

84522 Church Lane  
Joseph, OR 97846  
541-432-1271  
(1-866-WALLOWA)  
wallowa@gocamping.org



## Welcome to Wallowa Lake Women's Horse Camp! "Sometimes A Woman Needs A Horse"

We look forward to meeting you and spending the week having fun with the horses and sharing the experience of worshipping and learning more about God in the outdoors.

We have put together this packet of information and forms to help you get ready for Horse Camp.

**Check-in at Wallowa Lake will be from 3:00pm-4:00pm on Monday, June 27th.** Please let the camp know if you plan to arrive later than this time. On Friday, July 1st, we will have a closing after breakfast, and you can be on the road by approximately 10:00am.

- ◆ Please **mail in** the completed, signed Health Form to the camp at least 10 days before your arrival. An envelope has been enclosed for your convenience. If there are any changes in health status, you can let the person in charge of medications know about these changes when you arrive.
- ◆ A **Liability Release Form** for the horse outfitters is also enclosed. It must be completed and signed and **mailed in with the health form.**
- ◆ You will find a List of **Things to Bring** on the back of this letter.
- ◆ On the back of the **Map** you will find the **Policies** for our camping program. Please read them carefully and contact the camping office if you have any questions.

Camper names and addresses may be shared with other campers. Photographs that may include campers may be used for promotional purposes unless the camp director, David Cook, is instructed otherwise. The camp will provide transportation to all offsite activities.

- ◆ If you still owe payment for the camp, the balance is due two weeks before camp starts. If your church is paying part of the fee and they have not already sent the payment in, you will need to let the camp know the amount the church is planning to pay when you check in at the camp. Please contact Geneva Cook in the camping office (1-800-593-7539 or email: [camping@umoi.org](mailto:camping@umoi.org)) if you need more information about payments or registration.

Make all checks payable to: **Conference Center**

Mail payments to: Camping Office  
1505 SW 18th Avenue  
Portland, OR 97201

Please remember to mail in your "Health Form" &  
"Liability Release Form" to Wallowa Lake Camp at least  
one week before your event.

Check out our website at [www.gocamping.org](http://www.gocamping.org)



In order for you to have a safe and comfortable time at Horse Camp, please read the information below. The forms you have been sent to fill out need to be mailed to the camp at least 10 days before camp starts so you know they have arrived by the time you get there.

**\*\* Items are optional**

Please bring the following items with you for your stay at camp.

- ◆ **Your completed Health Form** (this should be mailed at least 10 days before camp starts)
- ◆ **Waiver of Risk Form** for our outfitters signed by a parent (this should be mailed at least 10 days before camp starts)
- ◆ **Boots with a defined heel** (tennis shoes are **not** allowed for riding, but you may bring tennis shoes to wear when not riding)
- ◆ **Sunscreen** (SPF 30 or higher)
- ◆ **Chap stick or lip balm with sunscreen**
- ◆ **Insect repellent**
- ◆ **Water bottle**
- ◆ **Rain slickers** will be provided for campers (you may bring your own rain gear if you have it).
- ◆ **Warm jacket** (the mornings and evenings can be very cool)
- ◆ **Several changes of clothing** — Layers work best as the temperature may vary throughout the day.
- ◆ **Long pants for riding** (comfortable jeans are great)
- ◆ **Light jacket or sweater**
- ◆ **Heavier jacket for chilly evenings**
- ◆ **Bedding items** will be provided for the campers
- ◆ **Towels and washcloths** will be provided for the campers
- ◆ **Personal items** (soap, toothbrush, shampoo, etc.)
- ◆ **Bible**
- ◆ **Flashlight**
- ◆ **\*\*Camera**
- ◆ **\*\*Saddlebags if you have them**

We will provide a horse for each camper, but if you have your own horse and would like to bring it for the week, please contact Kerry and Doneva Bolen, the camp deans, at 541-701-1748 or at [doneva@dymco.org](mailto:doneva@dymco.org). You will need to provide vaccination records for your horse, and it must have previous mountain trail experience.

We are all looking forward to a great week of riding, cooking, beautiful scenery, and celebrating the life-style of Western women!

# Health History Form for Adults Attending Camps or Retreats

Camp & Retreat Ministries, Oregon & Idaho

This form should be sent in to the camp at least one week prior to your arrival so that the camp staff can be aware of your needs. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp.

Dates of Camp Attendance \_\_\_\_\_

Mail this form to the address below by \_\_\_\_\_ (date)

**Wallowa Lake Camp**  
84522 Church Ln.  
Joseph, OR 97846

## PERSONAL INFORMATION:

Name \_\_\_\_\_  
Last First Middle In.

