



CAMP ME REGISTRATION

CAMP DATES: AUGUST 30, 2024 - SEPTEMBER 2, 2024

*** APPLICANTS MUST BE AGES 11-17 & INTERMEDIATE TO ADVANCED DANCE LEVELS**

CAMPER INFORMATION

Name: _____ Sex: _____ Birthday: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Tee shirt size _____
S/ M/L/XL

PARENT INFORMATION *(please note if parent address is different from student address)*

Parent / Guardian Name #1: _____ Cell Phone No.: _____
Email: _____
Parent/ Guardian #1 Address (if different from student address above):

Parent / Guardian Name #2: _____ Cell Phone No.: _____
Email: _____

EMERGENCY/MEDICAL INFORMATION

Contact Name #1: _____ Emergency Phone No.: _____
Contact Name #2: _____ Emergency Phone No.: _____
Allergies: _____
Medications: _____
Medical Conditions: _____
Insurance Company: _____ Policy Number: _____
Phone Number: _____

PARTICIPATION AGREEMENT

I the parent or legal guardian of the applicant listed above, hereby give approval of the applicant's participation in any and all of CAMP ME classes, programs, and activities. I do waive, release, absolve, indemnify, and agree to hold harmless the organizers, sponsors, supervisors, participants, and all persons involved in the operation of CAMP ME's programs for any claims arising out of injury or other loss to the named applicant.

Print Name: _____

Signature: _____ Date: _____

DROP OFF AND PICK UP INFORMATION

Drop off and check in - Friday, August 30, 2024 (11:00 am – 12:00 noon)

Pick up and check out - Monday, September 2, 2024 (10:00 – 11:00 am)

Drop off and pick up times will be strictly enforced, as this is a private facility.

LIABILITY RELEASE

I am aware that dance training and the athletic exercises associated with it place unusual stress on the body and carry the risk of physical injury. On behalf of my child and myself, I assume the risk and agree that CAMP ME, its instructors, it's director, Eddie Garcia and all associated personnel shall not be liable in any way for injuries sustained during attendance at the camp or any of its related functions. I understand that dance classes and camp activities may involve hands on positioning, adjusting and cueing of the student's body by the instructor in order to provide the highest level of training.

MEDICAL RELEASE

I understand that, should an event requiring medical attention arise, that every effort will be made to contact the listed parent/guardian, emergency contact person, and/or doctor submitted in the application. In the event that the aforementioned parties cannot be reached, I hereby give my permission to the management, faculty, staff and chaperones of CAMP ME, its instructors or director, Eddie Garcia, to authorize any emergency medical care that may be required for the above student during participation in classes, performances, or any related CAMP ME events. This authorization extends until the student is no longer enrolled at CAMP ME and is no longer on the premises of CAMP ME. I understand that I am responsible for any and all charges as a result of such care or medical treatment.

PHOTO RELEASE

I hereby authorize CAMP ME, and it's director, Eddie Garcia, and it's associated staff and instructors to record my child's image or voice to publically promote the CAMP ME event(s) and website and brand. I understand that the images and or recordings may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me or my child by reason of such use.

TUITION AND PAYMENT AGREEMENT

I agree to pay CAMP ME for the above student, per the published tuition rates for the dance camp. I understand that I can make payments by check, payable to CAMP ME, by PayPal or credit card and that there will be a \$35 charge for all returned checks. I understand that payment of the camp tuition entitles students enrollment to the dance camp for the specific week applied for/paid and that no refunds partial or otherwise, are given for classes missed because of illness, vacation or camp closings due to acts of God such as inclement weather. I understand that the initial deposit of \$200 is non-refundable and required to secure admission.

I have read, understand and agree to the Liability Release, Photo Release, Medical Release and Tuition Payment Agreement.

Print Name: _____

Signature: _____ Date: _____



CAMP ME CAMPER CODE OF CONDUCT

Camp ME wants to insure that all campers have a fun, exciting time during their camp session. With that in mind, there are behavioral guidelines campers are expected to follow. While Camp ME anticipates a few minor issues, it is good for all to understand the kind of conduct that allows everyone to enjoy a positive experience. Campers and their parent/guardian must read and sign this agreement and return it with the application.

