

# JOHNSTON'S ARMY ADVENTURE CAMP APPLICATION

Name of Participant: \_\_\_\_\_

Adult     Youth    Date of Camp \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_  
(Required if participant is under the age of 18)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Daytime Phone Number of Participant or Parent / Guardian: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_  
(Required if participant is under the age of 18)

## MEDICAL HISTORY

Please print or type

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Briefly describe allergy symptoms: \_\_\_\_\_  
\_\_\_\_\_

Medical Conditions and/or Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the participant need to take medication while he/she is in the park? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what? \_\_\_\_\_  
\_\_\_\_\_

Medical or dietary regimen to be followed (please attach specific information if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize and request Camp Floyd State Park to secure necessary emergency care and treatment for my child should the need arise.

Our physician's name or name of practice: \_\_\_\_\_

Physician's Telephone Number: \_\_\_\_\_

My child is physically able to participate in all program activities. If he/she appears to be ill, I will not send him/her to the program. I have listed any restrictions, allergies, or medications to be taken on this form.

Person to be notified IF parent / guardian cannot be reached:

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

Phone: (\_\_\_\_) \_\_\_\_\_

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

## PHOTO RELEASE

I hereby consent to the use and reproduction by Camp Floyd State Park of participant's photographic image for future publications while attending the Johnston's Army Adventure Camp.

I agree not to hold the publication or its agents responsible, under any circumstance, for any action, which occurs as a result of this advertisement. I understand that participant's photographic images will become the exclusive property of Camp Floyd State Park and will be used only for promotional purposes.

I agree that I will not be compensated for the use of my photographic images.

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Check ONE of the following AND fill out the information below:

I AGREE to the terms above: \_\_\_\_\_

I DO NOT AGREE to the terms above: \_\_\_\_\_

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

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_  
(Required if participant is under the age of 18)

# **PERMISSION AND INFORMED CONSENT AGREEMENT FOR THE “EXPLORING LIFE WITH JOHNSTON’S ARMY” PROGRAM AT CAMP FLOYD STATE PARK**

I, \_\_\_\_\_, will be participating in the Johnston’s Army Adventure Camp at Camp Floyd State Park. I acknowledge that I have read the attached informed consent form and understand the nature of the program and any risks associated with this program. I agree to pay the tuition for this program upon my registration for the program.

I acknowledge that I have been informed of the opportunity to experience life as it was in America and in the Utah Territory in 1858 - 1861. I will have the opportunity to learn what it was like to meet and talk with costumed interpreters about life in 1858 - 1861 and to play games and participate in activities typical of the time period. I further understand that I will have an opportunity to experience what life was like for a soldier in 1858 – 1861 at Camp Floyd; setting up camp tents, perform military drills with a replica rifle (functional or nonfunctional depending on age), watch costumed interpreters fire a cannon and participate in a mock cannon firing.

I acknowledge that I am fully responsible for the transportation to and from Camp Floyd and that the State of Utah and its subdivisions assume no responsibility for my transportation.

I understand that there are specific policies, procedures and rules that govern applicant’s activities while at Camp Floyd and while participating in the program. I recognize that violation of these rules may result in my being excluded from participation in program and loss of tuition. I acknowledge that I am willing to abide by the rules.

I recognize that as part of these activities I will be exposed to the wind, dust, insects and possibly their bites or stings, water, dust, pollen and other environmental conditions. I further recognize that there are natural and manmade hazards, obstacles, environmental conditions and other risks, which in combination with my actions or other participants may cause injury. I acknowledge that I am aware of these and other unstated risks associated with this program.

I recognize that the activities of this program may involve physical activities and may cause physical / emotional discomfort. I state that to the best of my knowledge I am free from any known heart, lung or other serious health problems that could prevent me from participating in the activities associated with this program. I further state that I am sufficiently physically fit to participate in the activities associated with the program. I have completed the attached medical form.

# CONSENT

**Consent is expressly given, in the event of injury, for any first aid or emergency treatment deemed necessary by competent medical personnel.**

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE AFORE GOING LANGUAGE SPECIALLY AS IT REGARDS TO MY PARTICIPATION IN THE "JOHNSTON'S ARMY ADVENTURE CAMP" PROGRAM AT CAMP FLOYD STATE PARK.

Participant's Name (please print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent's or Legal Guardian's Signature: \_\_\_\_\_  
(Required if participant is under the age of 18)

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

## Opportunity to Fire a Musket

As part of this program participants will be given the opportunity to fire a blank round from a musket of the design of the time period covered in this program. As a participant I will be required to wear eye and ear protection and agree to be under the supervision of a knowledgeable individual the whole time while participating in this activity.

Participant's Name: \_\_\_\_\_  
(Printed name of Participant)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (Required if participant is under the age of 18)