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Daytime Phone (if different) (\_\_\_\_) \_\_\_\_\_

Gender: (circle one) Male Female

Birthdate \_\_\_\_\_

Email Address: \_\_\_\_\_

## EMERGENCY CONTACT:

Whom should we notify in case of a medical emergency?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work/Other phone \_\_\_\_\_

## HEALTH CONDITIONS:

Any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Allergies to medications: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

List any dietary restrictions: \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Blood Type \_\_\_\_\_ (if known)

Do you have a health condition (e.g. allergies, chronic conditions) or special circumstances which may affect program participation, special housing need, or anything we ought to know prior to emergency treatment? Yes No

If yes, please explain: \_\_\_\_\_

## MEDICATIONS BEING TAKEN:

Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med#1 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Med#2 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Med#3 \_\_\_\_\_ Dosage \_\_\_\_\_ Schedule \_\_\_\_\_

Attach additional pages for more medications.

## PHYSICIAN:

Name of family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

## PERMISSION TO PROVIDE NECESSARY TREATMENT OR EMERGENCY CARE:

In signing this form I hereby certify that this information is correct. In case of medical emergency I understand that every effort will be made to contact the emergency contact listed above. In the event they cannot be reached I hereby give permission to the medical personnel selected by the camp director to secure and administer treatment including hospitalization and to provide or arrange necessary related transportation for me. I agree to the release of any records necessary for insurance purposes.

Signature of Adult camper/staff \_\_\_\_\_ Date \_\_\_\_\_

## PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Eagle Cap Wilderness Pack Station and Parasail, Inc., 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 "ECWPS"), I hereby agree to release, indemnify, and discharge ECWPS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding entails known and unanticipated risks that 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.

The risks include, among other things: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, ECWPS employees 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 or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation 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 ECWPS 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 ECWPS's equipment or facilities, including any such claims which allege negligent acts or omissions of ECWPS.
4. Should ECWPS 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 the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against ECWPS, I agree to do so solely in the state of Oregon, 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 portion 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 ECWPS on the basis of any claim form 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'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

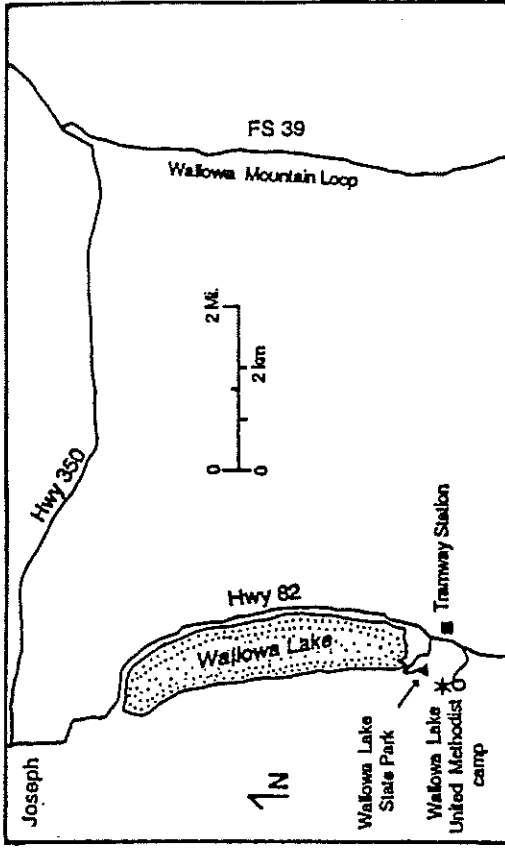
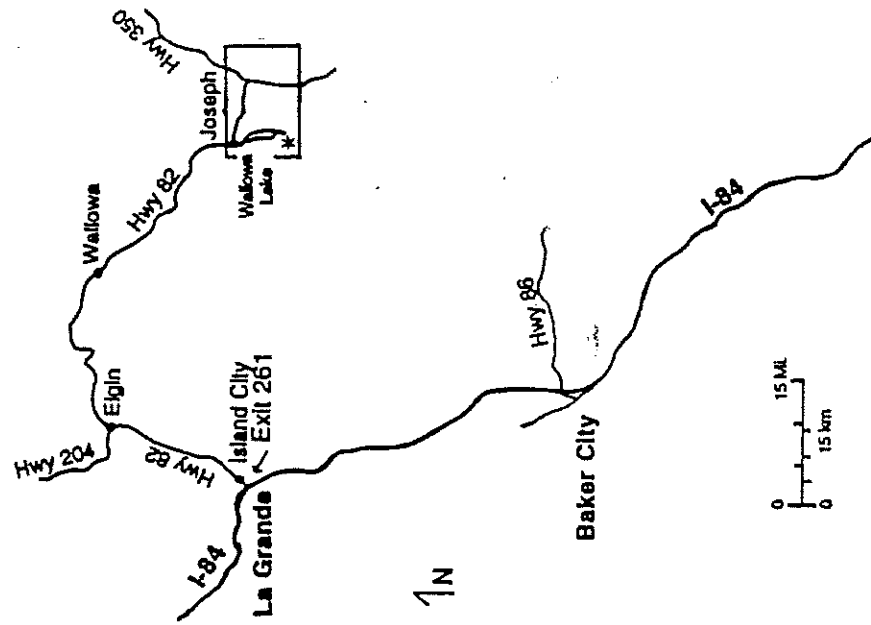
In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by ECWPS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ECWPS from any and all Claims which are brought by, or on behalf of Minor, and which are in any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

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

Do not rely on internet map searches for directions.

