



Summer Staff Application 2024

Personal Information			
Name:		Camp Name:	
Male/Female (circle)	DOB:	Age:	Grade:
T-Shirt Size:	Email:	Phone:	Cell Phone:
Address:		City:	State: Zip:
Emergency Contacts			
Mother/Guardian Name:		Phone Number:	
Father/Guardian Name:		Phone Number:	
Additional Emergency Contact (NOT the Parent/Guardian listed above)			
Name:	Relationship:	Phone Number:	
Health Insurance Information			
Insurance Company Name:			
Policy/ID Number:		Phone Number:	
Person Responsible for Account:		Phone Number:	
Primary Physician Name:		Phone Number:	
Allergies/Needs			
Food Allergies:			
Special Needs or Pre-existing Medical Conditions:			
Current Medications:			
References (No Family Members)-List 3			
Reference 1 Name:		Relationship:	
Phone Number:		Email:	
Reference 2 Name:		Relationship:	
Phone Number:		Email:	
Reference 3 Name:		Relationship:	
Phone Number:		Email:	

<input checked="" type="checkbox"/>	Positions (see website for job descriptions)
	Camp Director <input type="checkbox"/> Day Camp Director <input type="checkbox"/> Assistant Cook <input type="checkbox"/>
	Summer Leadership Team (age 18 and older) Job Preference: Program Assistant <input type="checkbox"/> Cabin Leader Coach <input type="checkbox"/> Dream Team Coach <input type="checkbox"/> None <input type="checkbox"/>
	Summer Staff Team (age 14-22) Staff committing to all weeks of camp and includes Cabin Leaders and Dream Team.
	Short-term Volunteer (age 14+) Anyone not participating in all weeks of summer camp. Specify Available Dates: _____ Jobs: <input type="checkbox"/> Cabin Leader <input type="checkbox"/> Dream Team <input type="checkbox"/> Speaker <input type="checkbox"/> Worship Leader <input type="checkbox"/> Other: _____
	Trout Lake Team (age 14+) For locals who do not require housing during their service. Flexibility is a blessing! Team helps with kitchen, cleaning and program activities.

Signatures	
<input checked="" type="checkbox"/>	Please read the attached three documents. Please check the box and sign if you have read, understand and agree to abide by these policies.
Statements of Faith	Signature: _____
Child Safety	Signature: _____
Code of Conduct	Signature: _____

Legal Forms
<ul style="list-style-type: none"> ▪ Please read and sign the following forms and waivers. ▪ If you are under 18, you must also have a parent/guardian signature. <p style="text-align: center;">Attached forms:</p> <p style="text-align: center;"><i>Confidential Camp Jonah Background Check Authorization</i> <i>Applicant Disclosure Form</i> <i>Acknowledgement of Risk</i> <i>Trout Lake Clinic Agreement</i> <i>Zoller's Rafting Waiver (Adult or Minor Staff)</i></p>

CAMP JONAH

We Believe-Statements of Faith

All Staff must read this and return to page two of the application where you will check the box and sign that you have read, understand and agree to abide by this policy.

WE BELIEVE:

- That the Bible is the inspired, perfect Word of God. *2 Timothy 3:16-17*
- In one God, eternally present in three Persons: Father, Son, & Holy Spirit. *Matthew 28:18-19, Hebrews 1:1-4*
God the Father, is the creator, director and protector of the universe; *Isaiah 42:6-7*

His Son Jesus Christ, was miraculously conceived, wrongfully killed, then resurrected so we could spend eternity in heaven. *Acts 2:22-24, Romans 10:9-1, Hebrews 4:14-16*

The Holy Spirit is ever-present, desiring to daily speak into our lives. *Galatians 5:16-18*
- There is only one way to Heaven and it is through faith in Jesus Christ. *Acts 4:10-12, 1 John 5:10-12*
- God has a perfect plan for our lives, while the enemy comes to kill, steal and destroy. *Romans 12:2, 1 Peter 5:8*
- God planned for us to learn and grow in a community of Christ-followers. *Ephesians 4:1-16*
- God created each of us unique yet in His image, male and female. *Genesis 2:18-24*
- Human life is sacred to God, deserving dignity from conception to natural death. *Matthew 10:29-31, Ephesians 2:10*
- Marriage was established by God; He designed it to be between one man and one woman. *Mark 10:6-9*
- Sexual activities outside of marriage go against God's plan and cannot be blessed. *Hebrews 13:4, 1 Corinthians 6:9-10, 18-20*
- There is no greater joy than being right with God our Father. *1 Peter 1:8*

These articles of faith are not the complete list of our beliefs. Decisions regarding Camp Jonah's practices, policies, and disciplines are made by our Board of Directors, based on the Word of God. Our Board does its best to understand God's heart and make decisions prayerfully.

