

# Ultrarunning Camp Application

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Please type or print all information legibly:

Name of Ultrarunning Camp: High Sierra Desert Mountain Ultra Training Camp

Dates and Location of Camp: May 3-7, 2006, Stovepipe Wells Village, Death Valley, CA

Full Legal Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address or P.O. Box

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Country

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ (s, m, lg, xlg)

In Case of Emergency please notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_ Initials

Any dietary restrictions (vegetarian, food allergies, etc.)? We will work with our host location to try to accommodate your needs.

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Any special requests (desire to share rooms, etc. – please note if this is a joint application eligible for the double occupancy discount, and the name of the joint applicant). We do our best to accommodate requests.

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How did you learn about the camp (invitation, internet, advertisement, word of mouth: who may we thank?)

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Why are you joining us at our camp in Death Valley? What do you hope to learn or go away with from your participation in this camp?

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Briefly describe your abilities and experiences as an ultrarunner.

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What is your next race or ultrarunning/fitness goal?

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\_\_\_\_\_ Initials

The following items are also included with my application:

\_\_\_\_\_ Signed Fitness Form

\_\_\_\_\_ Signed Terms & Conditions/Liability Waiver

\_\_\_\_\_ Payment (all payments include a \$50 non-refundable registration fee)

\$650 deposit (minimum)

– OR –

\$1,295 full payment

– OR –

\$1,165 double occupancy full payment

Name of joint applicant: \_\_\_\_\_

Make sure all forms are signed and if multiple pages initial where indicated. Upon receipt of application and deposit (or full payment), we will send notice of acceptance.

**Final payment** for the High Sierra Desert Mount Ultra Training Camp  
**is due no later than April 3, 2006.**

Please see the Terms and Conditions for specifics regarding deposit amount, balance due requirements, and refund policy.

Thank you.

I have enclosed \$\_\_\_\_\_

Make checks or money orders payable to:

Dreamchasers Outdoor Adventure Club

Send application and payment to:

Dreamchasers Outdoor Adventure Club  
Attn: Lisa Smith-Batchen  
P.O. Box 921  
Victor, ID 83455

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

# Ultrarunning Camp Fitness Form

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Please type or print all information legibly.

Please describe what you do to keep fit, including any/all ultrarunning or cross training you typically complete on a weekly basis.

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Please list any desert and/or extreme heat training or racing experience you may have.

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Please list any trail and/or mountain training or racing experience you may have.

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Please answer each question, providing detailed information on dates and type of medical treatment. Please attach a separate sheet if necessary. Your signature on this form certifies that your statements are true; and further certifies that you are physically fit and thus are able to meet the requirements of this camp.

1. List any major accidents, illnesses, or operations you have had in the past five years.

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\_\_\_\_\_ Initials

2. Do you have any back, knee, or other joint problems?  Yes  No If yes, please describe.

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3. In addition to anything listed in #2, list **all** physical/mental limitations or medical conditions that may restrict your abilities for this camp (high blood pressure, heart conditions, etc.).

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4. List all medications that we should be aware of (blood pressure, heart condition, etc.).

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5. List all allergies to food and/or medication:

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6. Do you smoke?  Yes  No

7. Are you familiar with standard first-aid and current CPR techniques?  Yes  No

Medical certifications or qualifications if applicable:

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Signature

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Date

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Printed Name

## Ultrarunning Terms and Conditions/Liability Waiver

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Please read and understand this document before signing. If you have any questions please ask us or consult an attorney.

I hereby give my consent for Dreamchasers (Lisa Smith-Batchen) and Team Stray Dogs (Marshall Ulrich) (CAMP HOSTS) to use my photograph, likeness and/or voice for any/all promotional and/or commercial purposes, including any approved third party marketing – including (but limited to) their Web sites, advertisements, and potential future books – without any remuneration to me.

I understand that the CAMP HOSTS reserve the right to change the price of, cancel, or withdraw any camp for any reason whatsoever prior to camp dates. After camp starts, CAMP HOSTS reserve the right to alter or omit any part of the schedule of events without notice and without allowance of refund. The CAMP HOSTS also reserve the right to accept or reject any person as a camp participant at any time.

### **PARTICIPANT RESPONSIBILITY**

Camp participants are responsible for their own well-being. This includes good health and good physical condition. Participants joining the camp, including all training runs and cross training sessions must certify (by completing and signing the Fitness Form) that they are physically fit and thus are able to meet the requirements of the camp.

The CAMP HOSTS its agents, employees, instructors, and volunteers, have done everything possible to assure the safety of camp participants. We wish to inform participants that engaging in training runs and cross training sessions – possibly in remote areas, on trails, at high altitude, or in extreme temperatures – is not risk free. The same elements that contribute to the unique character and fun of the training camp can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death. We do want you to know in advance what to expect, and to be informed of the some of the possible risks.