At Camp ME the simplest guideline is to treat others the way you want to be treated by:

- Giving everyone in the camp community respect at all times.
- Showing respect for other's personal belongings, privacy, and feelings.
- Appreciating and caring for the camp's facilities, property and equipment.

- Staying in the presence of camp staff at all times.

- Using appropriate language and gestures.

- Staying safe and never engaging in an activity which puts you, other campers, or staff at risk of injury.

All campers must agree to abide by the Camp ME rules, and to always follow the directions and guidance of the camp staff. Campers who fail to follow these behavioral expectations will receive guidance from the staff. If these issues persist, the parent/guardian will be contacted by phone and asked for assistance in helping their camper make better, more positive choices. If the behavior does not improve, the camper may be asked to leave the Camp ME. Parents will be responsible for their campers travel to and from camp.

IMPORTANT: Campers asked to leave camp for behavioral reasons receive no refund of any kind.

Examples of behaviors that are considered serious and can result in immediate expulsion from camp include, but are not limited to:

1. Possession, or use of, any item deemed dangerous by Camp staff, including: weapons; illicit or illegal drugs or other controlled substances; tobacco products of any kind; or alcoholic beverages.
2. Physical abuse including hitting, kicking, or pushing other campers or staff.
3. Repeated failure to follow staff instructions, particularly involving situations that put anyone in danger.
4. Leaving Camp property or a program area without the permission of Camp staff.
5. Verbal abuse of other campers or staff.
6. Behavior that negatively impacts another camper's experience.

7. Threatening harm to themselves or other campers during my stay at camp.

I have read and understand these behavioral expectations and I agree to abide by them at all times.

Signature of Camper _____ Date _____

I have read and understand these behavioral expectations. Furthermore I have discussed these expectations with my child who has agreed to abide by them at all times during their stay at camp.

Signature of Parent/Guardian _____ Date _____

(Please submit your signed Camper Behavior Agreement with your pre-camp paperwork.)



PAYMENT

Enrollment fee for CAMP ME

August 30, 2024 – September 2, 2024

\$850 will include accommodations, meals, dance classes and all camp activities.

- An initial non-refundable, minimum deposit is \$200 to insure your camper's placement.

Payments	Amount	Due Date
Enrollment deposit	\$200 (non-refundable)	Upon registration
2 nd payment	\$200	May 2, 2024
Final payment	\$450	August 7, 2024

You may register online through PayPal by going to the Fees and Registration section of our website.

A one-time **\$45 fee** will be added to all PayPal transactions to offset transaction costs.

You may register online with a credit card by going to the Fees and Registration section of our website.

We accept any of the following major credit cards:
American Express, Discover, Visa and Mastercard.

A one-time **\$45 fee** will be added to all credit card transactions to offset transaction costs.

To avoid the PayPal and credit card processing fees, you may pay by check.

For your convenience payments may be divided into installments:

- \$200 enrollment deposit – due at initial registration.
- To inquire about payment plans please contact us at:
info@campme.org

Make checks payable to:

Camp ME
927 E Foothill Blvd.
Glendora, CA 91741



CANCELLATION POLICY & REFUND POLICY

- **ALL RETURNED CHECKS ARE SUBJECT TO A \$35 FEE.**
- **THERE IS A \$200 NON-REFUNDABLE ENROLLMENT FEE.**
- **NO REFUNDS AFTER MAY 2, 2024**



Camp ME

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION for being permitted to utilize the facilities, services, and programs of Camp ME (or for my children/camper(s) to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with Camp ME, the undersigned, for himself or herself and such participating children/camper(s) and any personal representatives, heirs, and next of kin (hereinafter referred to as "the undersigned") hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities and/or the affiliated program. It is further warranted that such entry into Camp ME for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children/camper(s).