CAMP JONAH CHILD SAFETY POLICY

All Staff must read this and return to page two of the application where you will check the box and sign that you have read, understand and agree to abide by this policy.

Camp Jonah will not tolerate the physical, emotional, or sexual abuse of campers. Camp Jonah is required by law to report any allegation or report of child abuse to the Washington Children's Services Division.

The Camp Director will inform the Camp Coordinator of a camper's report. At that point, an official report will be filed with the Washington Children's Services Division. Camp Jonah will cooperate fully with any investigation by the state agency or law enforcement agencies involved.

ONLY THE CAMP COORDINATOR WILL TALK TO THE MEDIA.

YOUR RESPONSE SHALL BE: "I am not authorized to answer your questions. Please talk to the Camp Coordinator."

1. Each staff applicant will be put through an enhanced nationwide criminal and county background check.
2. Child/sexual safety education will be included in the Staff Manual and will be covered in child safety training.
3. Every staff member will report suspicions of child/sexual abuse to the Camp Coordinator.
4. If the Camp Coordinator determines that the allegation is reasonable, the staff member will be relieved of his/her responsibilities during the investigation.
5. If the allegation is deemed to be true, the Camp Coordinator will make immediate arrangements to remove the staff member. If required by law, a report will be made to the appropriate civil authorities.
6. In the case of the allegation being unproved, the staff member and his/her family may receive counseling for the traumatic event, and, if deemed helpful, he/she will be offered a new assignment.
7. Every effort will be made to preserve the dignity of all involved by observing an agreed upon code of confidentiality. If the accuser had deliberately or maliciously made a false accusation against a staff member, he/she will be immediately be dismissed from camp.
8. When a staff member is accused of child abuse by the state or arrested for the same, this constitutes a crisis/contingency situation in the ministry and as such:
 - The Camp Coordinator or Board Member will be the only persons to have contact with the media.
 - A log of daily events will be meticulously kept.
 - Contingency care will be initiated e.g. engage a lawyer, inform and support the accused's family, and support the staff member in court.

Responsibilities of Camp Jonah to a staff member who falls into this sin:

1. Make arrangements for professional psychological counseling.
2. Encourage the former staff member's home church to set up an accountability relationship with the former staff member for restoration. Care must be taken not to violate the law in releasing information.
3. Care for the innocent parties.

In the event a staff member falls into abuse/sexual misconduct, Camp Jonah will HOLD HARMLESS any person or organization which in good faith recommended the staff member for service in the CJ programs.

CAMP JONAH STAFF CODE OF CONDUCT

All Staff must read this and return to page two of the application where you will check the box and sign that you have read, understand and agree to abide by this policy.

Our staff are chosen for their love relationship with the Lord that overflows to a love for kids. All staff members are representatives of Jesus Christ and Camp Jonah wherever we go. The way we conduct ourselves should communicate that value. Timothy 4:12 says, “Let no one despise *or* think less of you because of your youth, but be an example (pattern) for the believers in speech, in conduct, in love, in faith, and in purity.”

It is our goal to live in such a way that demonstrates the character of Jesus Christ to each other, to our campers and guests, to our community, and to the world. We also want to be a place that portrays a professional and responsible work environment where people will feel welcome, comfortable, taken care of and safe. Because of the wide range of personal convictions and upholding Scriptural principles, Camp Jonah staff dress casually, but are asked to maintain a modest standard in our personal grooming and dress code.

We expect our staff to be respectful of Camp Jonah rules and authority, and have a team player attitude. We also desire to foster a culture of growth among our staff—where people are constantly taking steps in their relationship with the Lord. We expect to see growing relationships with Jesus, intense desire to share the Gospel, and a lifestyle and attitude that exemplify the Fruits of the Spirit.

