



PEACE RIDGE SANCTUARY SUMMER CAMP PROGRAM

Let us help your children learn about how we can help animals, people, and our planet by making choices that help us all thrive. By making connections with our rescued animals, learning their stories and directly participating in their care, spending time at our beautiful 791-acre model sanctuary and learning about the wild species that also call PRS home, campers will build reverence and respect for animals and the natural world. Campers can see what makes sanctuary life so special by embracing the 5 H's at PRS:

Head: Educational and fun activities, art projects, games, and nature walks

Heart: Meet the 300 rescued animals that call PRS home and learn their stories

Hands: Get hands-on experience helping take care of animals with our caregivers

Health: Enjoy delicious, healthy vegan breakfast, lunch, and afternoon snack daily

Hope: Learn about how we can help animals, people, and our planet thrive!

Where: Peace Ridge Sanctuary, 1111 Littlefield Rd., Brooks, Maine

Please drive very slowly up the driveway as there are often free-roaming animals

We will meet each day in our people barn

When: Monday, August 19th – Friday, August 23rd

On the last day of camp, we will have a family cookout and tour from 3:30-5:30pm

Hours: 8:30am – 3:30pm

Do you need special accommodations for pick/up drop off time? We can consider requests. ***Please describe if needed:***

Ages: 8-12 years old (contact us regarding potential availability for other ages)

Tuition: \$500 - All proceeds go directly to our sanctuary programs. Full payment due: 8/1

Sibling discounts available, please inquire. Scholarships available based on need.

See last page scholarship and payment information.

Included: Daily breakfast, lunch, snacks; PRS logo t-shirt; free vegan cookbook

For our afternoon snack, campers will participate in an interactive cooking demonstration to help prepare delicious food to enjoy at the sanctuary with plenty of extra samples to bring home to their families.

CAMPER'S INFORMATION

Camper's Name: _____ Nickname (if applicable) : _____

Date of Birth: _____ Age (on 8/1) : _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Primary Email Address: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Primary Email Address: _____

Street Address: _____

City/Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACT INFORMATION *(please provide two)*

Name: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

Name: _____

Relationship to Child: _____

Primary Phone: _____ Secondary Phone: _____

PICK-UP & DROP-OFF *(list names of anyone authorized to pick up your child)*

GENERAL QUESTIONS

The following questions will help us better understand your child

Has your child attended summer camp before? Circle one: **YES** or **NO**

If yes, what camp(s) were attended, and what was your child's overall experience?

Why would you like your child to attend PRS's summer camp?

How do you hope your child will benefit from our summer camp program?

Does your child have any special needs that we should be aware of?

Is there anything else you would like us to know about your child?

HEALTH CARE INFORMATION

The following information will help better serve your child

Has your child recently had any serious illness, injury, or surgery that we should know about?

Circle one: **YES** or **NO**

If yes, please explain:

Does your child have allergies or special dietary needs? Note: all food PRS serves is vegan

Circle one: **YES** or **NO**

If yes, please explain:

Is your child currently taking any medications?

Circle one: **YES** or **NO**

If yes, please list all medications:

Will these medications need to be taken during the program? If so, please describe:

HEALTH CARE PROVIDER

Name of Child's Doctor: _____

Doctor's Phone Number: _____

Health Insurance Carrier (if applicable): _____

Health Insurance Phone Number (if applicable): _____

Health Insurance Policy Number (if applicable): _____

Additional Information (as needed):

RELEASE & LIABILITY WAIVER

Please read both pages in full and sign on the following page.

I do hereby acknowledge and assume the risk of my child's participation in any and all activities at Peace Ridge Sanctuary's Summer Camp at the sanctuary location or any and all locations where activities take place.

I understand that my child's participation in sanctuary activities carries with it a risk of bodily injury or personal property damage or loss. The risk may arise not only from my child's own acts, omissions, or negligence but from act, omissions or negligent of others, from the terrain and condition of the premises of the sanctuary, or from the condition, adequacy, or appropriateness of any equipment used.

I understand that my child will be exposed to a range of risks, including but not limited to, hazards associated with walking near or coming in contact with animals, walking on wet and slippery surfaces, or sometimes unpredictable contact with animals. Further, I understand that there may be other risks associated with my child's participation in sanctuary activities that I am not now aware of and that cannot be reasonably foreseen.

I understand that, if necessary, my child will be transported by a local emergency unit for medical treatment. Transportation to and treatment by a medical facility of my child will be at my expense.

I expressly and voluntarily assume all risk of injury, death, and property damage or loss that may result from my child's participation in sanctuary activities.

On behalf of myself, my child, our personal representatives, heirs, next of kin, and anyone who obtains any rights from me on our behalf, I hereby waive, release, and discharge the sanctuary, its board, directors, employees, and all other persons and firms involved in any with the sanctuary (the "Released Parties") from liability for bodily injury, death, property damage or loss related in any way to my child's participation in sanctuary activities, including any losses cause by the negligence, recklessness, or strict liability of the Released Parties. I am not releasing the Related Parties from liability for any willful or intentional acts.

I understand that I am giving up all my claims and those of my child, which may exist now or may arise in the future against the Released Parties. I also understand that I am accepting all responsibility for all costs and damages that my child might incur or that might be incurred on our behalf in the event of any injury of accident. ***CONTINUES ON NEXT PAGE>>***

Peace Ridge Sanctuary

I further understand that the sanctuary from time-to-time takes pictures, videos and sound recordings of persons that participate in sanctuary activities. I acknowledge and agree that I have no objection to the sanctuary using my child's visual or voice likeness in connection with the sanctuary's promotion of its mission and activities.

I have read this document and fully understand its contents. I understand it is a release of all claims related to any injury by me or my child accompanying me while participating in sanctuary activities while on its property. I understand that I am assuming all risks inherent in my child's participation in sanctuary activities. I voluntarily sign my name, and thereby state my acceptance of this above provisions:

Full name of child: _____

Full name of parent/guardian: _____

Signature of parent/guardian: _____

Date: _____

PAYMENT INFORMATION

Payment: Registration fee of \$50 (or scholarship application) required to hold your child's place. Full payment is required no later than August 1. Payment can be made by check, made out to: Peace Ridge Sanctuary. Requests for refunds made before 8/1 will be granted minus \$50 registration/processing fee. As there is limited space, refunds will not be granted after 8/1 unless we can fill the place we help for your child.

Scholarships: for reduced or free tuition are available on a limited basis and available to children who would not otherwise be able to attend camp. Applicant families must be able to certify financial need – any information will be kept strictly confidential - fellow campers will not know what/if a fellow camper paid to attend. To apply for a scholarship, parent/guardian must write a statement of need as well as a short essay (500 words or less) on why they want their child considered for a scholarship. Priority is given to local campers in Waldo County.

Please mail form plus registration fee (full payment by 8/1) or scholarship application to:

Peace Ridge Sanctuary

Attn: Melissa Andrews

1111 Littlefield Road

Brooks, ME 04921