

2022 WOW Campout- Waiver and Important Information

Payment is due at the time of registration and waivers must be completed and brought with you to the event.



Calling all Wild Outdoor Women! It's about to get real...real fun!

Calling all Wild Outdoor Women! Join us for a women-only, fearless weekend at Camp CHOF! Sleep in a cabin or bring your tent. We'll offer activities for all interest and comfort levels. Some programs include: giant swing, yoga, archery, archery painting, crafts, campfire, and the annual WOW Dash!

Program Date	September 17 starting at 10 a.m. to September 18, 2022 ending at 1 p.m.
Requirements	For women, ages 18 and older
Location:	Camp CHOF – 1820 Deerfield Ave. N, Dalton, OH 44618
Fee	\$40 per person (in county) \$45 per person (out-of-county)
Cabin or Tent	(choose one) <input type="checkbox"/> Cabin <input type="checkbox"/> Bringing My Own Tent

Participant Name: _____ Date of Birth: ____/____/____ Age: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone _____ 2nd Phone: _____
 Email: _____ How did you hear about this program: _____

ARE THERE ANY SPECIAL CIRCUMSTANCES STAFF SHOULD BE AWARE OF? (Allergies, medications, special needs, etc.)

* For questions or to speak with a staff member, please call 330.409.8096.

YES NO If yes, please explain: _____

EMERGENCY CONTACT INFORMATION: Please print and fill out completely.

Primary Contact Name _____
 Relationship of Contact _____ Emergency Phone Number _____
 Primary Contact Name _____
 Relationship of Contact _____ Emergency Phone Number _____

PHYSICIAN INFORMATION: Please print and fill out completely.

Physician's Name _____ Physician's Phone Number _____

WAIVER AND RELEASE OF ALL CLAIMS:

Signature on this registration and waiver form is required of all participants. A parent or guardian must sign for participants under age 18.

As a participant or parent/guardian of a participant in this Stark County Park District program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages, or loss which I or my child/ward may sustain as a result of participating in any and all activities associated with this program.

I agree to waive and relinquish all claims against the Stark County Park District (and its officers, agents, servants, and employees) of injuries, damage, or loss which I or my child/ward may have as a result of my participation in this program. I further agree to indemnify and hold harmless and defend the Stark County Park District (and its officers, agents, servants, and employees) from any and all claims sustained by me and/or my child/ward arising out of, connected with, or in any way associated with the activities of the program.

Medical Treatment Consent: I also consent to emergency medical treatment for me or my child/ward if necessary. I agree to waive and relinquish all claims against the Stark County Park District (and its officers, agents, servants, and employees) incurred by an emergency treatment received.

Media Consent: By participating in any Stark County Park District program or event, I agree to allow for publication of any photo/media taken for future park district programming.

I recognize that my fax signature will be deemed the same as an original. I have read and fully understand the program waiver and the emergency medical treatment consent. This waiver form is completed and signed of my own free will.

 Signature or Parent, Guardian, or Adult Participant Date