CONDUCT

The conduct of all Camp Jonah staff is expected to be consistent with the Christian faith and ethics. Conduct that is immoral, illegal, or persistently contrary to the policies, procedures, and traditions of Camp Jonah may result in dismissal from the staff. Illegal use of alcohol, drugs, fireworks, firearms, knives, weapons, or destruction of camp property are not allowed. Each person is allowed one small pocket knife or Leatherman.

PERSONAL GROOMING

As a staff member, you are responsible to be considerate of all those around you, especially our campers and guests. Your appearance, attitude and behavior will be looked upon as an example. Modest dress and behavior is expected and required of all staff. All clothing is expected to be to be modest and appropriate for the context of our activities. This includes no underwear showing (including boxers and bra straps), and swimwear is for water activity only. Camp Jonah reserves the right to define appropriate standards of appearance.

POSITIVE RELATIONSHIPS

While camp is in session, campers are the top priority for each and every staff member, second only to your relationship with God. Any action done by a staff member that distracts campers from knowledge of Christ, or neglects a camper’s needs is a hindrance to our ministry. When staff relationships become exclusive during camp, it becomes a distraction to other staff members as well as campers and guests. Displays of romantic affection (holding hands, kissing, back rubs to individuals of the opposite gender, etc.) are not allowed, unless married. It is our privilege to exemplify healthy, loving and edifying relationships with each other for our campers to emulate.

CONFIDENTIAL CAMP JONAH BACKGROUND CHECK AUTHORIZATION FORM

This Form must be filled out completely. If you are a minor your parent/guardian must sign this form.*

PRINT Full Name:	LAST:	FIRST:	MIDDLE:
Social Security Number: _ _ _ - _ _ - _ _ _ _		Date of Birth (MM/DD/YYYY):	
Email Address:		Driver's License # & State:	
Former Name(s) and Dates	(Maiden or Pre-Adoptive)	(Dates Used)	
Current Address	(Street)	(City)	(Zip) Since:
Previous Address	(Street)	(City)	(Zip) From:
Previous Address	(Street)	(City)	(Zip) From:

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Camp Jonah** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, employment credit history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Camp Jonah** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Camp Jonah, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Printed Name of Applicant		Signature of Applicant		Date:
*Printed Name of Parent/Guar.		*Signature of Parent/Guar.		Date:

APPLICANT DISCLOSURE FORM

Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved. **If you are a minor, your parent or guardian must also sign this form.***

1. If applying for a position that involves handling money or personal property, have you within the past seven years been released from prison or been convicted of any offense that involved embezzlement, fraud, stealing, robbery, extortion, blackmail or coercion?

Yes or No		If Yes, Explain:
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Pursuant to Chapter 486, Laws of 1987:

2. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

Yes or No		If Yes, Explain:
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3. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Yes or No		If Yes, Explain:
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4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Yes or No		If Yes, Explain:
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5. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Yes or No		If Yes, Explain:
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6. Have you ever been convicted of any crime for any violation of any law (excluding minor traffic violations)? For the purposes this question, the term "convicted" means and includes: (1) all instances in which a plea of guilty or nolo contendere is the basis for the conviction and (2) all proceedings in which a charge has been deferred from prosecution or the sentence has been suspended or deferred.

Yes or No		If Yes, Explain:
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Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Printed Name of Applicant	Signature of Applicant	Date:
*Printed Name of Parent/Guar.	*Signature of Parent/Guar.	Date:

CAMP JONAH ACKNOWLEDGEMENT OF RISK FORM

All Staff must sign this form. If you are a minor your parent/guardian must also sign.*

RELEASE OF LIABILITY:

As staff or guest staff of Camp Jonah (Jonah), I understand that a certain amount of risk is involved for individuals engaging in activities involved with our program. I recognize the element of risk in any adventure, sport or activity associated with the Jonah program. I am fully aware of the risks and dangers inherent in activities such as, but not limited to: hiking, rafting, caving, low and high challenge course, zipline, climbing wall, inflatables, swimming, backpacking, field games, etc.

I understand the possible risks and dangers of participating in such activities. I realize that illnesses and injuries related to unpredictable weather conditions, carelessness, including failure to follow instructions, of other participants and Jonah staff, may occur and may be the cause of loss or damage to equipment or personal injury, illness, and, in extreme cases, permanent trauma and death.