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER CAMP ME FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY ON-SITE OR OFF-SITE PROGRAM AFFILIATED WITH CAMP ME, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN/CAMPER(S), HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Camp ME, its directors, officers, employees, volunteers and agents (hereinafter referred to as "releases") from all liability to the undersigned or such children/camper(s) and all personal representatives, assigns,

heirs, and next of kin of the undersigned for any loss or damage, and any claim or demands on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence, active or passive, of the releases or otherwise while the undersigned or such children / camper(s) is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Camp ME.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases, and each of them, from any loss, liability, damages or costs they may incur, whether caused by the negligence, active or passive, of the releases or otherwise while the undersigned or such children / camper(s) is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with Camp ME. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR, AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children/ camper(s) due to negligence, active or passive, of releasees or otherwise while in, about or upon the premises of Camp ME and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Camp ME.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ, UNDERSTAND AND AGREE TO THIS RELEASE

Printed Name of Children/Camper(s) in Camp ME program

Printed Name of Parent Applicant/Guardian

Signature of Parent Applicant/Guardian

Date

PACKING LIST

(Remember Old clothes are best)

MAKE SURE ALL CLOTHING, EQUIPMENT AND PERSONAL ITEMS ARE LABELED WITH CAMPERS NAME.

GENERAL:

- Bedding (sheets for twin bed) – warm sleeping bag & pillow
If you don't have sleeping bag – regular bedding and old warm blankets (which can also be used around the campfire)
- Wash cloth and bath towel
- Beach towels — can be used for bath or swimming
- Comb or brush
- Deodorant
- Feminine hygiene products
- Bug repellent (no aerosol sprays)
- Lip balm or chap stick
- Shampoo and conditioner
- Soap
- Sunscreen
- Tissues
- Toothbrush (in a container)
- Toothpaste
- Camera (optional)
- Laundry bag (an old pillow case works just fine)
- Reusable water bottle or canteen
- Flashlight and extra batteries
- Small backpack or tote for day-trips (optional)
- If you'd like a letter home we recommend a pre-addressed stamped envelope or postcard.
- Pen, pencil and paper

CLOTHING:

- Dancewear
- Dance Shoes – i.e. - jazz shoes, half soles, contemporary socks, sneakers (not the same as you'll be using for camp activities as they may get dirty)
- Bandana/scarf (optional)
- Hat (optional)
- Glasses/contacts and cleaning solution
- Sunglasses (optional)
- Light jacket
- Jeans (or long pants)
- Raingear and small umbrella
- Shorts (comfortable for dancing and/or hiking)

- Sweatshirt
- Warm sweater, jacket or coat
- Swimsuit (Boys – NO speedos)
- T-shirts
- Long sleeved shirts
- Tank tops
- Underwear
- Sweat pants or warm-up pants
- Pajamas
- Bras (sports bras)
- Athletic support (for male dancers)
- Hiking Boots (optional)
- Flip flops or sandals (optional)
- Tennis Shoes or closed-toe shoes (required for most activities)
- Socks

MEDICATION:

Make sure your camper brings their prescribed medications and that they have enough to last their time at camp. Any camper that does not bring their medication or enough supplies will be sent home, **no exceptions.**

- Prescription medication(s) (Must be in their original pharmacy container along with written instructions. All in a Ziploc plastic bag with the camper's name printed on it. PLEASE NOTE: If meds are not in the original container we cannot and will not administer them.)

CAMPER MAY NOT BRING THE FOLLOWING:

Food or snacks, radios, MP3 players, iPods, electronic games, expensive watches, jewelry, gum, candy, money, pocket knives or sharp objects, or other valuables. Such items will be confiscated and then returned at the end of camp.

NOTE: Cell phones/smart phones will be collected upon arrival. Camp staff will be taking pictures and video throughout the week.



CAMP ME

HEALTH HISTORY FORM FOR CAMPERS/STAFF ATTENDING CAMP ME

Name _____ Birth Date _____ Age at camp _____
Last First mm/dd/yyyy

Home Address _____
Street Address City Zip

Gender: Male Female

Custodial parent/guardian _____ Phone _____ Cell phone _____

Home Address (if different from above) _____

Business Address _____

Second Parent or guardian emergency contact _____

Address _____ Phone _____ Cell Phone _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____ Relationship to participant _____

Insurance ID number _____

IMPORTANT – this box must be complete for attendance to Camp ME

Permission to provide necessary treatment or Emergency Care:

I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency,

I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent or guardian or adult camper/staffer _____

Date _____

HEALTH HISTORY

The following information must be filled in by the parent/guardian, adult camper or staff member. This information provides camp health care personnel the background to provide appropriate care. Provide complete information so that the camp can be aware of the needs of this participant.

Is this child “mentally or physically challenged”? _____ If yes, please attach a page providing additional information.

