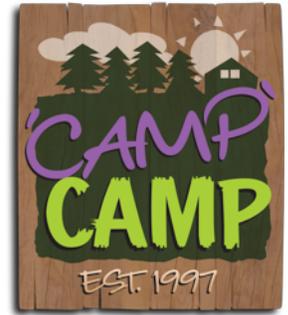


# 2019 registration form



## contact information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name you like to be called \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Sexual Orientation *(check as many as apply)*

Lesbian  Gay  Bisexual/Pansexual  Queer  Asexual  Other \_\_\_\_\_

### Gender Identity *(check as many as apply)*

Female  Male  Trans - FTM  Trans - MTF  Genderqueer  Other \_\_\_\_\_

### Pronouns *(check as many as apply)*

She/Her/Hers  He/Him/His  They/Them/Theirs  Ze/Hir/Hirs  Other \_\_\_\_\_

E-mail \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_  Cell  Home  Work

Phone (alt.) \_\_\_\_\_  Cell  Home  Work

### *In case of emergency, please contact:*

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_  Cell  Home  Work

Phone (alt.) \_\_\_\_\_  Cell  Home  Work

## personal information

What special dietary requirements do you have, if any?

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

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

### Photo/Video & Social Media Releases

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.)*

By noting my social media accounts below, I hereby Authorize and Agree that 'Camp' Camp may tag me in social media posts both before and after Camp for promotional and general purposes. *(If you do not wish to be tagged in social media posts, simply do not note your social media handles below.)*

Facebook \_\_\_\_\_ Twitter \_\_\_\_\_ Instagram \_\_\_\_\_

**'Camp' Camp  
2019  
is from  
Sunday,  
August 18  
through  
Sunday,  
August 25.**

Mail this completed form along with a check or money order made payable to 'Camp' Camp to:

'Camp' Camp  
62 Summit Park Avenue  
Portland, ME 04103

**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.)

**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.

- |   |                              |                                |   |
|---|------------------------------|--------------------------------|---|
| Which gender cabin do you prefer?*                    | <input type="checkbox"/> Men | <input type="checkbox"/> Women | <input type="checkbox"/> Gender-Neutral/Co-Ed |
| Are you an early riser?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> No Preference        |
| Are you an early-to-bedder?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> No Preference        |
| Would you like a quiet, little-talk cabin...?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> No Preference        |
| ...Or a cabin where people talk and laugh 'til late?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> No Preference        |
| Do you snore, talk, scream, or sing in your sleep?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> I Have No Idea       |
| Are you able/willing to take a top bunk if necessary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No    | <input type="checkbox"/> No Preference        |

\* You may mark both a gendered and gender-neutral cabin option if you are open to either.

I want to be in a cabin with \_\_\_\_\_

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

Other remarks \_\_\_\_\_

At this time, 'Camp' Camp does not provide linen service, so all Campers should plan to bring a fitted sheet, flat sheet & pillowcase. (Twin size recommended, though full also works. Two flat sheets will also suffice.) A limited supply of pillows & sleeping bags will be available for loan to those Campers arriving via plane, bus, or train.

I will not be driving to Camp and would like to request a:  Pillow  Sleeping Bag

**transportation**

Please provide general information regarding your travel plans below as it will assist us in planning for Camp. A link to our online Transportation Information Form where you can submit the specifics of your travel itinerary will be made available approximately 2-3 weeks prior to the start of Camp. Details on recommended arrival times, etc. will be included in your confirmation e-mail.

**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... complimentary van transportation from Portland International Jetport (PWM) or the Portland bus or train station to/from Camp.

**promotions & referrals**

**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/confirmed registrations.)

**What friends of yours might enjoy 'Camp' Camp?**

We do offer a \$100 referral fee for each first-time, fully-paid Camper who registers for Camp and notes your name on their registration form as to how they heard about 'Camp' Camp. You must also attend Camp to receive your referral fee. Referral fees are paid via check at the end of Camp.

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

**campership fund**

If you can afford to contribute an additional amount towards our Campership Fund, we highly encourage you to do so. The Campership Fund allows those with a financial need to attend Camp by assisting them with payment of their fees. (Donations to our Campership Fund are not tax-deductible.)

I would like to contribute an additional \$ \_\_\_\_\_ to the Campership Fund and have included this amount in the payment/deposit enclosed with this form.

Sorry, I am unable to contribute at this time.

**tell us...**

**If you are a new Camper, what was the most important factor in your decision to attend 'Camp' Camp?**

**If you are a returning Camper, what most makes you want to return?**

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**agreement**

*In consideration of the services of Camp Camp II, LLC (d/b/a 'Camp' Camp) 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 principles 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** \_\_\_\_ / \_\_\_\_ / \_\_\_\_