I certify that I have the necessary skills and ability to participate in said activities and assume full responsibility for myself for bodily injury, death and loss of personal property and expenses thereof as a result of my negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of the Jonah staff.

I also agree to abide by the rules or instructions given to me either verbally or in writing by Jonah staff. I further understand that Jonah reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I assume any risk that could result while participating in the Jonah program—either on or off-campus. I recognize that Jonah cannot guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I understand that Jonah has taken extensive safety measures, as well as making every effort to aid in the safety of all guests, campers, and participants. I agree to assume the risk of injury and expense that could result while at Jonah. I release the property owners, Jonah, its staff members, and Board of Directors from liability for any injury to me while a guest or camper of Jonah.

In the event that medical care is necessary, I (or parent/guardian) give permission to Jonah staff to authorize transport, hospitalization, x-ray, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the participant named above. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating; otherwise, I agree to bear the costs of any such injury or damage. My signature below certifies that I am in good health and do not have any medical or physical limitations that would affect my participation in Camp Jonah activities.

MEDIA RELEASE:

I give permission for Camp Jonah to use any photo or video of me/my child for Camp Jonah or promotional advertising. I release my rights to any kind of remuneration for said photos or videos.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me during the entire period of participation in the said activity.

Printed Name of Applicant		Signature of Applicant		Date:
*Printed Name of Parent/Guar.		*Signature of Parent/Guar.		Date:

TROUT LAKE CLINIC STAFF/VOLUNTEER AGREEMENT

All Staff must sign this form. If you are a minor your parent/guardian must also sign.*

Trout Lake is very blessed to have a new Direct Primary Care (non-insurance) medical clinic in our little town. The Trout Lake Clinic (TLC) is located right across from the General Store at 2384 Hwy. 141, Trout Lake, WA 98650. Marshal F. Harpe, D.O, and Shanea C. Harpe, a certified nutritionist, opened early in 2017 as a service to this community. Soon after opening, they reached out to Camp Jonah to offer their services at reduced prices. TLC is not an insurance plan. The Harpes say it is “assurance not Insurance”.

On rare occasions staffies or volunteers may need medical care. As always, a call to 911 brings EMS services to our door within minutes. However, if the medical need seems less urgent, but still calls for a medical diagnosis, we are now able to call Dr. Harpe for an Acute Care visit at any hour of the day or night. The charge is just \$10!

How this works:

1. Your signature shows your agreement for treatment and to pay in full on the day of treatment. The clinic will call you with a report and payment options.
2. As always, we will try to contact parents/guardians first, emergency contact next. When you sign the Camp Jonah Acknowledgement of Risk form, you give permission to Camp Jonah staff to authorize medical treatment. You also agree to cover costs for treatment.
3. Remember, insurance will not cover this visit. A visit to Dr. Harpe, however, can save hundreds of dollars out-of-pocket if we don't have to make an emergency room visit!
4. This is of, course, optional. But you must fill out the Camp Jonah Acknowledgement of Risk Form.

By checking ACCEPT you authorize:

- All of the personal information I've completed is true to my knowledge.
- I authorize this office to release to my insurance company, third party, medical facility, or attorney any information necessary to expedite medical care and/ or payment. I understand that I am responsible for all charges regardless of insurance coverage.
- I understand that Trout Lake Clinic does not bill insurance and that patients under Dr. Harpe's care are prohibited from billing their insurance. Medicare requires their members to sign an Opt-Out Agreement.
- I understand that if I have urgent acute care medical needs after regular office hours, I can seek care through a local Emergency Room or Urgent Care Center at my own cost, if Dr. Harpe is not available. I understand that payment of charges is due in full today, paid either via cash, check, debit, credit card, or EFT for all care, supplies, and non-member additional charges accrued for provided care.
- I understand that there is up to a \$20.00 charge for returned checks and debit/credit cards for insufficient funds. I authorize Trout Lake Clinic to leave a message with my family or on my answering machine or email reminding me about any follow-up appointment date and time, without details of specific medical indication.

	I ACCEPT
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	I DECLINE
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I have read and have ACCEPTED or DECLINED Trout Lake Clinic. By declining, I acknowledge that in the event of a medical emergency I will be driven to an emergency room in White Salmon or Hood River and I understand I will be financially responsible for the care I receive.