List any activities in which you **DO NOT** want your child to participate. Activities are listed on the Camp Me website:

ALLERGIES (List all known - include insect stings, hay fever, asthma, animal dander, etc.) Describe reaction and management of the reaction

MEDICATIONS BEING TAKEN Please list ALL medications-including over-the-counter or nonprescription drugs taken routinely. Camper should bring enough medication to last the entire time at camp. Must be in the original pharmacy container with written instructions. Please note: if meds are not in the original container we cannot and will not administer them.

This person takes **NO** medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
Reason for taking _____

Does participant experience any of the following: sleepwalking other sleep disturbances restlessness
 nightmares bed wetting fainting convulsions constipation stomach upsets emotional problems
 asthma chest pains after exercise frequent headaches seizures ear infections

Please explain _____

Give year of last immunization or booster against: DTP _____ Varicella _____ MMR _____ Polio _____ HIB _____

Hep.B _____ Hep. A _____ Tetanus _____ Covid-19 _____ Other _____

Which of the following has participant had? Measles German Measles Chickenpox Mumps
 Hepatitis Covid-19 Others _____

Name of Family Physician _____ Phone _____

Parent/Guardian Authorization: This health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signed _____ Print Name _____ Date _____

This institution is an equal opportunity provider

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

PALI RETREAT

— RUNNING SPRINGS, CA —

EST.  1999

FOOD RESTRICTIONS FORM

Welcome to Pali Mountain Retreat & Conference Center. To better serve your group, we will need some dietary restriction information.

Group Name: _____

Arrival Date: _____ **Departure Date:** _____

Total amount of guest: _____

Gluten Free: _____

Lactose Intolerant: _____

Vegetarian: _____

Vegan: _____

Other Allergy Issues (Please Explain):

***If any of your group members decide to checkout before your final meal, please let a Pali staff member know, so we can make the appropriate amount of food and prevent food waste.*

Our Food and Beverage team will be standing by to address any and all nutritional questions throughout the duration of your stay!

TERMS & CONDITIONS – LIABILITY WAIVER & RELEASE

PLEASE READ CAREFULLY. BY SIGNING THIS FORM YOU ARE WAIVING ALL RIGHTS TO COMPENSATION IN CASE OF INJURY.

In consideration of Pali Mountain allowing me to attend and participate in a High/Low Ropes Course program/Quad Zip Line/Paintball, or sledding (the EVENT), I agree to the following Terms & Conditions:

In this agreement, the term PALI MOUNTAIN includes Pali Mountain, Pali Institute, Pali Overnight Adventures, O-Ongo, their employees, assistants, etc. and any and all co-sponsors and any other organizations or individuals who have any relation to the EVENT plus the heirs, successors and assigns, etc. of all of the abovementioned parties.

Initials _____ General Release

In consideration of my participation in the EVENT, I hereby generally release PALI MOUNTAIN from any liability whatsoever related to my participation in the EVENT. I execute this release with the express intention of affecting the legal consequences provided by Section 1542 of the California Civil Code, that is, the release of all liability associated with the EVENT. I hereby state that I have read and understand the following statutory language of Section 1542 of the California Civil Code: A general release does not extend to claims, which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known to him must have materially affected his settlement with the debtor. Having been so appraised, I hereby elect to and do assume the risk for claims heretofore or hereafter arising, known or unknown, from these releases and from my participation in the EVENT.

These terms and conditions are subject to the laws of the State of California and all disputes, which occur regarding this document, shall be resolved in accordance therewith in the venue of San Bernardino County, California. This document represents the complete understanding of the parties and no modification of its terms shall be effective unless in writing and signed by both parties.

I acknowledge that I have been given the opportunity to ask questions regarding any aspect of the releases contained herein, and by signing below, do acknowledge that I have carefully and completely read and fully understand all aspects of the releases and agree to these terms in their entirety.

Initials _____ Voluntary Release

I acknowledge I have been informed that the EVENT will include physically, emotionally and mentally demanding and stressful activities. I certify that I am physically, emotionally and mentally capable of engaging in these activities and that there are no medical or psychological conditions currently afflicting me, or which I have experienced in the past that would, if disclosed, cause PALI MOUNTAIN to deny my participation in the EVENT. I certify that I am not currently under the care of any physician, or if I am under the care of a physician I have reviewed the emotional intensity, hours and physical demands of this program with my health care professional(s) and have received their approval to attend this program and participate in full with no limitations whatsoever.

