



# Special Ministries Camp at WHR

## "Fear Factor Live" 2011

[www.whisperinghoperanch.org](http://www.whisperinghoperanch.org)

## Volunteer Packet

**Camp Dates:** September 23 - 25, 2011

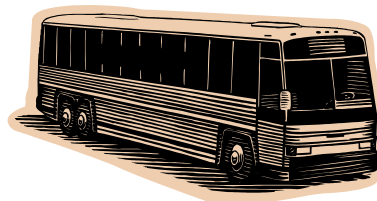
**Registration Due:** Monday, September 5<sup>th</sup>

**Early Check In:** 11:30 a.m. - 12:00 p.m.  
Friday, September 23

If you are driving later you must arrive by 5:30 p.m.

**Drop Off:** Scottsdale Bible Jr. High Bldg.  
North Parking Lot on Shea  
7601 E Shea Blvd, Scottsdale 85260

**Questions:** Amy Daniels or Jana Solmen  
Office phone: 480.824.7267  
Amy email: [adaniels@sbcaz.org](mailto:adaniels@sbcaz.org)  
Jana email: [jsolmen@sbcaz.org](mailto:jsolmen@sbcaz.org)



**Bus Returns:** 3:30 p.m. Sunday, September 25

**Pick Up:** Scottsdale Bible South Parking Lot on Miller Rd.

# PACKING LIST AND EQUIPMENT

**\*Please put your name on  
ALL luggage and personal items**

- Pillow
- Sleeping bag **or** blanket/sheets
- Sheets (twin set)
  
- Bath towel
- Wash cloth
- Shampoo/conditioner
- Soap
- Toiletries
  
- Closed toe shoes – closed toe shoes are required on the property
- Socks and undergarments
- Jeans or long pants
- Shirts (both short sleeves and long sleeves)
- Shorts (knee length)
- Pajamas
- Jacket

## Optional:

- Sun screen lotion
- Bug repellent
- Sunglasses and/or hat
- Flashlight (very important to most campers)
- Rain jacket
- Camera
- Phone cards are a must in order to make a long distance call (no cell phone service)

## **IMPORTANT:**

**All prescription medications and vitamins must be in a plastic baggie with your name on bag. Give directly to the volunteer nurse before boarding the bus or upon arrival to camp. All must obey this rule unless you use a locked box approved by Amy or nurse.**

## Whispering Hope Ranch

### Emergency Contact Numbers for Parents/Caregivers

- Main Ranch Office (M-F 9:00 a.m. – 4:00 p.m.) 877.478.0339
- Wellness Center Phone & Answering Machine 928.478.0146

**LEAVE THIS PAGE AT HOME WITH YOUR LOVED ONES  
FOR PICK UP TIME AND PHONE NUMBERS**



## Registration for Special Ministries Fall Camp:

All Volunteers must have filled out a background check with Scottsdale Bible Church in the last three years.

If you do not have one on file with us please contact Amy Daniels and return the form by September 5<sup>th</sup>.

Amy Daniels: 480.824.7267 or [adaniels@sbcaz.org](mailto:adaniels@sbcaz.org)

Camper/Volunteer Full Name: \_\_\_\_\_

**CAMPERS/VOLUNTEERS MUST HAVE THIS FORM FILLED OUT AND RETURNED! WHR NEEDS THEM ALL!**

**WHISPERING HOPE RANCH FOUNDATION CONSENT AND LIABILITY RELEASE & PHOTO RELEASE**

PLEASE READ CAREFULLY BEFORE SIGNING. YOUR LEGAL RIGHTS ARE AFFECTED BY THIS CONSENT AND LIABILITY RELEASE.

A signed release is required of all adults/minors before being granted access to the premises of Whispering Hope Ranch.

**The release must be completed by a parent/guardian if the participant(s) is/are under the age of 18.**

I hereby request Whispering Hope Ranch Foundation (“WHRF”) to grant me and/or my child(ren)/ward access to the premises and facilities of Whispering Hope Ranch (“WHR”), near Payson, Arizona. In consideration of, and as a condition to WHRF granting me this privilege, I as an individual and as a parent, custodian and/or legal guardian of a minor child(ren) or (“child(ren)/ward”), agree that:

1. The privilege of access is granted only to me and/or my child(ren)/ward;
2. I assume all risks of personal injury and/or injury to property inherent in visiting WHR, which is located in a wilderness area and which houses domesticated and undomesticated animals;
3. I release and hold WHRF and WHR harmless and waive any claim against them for any accident or injury to me and/or my child(ren)/ward and/or our property occurring on WHR premises;
4. I agree to pay all medical expenses incurred for myself and/or my child(ren)/ward arising out of any accident or injury occurring on WHR premises;
5. I agree not to file suit or make any claim against WHR and/or WHRF;
6. This release extends to all officers, directors, employees, servants, agents and assigns of WHRF;
7. I agree that this release applies to me, my child(ren)/ward, my family and any others who may want to assert a claim for accident or injury occurring while visiting WHR;
8. I am aware of the inherent risks associated with equine activities, and am willing and able to accept full responsibility for my and/or my child's(ren's)/ward's safety and welfare and release WHRF and/or WHR from liability;
9. I agree that Arizona law applies to this consent and it is to be interpreted in favor of releasing WHR and WHRF from liability.

**WHISPERING HOPE RANCH FOUNDATION PHOTO RELEASE**

I consent to and authorize the use and reproduction by Whispering Hope Ranch Foundation (“WHRF”) of any and all photographs and any other audio-visual materials taken of me and/or my child(ren)/ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program. I hereby waive any claim for remuneration for any WHRF of my and/or my child's(ren's)/ward's likeness.

I DO **NOT** CONSENT TO THE PHOTO RELEASE.

*I have read the above liability release and sign with full knowledge of content.*

*Must be completed by a parent/guardian if the participant(s) is/are under the age of 18.*

Participant Name(s) - Please print.	Relationship – Please check.
1.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
2.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
3.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self
4.	<input type="checkbox"/> Child/Ward <input type="checkbox"/> Self

Signature (Self/Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (Self/Parent/Guardian): \_\_\_\_\_

