORE STAFF @ REGISTRATION

WHAT TO BRING: again, PLEASE LABEL EVERYTHING!

- Sleeping bag/ pillow
- Tent (1-2 person)
- Mess kit
- Water bottle
- Flashlight
- 2 pairs of sneakers or
- 1 pair of sneakers/ 1 pair of hiking boots
- 1 pair of warm socks
- Underwear & socks (for length of trip)
- Bathing suits (2)
- Beach towels (2)
- Water shoes/ sandals with straps
- Shorts/ t-shirts (for length of trip)
- 2 Dri-fit /wicking t-shirts
- 2 Sweatshirts/ sweatpants
- Raincoat
- Hat w/visor
- Compass
- Swiss army knife (folding type) ONLY on SENIOR trips with staff knowledge

MONEY: campers do not “need” money, but they may wish to bring some for souvenirs, store stops, ice cream, etc.

ITEMS NOT ALLOWED: knives, weapons, slingshots, fireworks, tobacco products of any kind, alcohol and drugs.

Personal Information					
Camper's Name					
Address					
City, State, Zip					
Age	DOB	Height	Weight	Hair Color	Eye Color

Parent Information	
Parent's Name	
Address	
City, State, Zip	
Home Phone	
Cell Phone	
Work Phone	
Email	

Emergency Contact Information	
Name:	Phone:
Name:	Phone:

Insurance Information	
Insurance Company & Policy Number	
Subscriber Name and ID	

Physician Information	
Primary Care Physician	
Address	
City, State, Zip	
Phone	
Other Physician's (if necessary)	
Specialty	
Phone	
Other Physician's (if necessary)	
Specialty	
Phone	
General Health (please circle)	Excellent Good Fair
Date of last well check-up	
Date of last Tetanus	

Medical Information		
Diagnosis		
Name of Medication	Dosage	Reason for Taking

Please circle **yes (Y)** or **no (N)** for each of the following:

Eyeglasses **Y/N**_____ Contacts **Y/N**_____ Sleep Walking **Y/N**_____

Asthma **Y/N** _____ Migraine **Y/N**_____ Nightmares **Y/N**_____

Seizures **Y/N**_____ Enuresis **Y/N**_____ Allergies **Y/N**_____

Please note any pertinent information related to the physical, medical history or well being of this child. Please include any precautions for medications, any special arrangements or considerations you would like us to know.

To help our staff become familiar with your child, kindly take a few moments and tell us, in your own words, about your child, their strengths and weaknesses, etc. Please be as candid and descriptive as possible, as the more informed we are about each and every child, the better prepared we can be to provide the ideal program experience.

Acknowledgement of Risk and Liability Release Form

Adventurelore is extremely proud of our safety record. We encourage parents and participants to discuss any safety concerns with us. We bring together a carefully selected, trained and experienced staff to provide quality programs. Safety is of paramount importance. However, despite our best capabilities, the possibility of an accident does exist and it is impossible to guarantee that injury will not occur. Therefore, as a condition of acceptance and participation in our program, we ask that you read and sign this form. In consideration of the services of Adventurelore Programs (including all counseling components), its agents, owners, officers, employees, sub-contracted members and all persons or entities acting in any capacity on its behalf, I agree to release and discharge Adventurelore on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge the activity my child will engage in bears known and unanticipated risks that could result in injury, illness, disease, emotional distress, death, and/or damage to third parties. The following describe some, but not all risks of injury and/or damage as a result of hiking, canoeing, kayaking, sailing, tubing, camping, bouldering, rock climbing, fishing, wrestling, trampoline use, ropes course, rappelling, bicycling, swimming, boating, white water rafting, games and activities. (Note: your child’s participation may not include all of these mentioned activities. In order to insure safety, we reserve the right to alter program formats due to weather and/or other unforeseen circumstances).

2. I agree to accept all risks existing in our activities. My child’s participation is purely voluntary, not forced.

3. I agree to hold harmless, release, forever discharge and indemnify Adventurelore from any and all claims, demands, liability and/or actions that may occur with my child’s participation in activities including those allegedly attributed to the negligent acts or omissions of Adventurelore.

4. Should Adventurelore or anyone acting on its behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify and reimburse them for such fees and costs.

5. I certify my child has health, accident and liability insurance to cover any bodily injury or property damage caused while participating in your program. I agree to bear the costs of such damage or injury.

6. I fully understand and acknowledge this agreement includes but is not limited to any bodily injury or property damage sustained on or in connections with the use of any premises, property or real estate owned in whole or in part by Adventurelore.

7. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my child’s participation in this program, I will have no right to make a claim or file a lawsuit against Adventurelore, its agents, owners, officers, employees, sub-contracted members, or any other person or entity acting in any capacity on its behalf even if they negligently cause such injury or damage.

Parent Signature	Printed Name	Date

Name of Camper	DOB

Consent to Treat and Informed Consent Release

I hereby give my permission for Adventurelore, LLC staff to provide any needed medical treatment for my son/daughter while he/she is attending camp. I specifically, give my permission for necessary care to be given to _____ (name of camper) by other medical treatment providers, including but not limited to, emergency services. I attest that my son/daughter has had a physical within the last twelve months and that the physical disclosed no medical conditions, other than those listed above, that would make participation in this camp a risk. I hereby acknowledge that participation in this camp and related activities is at the sole discretion and judgement of the parent or guardian and involves an inherent risk of personal injury. I, on behalf of my son/daughter, hereby assume all such risk. I hereby release and agree to hold harmless Adventurelore LLC, and its employees from all claims, actions, damages and liabilities for personal injury or damage relating to or arising out of any camp activity except where the injury or damage is caused by the gross negligence of the employees.

Parent Signature	Printed Name	Date

Photographic Release Form

I, the parent or legal guardian of a child participating in an Adventurelore, LLC camp program hereby authorize Adventurelore, LLC and those acting pursuant to its authority to: (a) Photograph or video my child; (b) Use, reproduce, exhibit or distribute in any form (e.g. brochures, videos, and website or any other form now or hereafter developed) these recordings for advertising purposes.

Parent Signature	Printed Name	Date

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICINES

Camper name: _____ Trip: _____

Adventurelore LLC staff has my permission to administer Tylenol, Benadryl, and/or Ibuprofen and their generic equivalents if deemed helpful or necessary for my child during participation in our programs.

Parent Signature

Printed Name

Date

All campers must have had a physical exam in the last 12 months and have been deemed fit for participation in all activities.

Parent Signature

Printed Name

Date