I acknowledge and fully understand that the demanding and stressful activities included in the EVENT may cause me to suffer serious physical injury, emotional distress, mental damage and/or even death. I do hereby hold harmless and forever release PALI MOUNTAIN from any liability whatsoever in the event that I sustain any physical injury, mental or emotional damage and/or even death as a result of my decision to participate in any activities of the EVENT.

Initials _____ Use of Proprietary Materials, Photography, Videography, Audio Recording, Written Records

I understand and agree that it is the established policy of PALI MOUNTAIN that participation in the EVENT does not grant me any authority i) to use the PALI MOUNTAIN name or its logos; ii) to use the EVENT material in seminars or any public or commercial capacity; iii) to sell PALI MOUNTAIN products or materials; or iv) to in any way represent PALI MOUNTAIN without the prior written consent of PALI MOUNTAIN. I am strictly prohibited from engaging in photography, videotaping, or recording by any means the EVENT or any part thereof. Violation of any of these requirements will result in immediate action to protect proprietary materials.

It is further understood that I, the participant, do release any and all photographs, videotape, or other visual or sound recordings of my image, likeness, etc. as well as any written statements or materials I generate for use by PALI MOUNTAIN in any publication or other promotional purpose. I waive any and all rights of privacy, publicity or other rights of similar nature in connection with the above and the use by PALI MOUNTAIN of the audio and visual recordings or writings made, and I agree not to institute or maintain against PALI MOUNTAIN any claims or actions based upon the foregoing.

Initials _____ Additional Activity Voluntary Release including High Ropes, Paintball, Quad Zip Line, Sledding and other Activities.

I acknowledge that there is a risk of serious injury due to the physical, emotional and mental exertions associated with the high and/or low ropes course activities as well as paintball and zipline activities. The ropes course, conducted high above the ground, involves a number of strenuous exercises to be performed by participants before climbing, while climbing and after they have climbed the ropes

course elements. I affirm that I am physically and mentally competent to decide whether or not to participate in these exercises. I may sustain a variety of injuries up to and including death, including but not limited to falling, bruises, broken bones, harm to the eyes or other critical locations, back injury or other serious injury. Paintball involves being shot at and shooting others with small hard balls containing paint that are propelled at high speeds using compressed CO2 gas. Paintballs can cause bruising, bleeding or other physical injury and if they come in contact with eyes or other vital parts of the anatomy can cause serious injury including but not limited to blindness and death. I also acknowledge there is a risk of serious injury due to the physical, emotional and mental exertions associated with standing, walking, running, moving, jumping or otherwise participating in many of the indoor and outdoor activities that might be included in the EVENT such as sledding. I further acknowledge that there is a weight restriction of 250 lbs for Quad Zip Line. There is also an age restriction of 9 and older for paintball and Slide and LCR Ropes Courses and 12 and older for Quad Zipline and Warrior Ropes Course.

By my endorsement below, I agree to release and hold harmless PALI MOUNTAIN for any liability whatsoever for any damage or injury, physical, emotional or mental, which I might incur as a result of my decision to participate in any activities associated with the EVENT.

Initials _____ Inherent Risks

I acknowledge and understand that there are severe risks inherent in many of the activities that will take place during the EVENT.

By my endorsement below, I agree to release and hold harmless PALI MOUNTAIN for any liability whatsoever for any damage or injury, personal or mental, which I might incur as a result of my voluntary decision to participate in the EVENT.

Initials _____ Assumption of Risks

All participation is voluntary and I am free to discontinue participation or not participate at any time. I hereby assume all risks associated with my participation in the above-referenced exercises, and any other exercises which may be included during the EVENT, and agree to release and hold harmless PALI MOUNTAIN for any damage or injury I may suffer as a result of my participation in the EVENT. I hereby waive, release and discharge any and all claims for damages, personal injury, or property damages or any actions of any kind which may hereafter accrue to me or to any other person as a result of my decision to participate in the EVENT.

Initials _____ Entire Agreement.

This is the entire agreement. Any other representations, statements, writings, or other material are superseded by this agreement. Should any part of this agreement be found unenforceable, the remainder shall continue in full force and effect. This agreement may only be amended by written agreement executed by all parties.

