



# CAMP CRYSTAL LAKE

## 75<sup>th</sup> Anniversary Celebration

1948 - 2023

*Celebrating 75 years of education,  
fun, family and fellowship*

**Everyone is invited!**

**Dates:** November 18th & December 9th (Both Saturdays)

**Time:** 12:30 pm - 5:30 pm

**Activities:** Fishing, Arts & Crafts, Archery, Hayrides, and our Ropes Course

Come one, come all, young and old to join us for our 75th Anniversary celebration!

Camp Crystal Lake's Outdoor Education Center is one of Alachua County Public School's most treasured gems and a second Summer home to many generations of Alachua County Residents. Please join us and share your memories while making new ones!

Everyone is invited to this free event!

Each Saturday will be filled with fun family-oriented activities such as fishing, arts & crafts, archery, and hayrides as well as our high ropes course. There will also be an on-going slideshow featuring different decades of camp. Please bring copies of your camp pictures and memorabilia to show at the "Decades meet-up" / photo op in the Rec Hall. Our closing ceremony will take place at 5:00 pm at the Council Ring.

Collectable 75<sup>th</sup> Anniversary T-shirts will be available for purchase.  
Proceeds from this event will go towards Summer program scholarships.

**\*\*For those who want to enjoy the ropes course, please print, fill out and bring a copy of the ropes release form (attached). Paper copies will also be available on site.\*\***

Please let us know if you're coming so we can plan accordingly – RSVP via the QR code to the right or via this google forms link:  
<https://forms.gle/WqB4mfjkkML49Zo36>



E-mail: CampCrystal75nbeyond@gmail.com



Name \_\_\_\_\_ Age \_\_\_\_\_

Organization \_\_\_\_\_

\*Please Print\*

## Camp Crystal Lake Ropes Course & Adventure Program Medical Questionnaire

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you have any pre-existing medical conditions?<br>If yes, please explain: _____<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently taking any prescription or non-prescription medication?<br>If yes, what are they and what are they for? _____<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any heart conditions?<br>If yes, please explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have high blood pressure?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any allergies (food, medicines, bees, other insects, other)?<br>If yes, please explain: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you foresee any problems participating in the Alpine Tower activity<br>due to lack of physical exercise back home?<br>If yes, please explain: _____  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you feel any pressure or coercion from anyone, including your<br>employer or others to participate?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a physical, intellectual, and/or emotional disability?<br>If yes, please indicate the functional implications and any concerns about<br>participation related to the disability. _____<br>_____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Please describe your current level of physical activity: _____<br>_____   |                          |                          |

In case of emergency, contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance (Company & Policy Number): \_\_\_\_\_

### Participant - Please Read & Sign

I have honestly disclosed to the staff any medical, psychological or personal information relating to my health and personal safety. I will remember that a "Challenge by Choice" atmosphere exists at all times and I should not feel pressured to participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Participant Acknowledgement of Risk, Release, & Agreement

In consideration of the services of the **School Board of Alachua County (SBAC)**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as **SBAC**), I hereby agree to release, indemnify, and discharge **SBAC**, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ropes course and adventure program activities entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**SBAC** programs are based on the "challenge by choice" principle. At any time, you and/or your group are free to withdraw from participation in the ropes course and adventure program activities. **The risks include, among other things, potential for:** slips, falls, and falling; rope burns; pinches, scrapes, twists, and jolts that could result in scratches, bruises, sprains, splinters, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals, or insects that could create hazards such as stings, allergies, and associated diseases.

Furthermore, **SBAC** instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities; they might misjudge the weather.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **SBAC** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **SBAC** equipment or facilities, including any such Claims which allege negligent acts or omissions of **SBAC**.

4. Should **SBAC** or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear all costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume, and bear the costs of, all risks that may be created directly by any such condition.

6. In the event I file a lawsuit against **SBAC**, I agree to do so solely in the State of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against SBAC on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

### Parent or Guardian's Additional Indemnification (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by **SBAC** to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless **SBAC** from any and all Claims which are brought by, or on behalf of Minor, and which are in any connected with such use or participation by Minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_