# FINDING WALLOWA LAKE CAMP

84522 Church Ln., Joseph, OR, 97846  
(541) 432-1271



## From I-84 East and West:

Travel east or west to La Grande. Take exit 261 to Island City. From Island City travel east on highway 82 through Elgin, Wallowa and Joseph. From Joseph continue south on highway 82 toward Wallowa Lake State Park. The road will then fork at the park grocery store. Stay to the left and continue south. Go past the tramway station and take your first right onto Bailey Lane. Proceed straight into Wallowa Lake Camp.

Sources: ODOT State Highway Map 1993, USGS Enterprise, 1:100,000, 1986, USFS Wallowa National Forest 1990.

Ed Doherty, 1993

Neither The United Methodist Church, nor the University of Oregon nor any of their employees, officers, agents, or students warrant the accuracy or completeness of this map or the accompanying directions.

Map courtesy Department of Geography,  
University of Oregon, 1994.

# CAMP & RETREAT POLICIES

*These policies have been found through many years of experience to be important for good camping.*

## 1. TO CAMP AND HOME

- ❖ Campers should plan to arrive and depart at the scheduled times. (See the letter about your specific event.) Staff is not available to care for campers before or after camp.
- ❖ Authorization of release of campers: Parents will be asked upon arrival at camp who is authorized to pick up their child at the end of the week.
- ❖ Visitors are asked to visit only at camp opening and closing.
- ❖ Telephone contact between campers and their parents or guardians will be confined to emergency situations.
- ❖ Licensed, insured drivers under age 18 may drive themselves if they have their parent's permission, but are not allowed to have any passengers. For drivers under age 18, keys are collected and returned at the end of the event.
- ❖ Campers love to receive letters. Mail them early to arrive mid-week. Food items are discouraged as these attract unwanted visits from local wildlife. If you choose to send a package, consider items that can be shared or used by others: this will help promote unity in the cabin.
- ❖ Camper names and addresses may be shared with other campers unless the camp director is instructed otherwise.
- ❖ Photographs that may include your child may be used for promotional purposes such as printed catalogs, flyers or camp websites unless the camp director is instructed otherwise.

## 2. HEALTH

- ❖ A completed camper health form is required for all campers. Parent or legal guardian must sign health forms for campers under age 18. This form gives our staff information about health history, allergies, special diets, medicines brought with the camper, and other information that will be helpful in properly caring for the camper. **THIS COMPLETED AND SIGNED FORM IS REQUIRED OF ALL CAMPERS**
- ❖ Medical or behavioral information about your child will be shared only with other staff if it is determined by the director or medical staff that it is necessary to help the staff person better work with your child.
- ❖ All prescription OR non-prescription medications must be brought in their original bottles or packaging. For child & youth events, the Camp Health Care Provider is to have custody of all medication brought into camp by campers.
- ❖ The camp personnel will notify you if your child displays the following symptoms:
  - Any illness that persists longer than 24 hours; including fevers, coughs, excess expulsion of bodily fluids, allergic reactions, severe tiredness.
  - Any injury that causes severe prolonged pain, discoloration and/or swelling.
  - Any condition that cannot be sufficiently treated by camp personnel.
  - Any condition requiring transport to other medical services.
- ❖ The use or possession of alcoholic beverages, non-prescribed drugs (except those placed in custody of camp), depressants, or hallucinogens is prohibited. The use of tobacco is prohibited in the light of fire hazard and health dangers. Smokers are asked to refrain from smoking while at camp.

## 3. USE OF THE SITE

Campers are to stay within the boundaries of the Camp unless accompanied by a staff member.

Swimming and boating are important parts of the program at many camps. They are permitted only when an official lifeguard is on duty, and at times designated by the Camp staff.

Personal sports equipment (skateboards, bikes, archery equipment) should only be brought when specified by the dean of the event.

Fires are to be built only in fireplaces and approved campfire pits.

Campers will help keep the campsite clean and in good condition.

Camping is a way of life! Don't bring electronic devices, iPods, MP3 players or hand held games to camp. In children & youth camps, cell phones will be collected and returned at the end of camp.

All local and federal laws prohibiting weapons, firearms, fireworks etc. apply in the camp setting.