Printed Name of Applicant		Signature of Applicant		Date:
*Printed Name of Parent/Guar.		*Signature of Parent/Guar.		Date:

ZOLLER'S RAFTING WAIVER FOR MINORS

All MINOR Staff must sign this form. Your parent/guardian must also sign.*

Camp Jonah participates with Zoller's Outdoor Odysseys, Inc. as one of our off-campus activities. Signing this waiver does not guarantee that you will be participating in rafting activities.

Zoller's Outdoor Odysseys, Inc. requires this waiver to participate in their program.
Thank you for your cooperation.

17 AND UNDER:

INDEMNIFICATION

In consideration for the minor specified below being permitted by **ZOLLER'S OUTDOOR ODYSSEYS, INC.** to participate in the activities of rafting which include, without limitation, the use of its services, and equipment, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian, or custodian of the above minor, for himself/ herself and on behalf of said minor, hereby joins in foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend **ZOLLER'S OUTDOOR ODYSSEYS, INC.**, THEIR DIRECTORS, OFFICERS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees), and NEGLIGENCE made or bought by said minor or by anyone on behalf of said minor, as a result of said minor's participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** and his or her use of the property and facilities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.** I, for myself and on behalf of said minor, agree not to sue **ZOLLER'S OUTDOOR ODYSSEYS, INC.** as a result of any injury, paralysis, or death that said minor suffers in connection with his/her participation in the activities of **ZOLLER'S OUTDOOR ODYSSEYS, INC.**

I also grant **ZOLLER'S OUTDOOR ODYSSEYS INC.**, permission to photograph this activity. I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASE AS WELL AS USED IN PROMOTIONAL ENDEAVORS.

This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

Printed Name of Applicant		Signature of Applicant		Date:
*Printed Name of Parent/Guar.		*Signature of Parent/Guar.		Date:

ZOLLER'S RAFTING WAIVER FOR ADULT STAFF

Camp Jonah participates with Zoller's Outdoor Odysseys, Inc. as one of our off-campus activities. Signing this waiver does not guarantee that you will be participating in rafting activities.

18 AND OVER

Waiver and Release Agreement

Please read carefully before signing.

This is a release of liability and waiver of certain rights.

In consideration for my being permitted to participate in the activities of ZOLLER'S OUTDOOR ODYSSEYS, INC., I agree to the following Waiver and Release:

I acknowledge that rafting has inherent risks, hazard, and dangers that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARD, AND DANGER INCLUDE WITHOUT LIMITATIONS:

1. Water hazards in boating and wading in the rivers including drowning;
2. Hiking in rugged country;
3. Injuries from rafting equipment and other participants;
4. Temperature extremes;
5. Inclement weather condition and unavailability of immediate medical attention in the wilderness in case of injury.

I understand the risks, hazards, and dangers of rafting and have had the opportunity to discuss them with ZOLLER'S OUTDOOR ODYSSEYS, INC.. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have that good physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of the risks. I AM VOLUNTARILY USING THE SERVICES OF ZOLLER'S OUTDOOR ODYSSEYS, INC. WITH THE FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS, OR DEATH.

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE, AND RELEASE, INDEMNIFY AND HOLD HARMLESS ZOLLER'S OUTDOOR ODYSSEYS, INC., their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorney's fees) which are related to, arise out of, or are in any way connected with participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, or death to me or my property as a result of my engaging in these activities or the use of these services, or equipment, whether such damage, loss, injury, paralysis, or dither results from negligence of ZOLLER'S OUTDOOR ODYSSEYS, INC. or from some other cause. I, for my heirs, successors, my executors, subrogees, and myself further agree not so sue ZOLLER'S OUTDOOR ODYSSEYS, INC. as a result of and injury, paralysis, or death suffered in connection with my use and participation in the activities of ZOLLER'S OUTDOOR ODYSSEYS, INC.. I also grant ZOLLER'S OUTDOOR ODYSSEYS, INC., permission to photograph this rafting activity; I UNDERSTAND THAT THESE PHOTOGRAPHS MAY BE AVAILABLE TO PURCHASE AS WELL AS USED IN PROMOTIONAL ENDEAVORS. This Agreement shall be governed by and construed in accordance with the laws of the State of Washington and venue of any action relating to this release shall be in Klickitat County, Washington.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.			
Print your name		Sign your name	
Date		Phone	
Mailing Address		Email Address	