



SNEAK PREVIEW: We recognize this is a long application form, so we wanted to let you preview the questions if that would be helpful.

+++++

2025 Adaptive Family Camp | Family Registration Form

Welcome to our 10th season at the A/U Ranches' 100 Elk Outdoor Center in Buena Vista, Colorado!

The **dates** of this year's program are **Monday, October 13 – Saturday, October 18.**

Thank you for completing this part of the registration process. All family members participating in the program can be registered using this form. It takes approximately 25 minutes to complete, and it must be done in one session. (If you'd like to type your answers in a separate file and then paste them into the registration form, you may preview the questions by clicking [here](#).)

Questions with a red * require a response.

Registration is due by Monday, September 15.

Loved One Information

We're so delighted your loved one will be joining us! Please complete this section on behalf of him/her. Following the "Loved One Information" section, there is a "Household Information" section where you can add information about the rest of your family.

Loved one's name

Address

Loved one's date of birth

Loved one's gender

What is the current living situation of your loved one? (i.e. lives in family home, residential facility, group home, etc...)

Help us get to know your loved one

This section helps us learn more about your loved one so we can do our best to embrace and engage them lovingly. Please feel free to share as much detail as you'd like so we can better meet your family's needs.

- If this is your loved one's first CherishAbility program, please complete **all** of the questions below.
- **If your loved one has participated in past programs, please share ****current**** information.**
- Please share your loved one's likes, dislikes, interests, talents, hobbies etc. in the box below. (The more info the better!)
- What are some of your loved one's favorite activities?
- What is your loved one's "super power"?
- Is there anything in particular your loved one is looking forward to?
- Would you be willing to share how your loved one engages with Christian Science and what their favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
- Please tell us about a typical day for your loved one. Do they go to school? Are they homeschooled? Do they work and/or participate in day-programs or other specialized programs? What is their interaction with their community?
- How does your loved one respond to large- and small-group situations?
- How does your loved one like to receive information about new activities? (i.e. the use of visual schedules, visual demonstration, list of rules, Picture Communication Symbol, far in advance, just before an activity, etc.)
- How can staff best support your loved one in activities, situations, or environments if they become overly excited, agitated, or overwhelmed? Are there any behaviors your loved one demonstrates that would help staff to recognize if an adjustment is needed?
- If applicable, please share any behavior plans implemented at home, school, or work.

100 Elk Activity Offerings

100 Elk offers a wide variety of indoor and outdoor activities that are grounded in metaphysics and led by a staff of active Christian Scientists. Below are questions about your loved one's preferred activity choices. We will work closely with your family to create a schedule that is flexible; and all activities will be adapted to meet the individual needs, interests, and readiness levels of your loved one.

To see detailed activity descriptions click [here](#).

Please indicate which activities your loved one would be interested in. Check all that apply. We do our best to accommodate as many activities as the schedule and staffing allow.

- o Archery
- o Arts and crafts
- o Baking
- o Canoeing
- o Ceramics

- o Cooking
- o Goat Farm
- o High Ropes Course
- o Horseback riding
- o Hot springs
- o Leadville - Historic mining town
- o Music and movement
- o Photo booth
- o Pickleball
- o River walk
- o Shopping in Buena Vista (BV)
- o Small group hike/nature walks
- o Square dancing
- o Theater games
- o Yoga
- o Other
- If your loved one is interested in horseback riding, please indicate their level of ability and experience with riding horses by choosing one of the options below.
 - o Level 1 Novice: They have little to no experience with horses, but are interested in meeting, learning more about them and possibly riding.
 - o Level 2 Intermediate: They are comfortable being around horses and have some experience engaging with and riding them in a controlled environment.
 - o Level 3 Experienced: They ride regularly presently or have ridden regularly in the past and are confident in their abilities to follow directions and interact safely in an equine setting.
 - o N/A: They don't plan to ride horses.
- Are there any activities from which your loved one should be exempt?
- If you answered "yes" to the above question, please list the activities your loved one should be exempt from, and if you would like, a brief explanation.

Everyday Living Skills

- How would you describe your loved one's level of communication? (Please check all that apply.)
 - o Speaks clearly
 - o Speaks with some articulation difficulty
 - o Understands conversations
 - o American Sign Language (ASL)
 - o Deaf
 - o Signed English
 - o Nonverbal
 - o Hard of hearing
 - o Uses assistive technology for communication
 - o Other
- Does your loved one use mobility aids? (Please check all that apply.)