### **ACKNOWLEDGEMENT OF RISK**

I understand that throughout the camp I am responsible for my own safety and well being.

I understand that I will be participating in training runs and cross training sessions that may be in remote areas, on trails, at high altitude, or in extreme temperatures and freely accept the risks associated with such activities. I am voluntarily participating in the camp and understand that there are risks and dangers involved with camp activities including by not limited to physical exertion for which I am not prepared; falls; forces of nature; dehydration or lack of nourishment; wild animals; high altitude; extreme temperatures; accident or illness; possible limited access to medical treatment; etc. I understand that these risks can cause loss or damage to equipment, injury, illness, or in extreme cases, permanent trauma or death.

I understand that meals are prepared by the host facility, and the CAMP HOSTS are not responsible for its quality or safety. I will only use potable water from known sources; or will be responsible for disinfecting or treating any water obtained from other sources (for example, from streams along the trail), and the CAMP HOSTS are in no way responsible for the quality or safety of any water I consume.

This list is not an exclusive or exhaustive list of possible risks that I may encounter during the camp. These risks increase and are more likely if I use drugs or alcohol or am not physically able to undertake the activities included in the camp.

\_\_\_\_\_ Initials

### **CONTRACT, WAIVER, RELEASE AND INDEMNIFICATION**

I certify that I am fully capable of participating in the camp. I state that I have read the above statement on some of the possible risks encountered during this camp. Therefore, I assume full responsibility for bodily injury, death, loss of personal property and any expenses as a result of my negligence. I also understand that the Dreamchasers (Lisa Smith-Batchen) and Team Stray Dogs (Marshall Ulrich) (CAMP HOSTS) reserve the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the camp or any/all camp activities. I am in good physical condition and able to undertake this camp.

I agree to indemnify and hold harmless the CAMP HOSTS their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from my participation in these activities. I further agree to release, acquit and covenant not to sue the CAMP HOSTS their agents and employees for all actions causes of action claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of the CAMP HOSTS, and myself against the CAMP HOSTS arising out of participation in this camp.

I agree to the site of any lawsuit and the law governing any such lawsuit shall be in the State of Colorado governed by Colorado State law. The terms of this agreement shall continue and be in effect until after the camp has ended.

As liquidated damages, I hereby agree that if the CAMP HOSTS are forced to defend any action, lawsuit or litigation by myself, my executors, or my heirs, on my family's or my behalf, I agree to pay the CAMP HOSTS costs and attorney fees if they successfully defend such action, lawsuit or litigation. Should a court of competent jurisdiction declare any paragraph or part of this agreement unenforceable, the remaining parts or paragraphs shall remain in full force and effect? A copy of this release can be used as if it was an original.

### **CANCELLATION AND REFUND POLICY**

The CAMP HOSTS must adhere to the following refund policy.

- You must send a deposit in the amount of \$650 (at a minimum) with your application, which includes a \$50 non-refundable registration fee, at least 30 days prior to the camp.
- Balances are due 30 days prior to the camp. Participants whose balances are not received by 30 days prior to the camp risk forfeiture of their place in the camp and loss of their registration fee and deposit.
- Full refunds, less registration fee, will be provided if you cancel 30 days prior to the camp.
- 50% refunds, less registration fee, will be provided if you cancel more than 15 days prior to the camp.
- 20% refunds, less registration fee, will be provided if you cancel more than 7 days prior to the camp.
- No refunds will be provided less than 7 days prior to the camp.
- All cancellations and refund requests must be made in writing and be received by us prior to the stated deadlines.

In the unforeseeable event this camp is canceled, you will be refunded the total amount paid less the registration fee.

### **TRIP CANCELLATION INSURANCE**

We highly recommend purchasing trip cancellation insurance in conjunction with Travelex. Policies are available online at [www.Travelex-Insurance.com](http://www.Travelex-Insurance.com).

\_\_\_\_\_ Initials

I authorize and release to the CAMP HOSTS the use of my image in any photograph or video recording for any purpose of the CAMP HOSTS.

I have adequate health, disability, and life insurance for myself.

I HEREBY AGREE TO BE RESPONSIBLE FOR MY OWN WELFARE AND ACCEPT ANY AND ALL RISK OF DELAY, UNANTICIPATED EVENTS, INCONVENIENCE, ILLNESS, INJURY, EMOTIONAL TRAUMA OR DEATH.

I hereby give permission for transportation to any medical facility or hospital and I authorize for any qualified CAMP HOST or medical personnel to render necessary emergency medical care for me.

I, \_\_\_\_\_, of my own free will, have read, understand and acknowledge the risks and liability for myself, this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

[ ] I have no medical condition that would prevent my participation in this camp.

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

Printed name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: [ ] \_\_\_\_\_

I carry Medical Insurance? Yes \_\_\_\_\_ no \_\_\_\_\_

Name of provider: \_\_\_\_\_

Group Number: \_\_\_\_\_

Phone: \_\_\_\_\_