NOTWITHSTANDING ANYTHING TO THE CONTRARY HEREIN:

Initials _____ I HEREBY EXPRESSLY ASSUME ALL RISKS associated with my participation in the EVENT including all risks associated with the above and any other activities that might be included in the EVENT.

Initials _____ Despite my understanding of the foregoing risks, I AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS PALI MOUNTAIN for any damage or injury arising out of my participation in the EVENT regardless of the cause, including NEGLIGENCE.

Initials _____ I understand that the foregoing is a LIABILITY RELEASE that is legally binding on me, my heirs & assigns and my legal representatives, and I sign it of my own free will.

Please sign below indicating that you have read, understood and agree to all terms and conditions above.

Signature indicating I have read, understood and agree to all terms print name date For persons under 18 years of age, Parent or Guardian please sign below indicating that you have read, understood and agree to all terms and conditions above on behalf of yourself and your child. You are signing as their legal representative and waiving rights on their and your behalf relating to the EVENT.

Name of Participant (first, last)

Parent print name (first,last)

Signature of parent or participant

Group Name _____

Date _____ Emergency Phone # _____



DIRECTIONS

PALI RETREAT

OUR LOCATION

30778 HWY 18 (RIM OF THE WORLD HWY)
RUNNING SPRINGS, CA 92382

PLEASE NOTE

Because we are located in a rural area, GPS systems can occasionally offer incorrect information. We suggest following the directions below. If you do find yourself lost, please call us and we will happily assist you: 909-867-5743.

FROM LOS ANGELES:

1. Take I-210 Freeway East towards San Bernardino
2. Merge onto CA-330/Mountain Resorts
3. Continue for 15.4 miles to Running Springs
4. Take the exit to Running Springs into town
5. Turn left onto CA-18/Hilltop Blvd
6. Continue for 2 miles. Our entrance is on your right hand side off CA-18

FROM ORANGE COUNTY:

1. Take CA-91 East
2. Continue onto I-215 North
3. Merge onto the I-210 Freeway East towards San Bernardino
4. Merge onto CA-330/Mountain Resorts
5. Continue for 15.4 miles to Running Springs
6. Take the exit to Running Springs into town
7. Turn left onto CA-18/Hilltop Blvd
8. Continue for 2 miles. Our entrance is on your right hand side off CA-18

FROM SAN DIEGO:

1. Take the I-15 Freeway North
2. Take the I-215 Freeway North
3. Merge onto the I-210 Freeway East towards San Bernardino
4. Merge onto CA-330/Mountain Resorts
5. Continue for 15.4 miles to Running Springs
6. Take the exit to Running Springs into town
7. Turn left onto CA-18/Hilltop Blvd
8. Continue for 2 miles. Our entrance is on your right hand side off CA-18



DIRECTIONS

PALI RETREAT

MOUNTAIN DRIVING TIPS :

Highway 330 is the road you will be taking all the way up the mountain. The speed limit is 55mph, but we recommend driving at a speed that feels comfortable to you, especially if you are unaccustomed to mountain roads. Slower vehicles should use the turnouts and keep right on passing lanes to allow faster traffic to pass. Use caution in wet and windy conditions, and always carry chains in winter. For up-to-date information on whether or not chains are required, please visit <http://www.dot.ca.gov/> and enter highway numbers 330 and 18.

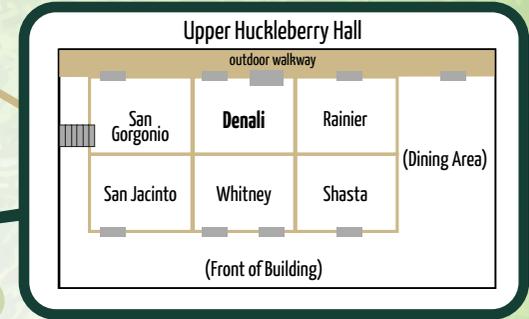
Please be advised the California Highway Patrol and CalTrans will not allow buses greater than 40 feet in length on the mountain roads.



WELCOME TO PALI RETREAT

RUNNING SPRINGS, CA

EST. 1999



- Cabins
- High Ropes Course
- Arrival/Departures
- Dining
- Camp Store
- Parking
- Archery
- Private Rooms
- Wellness Center
- Grass
- Zip Line
- Trail
- Water