- o Cane
 - o Manual wheelchair
 - o Electric wheelchair
 - o Crutches
 - o Walker
 - o Use of ramps
 - o N/A
- Is there any further information related to "Everyday Living Skills" that would help us support you or your loved one? (I.e. adaptive equipment, supplies such as shower chairs, etc.)
 - Is there any information related to housing you'd like us to consider (i.e. light sleeper needs to be in a quiet area, wakes up at night to eat/drink/toilet, may wander, may have outbursts, would like a fan, would like extra blankets, etc.)

Care and Emergency Contact Information

The A/U Ranches has always been a place of healing and growth at which prayer is the first and primary means of care. We welcome all students of Christian Science, without judgment. To facilitate a harmonious experience please let us know how we can support your family.

- Does your loved one have any dietary restrictions or preferences (i.e. vegetarian, vegan, low sugar, low carb, etc.) that we should know about?
- Staff often step in to chaperone so parents can spend time with other parents or have respite. To help care for participants, we invite you to let us know if your loved one has any health conditions or needs we should be aware of?
- If you answered "yes" to any of the questions above, please explain anything you would like us to know to better prepare and help care for your loved one.
- Medications: The Christian Science care providers do not dispense medicine, and per ACA requirements, prescription and over-the-counter medicines must be kept under lock, except when under the control of a parent/caregiver managing this.
 - o My loved one will not bring any medications to camp.
 - o My loved one's medications will be managed by our family/caregivers.
- Permission to Treat (loved one):
 - o I authorize and request 100 Elk in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my loved one into a clinic or hospital. I

understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission to receive such emergency care.

- o I refuse to authorize any form of medical treatment beyond what is required by state law, and I release 100 Elk from all liability if I cannot be reached in an emergency.
- If you answered "A" to the previous question, simply type "N/A" in the space below. If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of your loved one. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
- Is there any other information you would like us to know about your loved one in order to prepare for a harmonious experience?
- In the case of minors: I grant permission for my loved one to participate in all activities at 100 Elk, except as noted above. Parent/Guardian or Caregiver Name and Signature

Household Information

Please provide parent/caregiver information below.

- Parent/caregiver name
- Address (if different from your loved one)
- Email
- Phone number
- Are there any other family members or support people that will be attending? Please list their name(s) and relationship to your loved one, i.e. "Jane Smith, sister."
- Would you be willing to share how your family engages with Christian Science and what your favorite ways to do so are, i.e. work with a practitioner, listen/read the weekly Bible lesson, attend Sunday School, attend church services, etc.?
- Does anyone in your family have any dietary restrictions or preferences (i.e. vegetarian, vegan, low sugar, low carb, etc.) that we should know about?
- Are there any activities that anyone attending in your family should be exempt from?

- If you answered "yes" to any of the questions above, please explain anything we need to know to help better prepare and help care for anyone attending in your family.
- Permission to treat (household members):
 - I authorize and request 100 Elk in cases of health emergency to make any and all appropriate and reasonable health treatment decisions. I understand this may include but is not limited to engaging a Christian Science practitioner, engaging a Christian Science nurse, providing first aid/CPR, contacting emergency medical services, providing emergency transportation, and admitting my loved one into a clinic or hospital. I understand that every effort will be made to reach the emergency contact as soon as possible. However, if deemed necessary before contact can be made, I also grant permission to receive such emergency care.
 - I refuse to authorize any form of medical treatment beyond what is required by state law, and I release 100 Elk from all liability.
- If you answered "A" to the previous question, simply type "N/A" in the space below. If you answered "B" to the previous question: Please specify any actions that you authorize to be taken on behalf of the members in your household. (This follow-up question is an American Camp Association requirement for parents/guardians who refuse medical treatment.)
- Primary emergency contact
- Primary emergency contact phone number
- Secondary emergency contact
- Secondary emergency contact phone number
- Is there any other information that we should know in order to make this experience enjoyable for you and your family?

Multimedia Photo Release Agreement

CherishAbility reserves the right to use photos, video footage, and/or fruitage of staff, adult participants and guests from CherishAbility funded activities in printed and electronic publications.

This agreement grants CherishAbility the right to publish, distribute, and share such images, as described above for the following uses:

- Print
- Electronic media, including publications in PDF format, Websites and Social Media
- Audio/Video

- Promotional Uses (without attributions)

Submitted images become the property of CherishAbility and will not be shared with other organizations without written consent of the person(s) appearing in the photo(s) and/or video(s).

CherishAbility reserves the right to modify such images, at its discretion. This agreement also authorizes CherishAbility to store images internally for future reference and reuse.

