



EASTERN PENNSYLVANIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION

2014 Family Camp September 26, 27 and 28, 2014

CAMP KWEEBEC
157 Game Farm Road, Schwenksville, PA 19473

We are going back to Camp Kweebec this September!! Nestled on 186 acres in Montgomery County, Camp Kweebec is a perfect site for a weekend family event!! The camp has nice, clean cabins that are bright and airy and elevated off the ground with bathrooms. Bring lots of warm clothing, just in case it's cold.

We will have delicious family-style food throughout the weekend, all cooked for us on-site! The camp has tennis, basketball and volleyball courts, soccer and baseball fields, a climbing wall, and a zip line across the lake (all outdoor facilities are lighted). In addition, there is boating, fishing, canoeing, a full arts and crafts program and a wonderful show on Saturday night! If the weather is bad, there are many indoor areas that will accommodate our group and lots of fun activities.

The weekend is for children with hemophilia or VWD, and their immediate families AND adult patients and their immediate families. This is your chance to get together in a great setting to socialize, play and just HAVE FUN!!!

How to Register for Family Camp *Please Read Carefully*

We are able to accommodate about 250 people for the weekend. Once you have returned your registration form to us by mail with a check or money order for \$10 per person, you will be notified by mail that we have received your registration.

When the date gets closer, we will send you a list of activities for the weekend, what to bring, etc...

Complete the registration form and mail it back to the Chapter with your check or money order payable to "EPC-NHF."

Mail to:

Eastern Pennsylvania Chapter of NHF
14 E. Sixth Street, First Floor
Lansdale, PA 19446



14 E. 6th Street, First Floor, Lansdale, PA 19446
215-393-3611 (Office) ▪ 215-393-9419 (Fax)

www.hemophiliasupport.org ▪ www.facebook.com/EPCNHF



EASTERN PENNSYLVANIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION

Family Weekend Registration Form September 26, 27, 28

Mail this form and the attached waiver back to the EPC with a check or money order payable to "EPC-NHF"
\$10 per person

Mail to: Eastern Pennsylvania Chapter of NHF, 14 E. Sixth Street, First Floor, Lansdale, PA 19446

Persons with bleeding disorders who will be attending the weekend:

Name: _____ Age: _____ HTC: _____

Name: _____ Age: _____ HTC: _____

Parent (s) or Guardian(s) who will be attending the weekend:

Name: _____

Name: _____

Note: At least one parent or adult guardian must accompany children. All family members will sleep in one cabin, but you may be asked to share your cabin with others, depending on the number of people coming.

Other family members who will be attending the weekend:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Family mailing address:

Home phone: _____ Work phone: _____ Cell phone: _____

Email: _____

_____ We will be staying for the whole weekend and need a cabin.

_____ We will be coming in just for Saturday and will not need a cabin.

Registration Deadline is September 3, 2014 or until the Cabins are Full



EASTERN PENNSYLVANIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION

Eastern Pennsylvania Chapter of the National Hemophilia Foundation ("EPC")

Family Camp 2014

****Release of Liability – Read Before Signing****

In consideration of being allowed to attend EPC's Family Camp for 2014 (the "Camp") and to participate in various Camp activities, I _____ the undersigned, acknowledge and agree that:

1. There is a risk of injury associated with attending the Camp and participating in Camp activities; and
2. I knowingly and freely assume all such risks, and assume full responsibility for my attendance at the Camp and participation in Camp activities; and
3. I willingly agree to comply with the stated and customary terms and conditions for attendance at the Camp and participation in Camp activities; and
4. I understand and agree that EPC, in its sole discretion, has the right to determine who may attend the Camp and participate in Camp activities; and
5. I hereby grant the EPC and its directors, officers, members, agents and other representatives, full authority to take whatever action they consider to be warranted regarding my health and safety, or for the health and safety of other participants, including asking that I immediately leave the Camp without disruption, and I fully release all of them from any liability for such actions taken on my behalf; and
6. I hereby, for myself, my heirs, executors, administrators and assigns forever remise, release and discharge the EPC and its successors and assigns, directors, officers, members, agents and representatives and employees and their heirs, executors, administrators, and assigns, from any and all manner of actions, causes of action, suits, debts, accounts, controversies, damages, claims and demands whatsoever, which I or my legal representative may have or may acquire against the EPC or its directors, officers, members, agents or other representatives, by reason of any loss resulting from personal injury or damage to any personal property belonging to me which may occur during or by reason of my attendance at Camp or participation in Camp activities.



EASTERN PENNSYLVANIA CHAPTER NATIONAL HEMOPHILIA FOUNDATION

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Age: _____ Date Signed: _____
Participant's Signature

Mailing Address: _____

FOR PARENTS/GUARDIANS OF ATTENDEES OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for each of the minor participants listed below, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child(ren) and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child(ren)'s involvement or participation in the Camp activities, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

X _____ _____
Parent/Guardian Date Signed

Child(ren)'s Name(s)

SEND THIS COMPLETELY FORM WITH REGISTRATION:

**The Eastern Pennsylvania Chapter of NHF
14 E. 6th Street
First Floor
Lansdale, PA 19446**