



2009 Registration Form

CONTACT INFORMATION

First Name _____

Last Name _____

Name you like to be called _____

Date of Birth ____ / ____ / ____ I identify as G L B T Other _____

Address _____

City _____

State _____ Zip/Postal Code _____ Country _____

Email _____

Home Phone _____ Best way to contact me

Cell Phone _____ Best way to contact me

Work Phone _____ Best way to contact me

In case of emergency, please contact:

Name _____

Relationship _____

Home Phone _____

Cell Phone _____

Work Phone _____

* * *

PERSONAL INFORMATION

What special dietary requirements do you have, if any? Vegan meal plan (\$25 surcharge)

What special medical conditions do you have, or what special physical accommodations do you require?

T-Shirt Size Check one: S M L XL XXL XXXL

Photo/Video Release

I Authorize and Agree... I Do NOT Authorize and Agree... that 'Camp' Camp may use for promotional purposes all photographs and/or video images which may be taken of me while I'm at Camp. (If you do not select an option, this will mean that you have given your permission.)

How did you hear about 'Camp' Camp?

If you heard about us from a friend or other source, please enter that person's name or the source name here. Please be as specific as possible (i.e., Web: Google Search, etc.)

* * *

**'Camp' Camp
2009 is from
Sunday,
August 23
through
Sunday,
August 30.**

* * *

Mail this completed form to 'Camp' Camp
475 St. Mark's
Avenue #5H
Brooklyn, NY
11238

Or

Fax it to
646-203-0291

Enclose check or money order payable to 'Camp' Camp or phone in a credit card payment by calling 888-924-8380

ACCOMMODATIONS

Please select the most appropriate responses to each of the following questions below so that we can best select a cabin for you. You can change cabins at any time during the week if you wish.

- Are you an early riser? [] Yes [] No [] No Preference
Are you an early-to-bedder? [] Yes [] No [] No Preference
Would you like a quiet, little-talk cabin? [] Yes [] No [] No Preference
Or a cabin where people talk and laugh 'til late? [] Yes [] No [] No Preference
Would you like to bunk with drinkers? [] Yes [] No [] No Preference
Do you snore, talk, scream, or sing in your sleep? [] Yes [] No

I want to be in a cabin with _____

If you have been to 'Camp' Camp before, what is your cabin preference? _____

Other remarks _____

* * *

TRANSPORTATION

By Car [] I do... [] I do not... plan to drive to Camp.

We often have Campers looking for rides to Camp who are willing to share expenses, etc. Please let us know if you have interest and space to bring other Campers with you to Camp.

[] I am... [] I am not... interested in providing carpool transportation to Camp for _____ (number) other Camper(s).

If you already have carpool plans arranged, please give us the details.

I will be carpooling with _____

By Plane/Bus/Train [] I would like... [] I do not need... van transportation from the Portland, ME airport, bus or train station to/from Camp.

Please e-mail transportation@campcamp.com or call 888-924-8380 with your travel itinerary when the details have been finalized.

* * *

Discount Code _____

If you received a Promotional or Discount Code through our E-Newsletter or one of our mailings, flyers or ads, please note it above. (Promotional and Discount Codes may not be retroactively applied to previously submitted registrations.)

What friends of yours might enjoy 'Camp' Camp?

Name _____ Address or Email _____

Name _____ Address or Email _____

Name _____ Address or Email _____

* * *

AGREEMENT

In consideration of the services of 'Camp' Camp II, LLC and each of its respective members, officers, directors, agents, employees, affiliates, representatives, independent contractors, volunteers (including consulting physicians), successors and assigns (hereinafter collectively referred to as "Camp"), the undersigned participant acknowledges, represents and agrees as follows:

I represent that I have no mental or physical problems or limitations that might affect my ability to participate in activities at 'Camp' Camp (the "Activities") which have not previously been disclosed to Camp in writing. I have had and will have the opportunity to ask questions about the Activities and the risks associated with them and I am aware that I can decline to participate in any Activity in my sole judgment.

I understand that Camp Activities may be scheduled or unscheduled, supervised or unsupervised and modified or canceled for any number of reasons, including convenience, weather, emergencies or unexpected conditions, all at the sole discretion of Camp.

I acknowledge that participating in Camp Activities may involve safety risks and that access to medical facilities, communication systems, transportation and/or means of evacuation may be subject to delay. I understand that Camp cannot assure my safety or eliminate all risks associated with my participation in Camp Activities.

I agree to assume all such risks and release Camp from any loss, liability, claim, or expense in any way associated with my participation in any Camp Activity, including (to the fullest extent permitted by law) any loss caused or alleged to have been caused, in whole or in part, by the negligence of Camp (but excluding gross negligence or willful or wanton conduct by Camp) and also including (by way of example and not of limitation) claims for personal injury, property damage, wrongful death, and breach of contract.

I agree to defend and indemnify Camp (to pay or reimburse Camp for money it is required to pay, including attorney's fees and costs) with respect to any and all claims brought by or on behalf of a family member, a co-participant, or any other person for any claims related to my participation in any Camp Activity.

I accept that the substantive law of Maine shall govern the validity of this document and any dispute I have with Camp regardless of any "conflicts of law" rules. Any claim for damages arising from my participation in any Activity conducted or sponsored by Camp, or any controversy involving this agreement, shall be resolved solely by binding arbitration pursuant to the then applicable rules of the American Arbitration Association. I agree to pay all attorney's fees and costs incurred by Camp in defending against any claim or proceeding brought by me if the claim or proceeding is later withdrawn or if Camp prevails. This document is intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions.

I understand that Camp does not tolerate discrimination on the basis of race, color, religious creed, national origin, sex, sexual orientation, gender identity or age. Camp, in its sole discretion, may decide to refuse admission to an individual for any other reason, such as inappropriate, disruptive, or offensive behavior or the failure to act in accordance with Camp principals and values.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS.

Signature _____ Date ____ / ____ / ____