It is our policy not to credit individuals whose images and/or fruitage have been submitted for use in these publications, unless specifically requested and authorized.

All shared images shall be the original work of the person sharing the images and are not to violate any copyright, contract, or other property rights of any person or organization.

The signee is not to share such images with other organizations for commercial use without CherishAbility's explicit written consent. Such images can be used for personal and professional portfolio purposes.

Acceptance of this policy is assumed unless otherwise communicated in writing to CherishAbility. It is the responsibility of participants, chaperones, guests, or their legal guardians/conservators/caregivers to submit, in writing, exclusion from all multimedia/photo publications.

- I have read and agree to the Multimedia Photo Release Agreement
- Please exclude my family and me from all multimedia/photo publications.

WAIVER AND RELEASE OF LIABILITY (ROL)

In consideration of the risk of injury while participating in the 2025 CherishAbility Adaptive Family Camp program (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge CherishAbility, located at 555 SE MLK Blvd., Suite 105 #6508, Portland, OR 97214, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I

may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in the aforementioned activity and I am participating in the activity entirely at my own risk. I am aware of the risks associated with traveling to and from as well as participating in this activity, which may include, but are not limited to, physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or others' negligence, conditions related to travel, or the condition of the activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this activity, including travel to, from and during this activity.

I agree to indemnify and hold harmless CherishAbility against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If CherishAbility incurs any of these types of expenses, I agree to reimburse CherishAbility.

I acknowledge that CherishAbility and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of CherishAbility.

I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge cherishability and all of its affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, from any and all claims or causes of action and i agree to voluntarily give up or waive any right that i otherwise have to bring a legal action against cherishability for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of CherishAbility, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant and Caregiver, and CherishAbility agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

I, the undersigned, affirm that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.



ACKNOWLEDGMENT OF RISK

Adventure Unlimited d/b/a 100 Elk Outdoor Center

I understand that there are numerous risks associated with participation in outdoor center activities, including horseback riding, ropes course, archery, canoeing, swimming, climbing gym, hikes, games, sports, transportation to and from activities, etc.

Participants are responsible for their own health, safety and well-being outside of structured activities. 100 Elk Outdoor Center staff supervises structured activities and they are trained to take proper and prudent care of each participant's health, safety and well-being during these structured activities. However, there are some inherent risks from unpredictable mountain weather and terrain, equipment malfunction, animal behavior, water movement, rock-fall, vehicular accidents, staff judgment, and other risks relative to our activities—these risks cannot be fully controlled or eliminated.

Warning: Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

On behalf of myself or a participant for whom I am guardian, I release and waive any claim of liability against Adventure Unlimited and its staff with respect to any injury, illness, or death occurring from 100 Elk activities. I agree to indemnify and hold harmless Adventure Unlimited and its staff with respect to any claim asserted by or on behalf of the participant listed above as a result of any such harm.

On behalf of myself or a participant for whom I am guardian, I release and waive any claim of liability against the sponsoring organization, CherishAbility, and its staff with respect to any injury, illness, or death occurring from 100 Elk activities. I agree to indemnify and hold harmless, CherishAbility, and its staff with respect to any claim asserted by or on behalf of the participant listed below as a result of any such harm.

T-shirts

Adult S, M, L, XL, 2XL, 3XL

- Please choose your *LOVED ONE's* t-shirt size below.
- Please choose your *YOUR* t-shirt size below.
- Please choose your *OTHER FAMILY MEMBER's* t-shirt size below.
- If you have a group of four or more, please list each person's name below and their t-shirt size.

Tuition for this program includes all meals, accommodations, activities, and a CherishAbility t-shirt for each participant.

- \$1525/person
- \$1675/person (includes airport shuttle)

Payments may be made by check or online.

To pay by check, please mail a check payable to:

CherishAbility

555 S.E. MLK Blvd.

Suite 105, #6508

Portland, OR 97214

To pay online, please use the payment button on the next page.

Registration is due by Monday, September 15. **Payments** are due by Wednesday, October 1.

At this time I will:

- ☐ make an online payment (use payment button on the THANK YOU page)
- ☐ apply for partial or full financial assistance

Finances should not prohibit your family's participation in this opportunity. As with all of our programs, financial assistance is available by completing the CherishAbility **Financial Assistance Application**, which can be found on the website by clicking [here](#).



Yay!—you're registered!

 **Please click [here](#) to make an online payment.**

 **Stay tuned for more information as we get closer to the program.**

 **Mark your calendars for the pre-program call: Monday, Sept. 29 at 5pm PT**