



Dear Mountain Camper,

Thank you for registering for Oglebay Institute's Mountain Nature Camp in Terra Alta, West Virginia. We have assembled a tremendous staff of dedicated instructors who will make your experience memorable and enriching!

### **Arrival and Check-in**

Arrival and check-in will take place on Sunday, June 7, 2020 from 1-5:30pm. Camp will officially begin at 6:30pm with dinner, and we encourage you to arrive early enough to prepare your camp area, meet our staff, and share some time with fellow campers. If you need directions to camp, please visit <https://oionline.com/camps/mountaincamp/mountaindirections/>.

### **Mountain Nature Camp reminders**

Please review the enclosed camp check-list of equipment and remember the following while preparing for your experience:

- Terra Alta Mountain Camp is located at 2600 feet elevation and nights in June may dip into the 40s.
- Terra Alta Mountain Camp is a rustic campsite that aims to preserve its natural setting. Koehnline Lodge was constructed in 2004 and offers a modern facility for meetings, programs, and meals. New shower facilities were built in 2010.
- Please bring your own tent, sleeping pad, sleeping bag, pillow and blankets as needed. There is a limited number of cots available upon request; contact Molly Check at [mcheck@oionline.com](mailto:mcheck@oionline.com) as soon as possible if you would like to reserve a cot. If you do not wish to tent camp, you may reserve a room at your own expense at nearby Alpine Lake Resort in Terra Alta, WV. Their phone number is (304) 789-2481. You may also check Airbnb for a 1 bedroom rental at a nearby house.
- Small trailers are welcome, but there are no hook-ups.
- We will travel to off-camp study sites by camper carpools.
- Daily free time allows ample opportunity for recreation. Campers are welcome to bring their own equipment for use during these times such as bikes, fishing poles, kayaks or canoes.
- Three meals per day are served buffet style in Koehnline Lodge from Sunday dinner through Saturday breakfast. For specific dietary needs, please contact Molly Check by May 31 (304-242-6855).
- Campers participate in the daily up-keep of the facility including small chores and are encouraged to participate in all activities beginning with morning bird walks at 7 a.m. and concluding with nightly campfires at dusk.
- Service animals are the only animals permitted at camp.

### **Paperwork & Camp Health Form**

All paperwork is due to the Schrader Environmental Education Center by **Friday, May 29, 2020**. Attached in this packet are a Camp Health Form and an OI Waiver of Liability Form. Please complete and sign these **required** forms.

## **Packing List**

- Flashlight
- Clothes
  - ✓ for hot weather / cold weather
  - ✓ for all day sun / all day rain
  - ✓ for cool evenings
  - ✓ long pants recommended
  - ✓ rain-proof outerwear
  - ✓ hat
- Footwear
  - ✓ walking shoes or sneakers
  - ✓ waterproof walking or hiking shoes
- Personal
  - ✓ toiletries
  - ✓ towels
  - ✓ medications
- Tent, etc.
- Sleeping bag / pad / pillow
- Paper / pencil / pen
- Binoculars

## **Optional, but recommended:**

- MNC Name Tag (previous campers)
- Folding chair
- Field guides and hand lens
- Watch / clock
- Shower shoes/water shoes
- Hiking boots
- Coat / warm outer layer
- Gloves
- Day pack
- Walking stick
- Water bottle
- Sunglasses
- Sunscreen
- Camera
- Extra blanket
- Cell phone reception is spotty. A phone card is needed to make outgoing calls using the camp phone.
- Walkie talkies

**Medical Insurance**

All campers **must** complete the medical insurance information on the Camp Health Form. Medical insurance is required to attend camp. Oglebay Institute is a non-profit organization that does not provide personal medical insurance.

**To receive telephone calls at Camp**

(304) 789-5388

Cell phone service can be spotty in the mountains. We recommend that you bring a calling card to use when calling from camp.

We are looking forward to seeing you at Mountain Nature Camp! If you have any questions or concerns, please call 304-242-6855 or email [mcheck@oionline.com](mailto:mcheck@oionline.com).

Sincerely,



Molly Check  
Director, Schrader Environmental Education Center  
Oglebay Institute  
[mcheck@oioline.com](mailto:mcheck@oioline.com)  
304-242-6855

**OGLEBAY INSTITUTE ADULT HEALTH FORM & WAIVER**  
**(Mountain Camp: Terra Alta, WV)**

Please return this form to the **Schrader Environmental Education Center Attn: MNC, 1330 National Road, Wheeling, WV 26003** no later than **June 10, 2019**. Each participant must have an individual form. **Participants without a Health Form on file in our office will not be admitted.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**Home/Cell Telephone:** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**Notify in an Emergency:**  
**First Choice:** Name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_  
phone \_\_\_\_\_ City/State \_\_\_\_\_  
**Second Choice:** Name \_\_\_\_\_ phone \_\_\_\_\_ Relationship \_\_\_\_\_  
phone \_\_\_\_\_ City/State \_\_\_\_\_

**HEALTH INFORMATION:** List any health conditions such as heart disease, diabetes, epilepsy, allergies, drug sensitivities, or any chronic condition(s), current medications, etc. Please list any dietary restrictions, ie gluten free, lactose intolerance, or vegetarian meals preferred.

\_\_\_\_\_

Name and phone number of family physician:  
\_\_\_\_\_

Restricted activities:  
\_\_\_\_\_

List all medications brought to Terra Alta:  
\_\_\_\_\_

In an emergency, campers will be taken to the nearest facility. If you have another preference, please indicate here:  
\_\_\_\_\_

<b>Insurance Information</b>	
Each participant is expected to be covered under a medical plan and any medical costs incurred will have to be submitted to the individual's insurance carrier.	
NAME OF INSURANCE CARRIER _____	GROUP NUMBER _____
SUBSCRIBER NAME _____	AGREEMENT NUMBER _____
PUBLIC ASSISTANCE _____	CODE NUMBER _____

**Authorization and Waiver:** To the best of my knowledge, this health history is accurate, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the physician selected by the camp director to order X-Rays, routine tests, and treatment. I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery. It is expressly understood and agreed that Oglebay Institute shall not be responsible or legally liable for any losses of personal property or for any bodily injuries, or the results thereof, incurred or suffered by the applicant or in connection with any activities or programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for photos of myself to be used in publications by the Institute. Y / N \_\_\_\_\_ Initials

**OGLEBAY INSTITUTE  
WAIVER OF LIABILITY  
ACKNOWLEDGMENT AND RELEASE**

**Please read the following assumption of risk and liability waiver very carefully.  
By signing this application you are agreeing to all provisions, implied or otherwise, of the  
waiver.**

IN CONSIDERATION of participating in the activities of MOUNTAIN NATURE CAMP, I the undersigned, for myself, my personal representatives, heirs and next of kin hereby acknowledge, agree, and represent that I fully understand that certain activities of Oglebay Institute's MOUNTAIN NATURE CAMP pose risks of injury and possibly death. It is my responsibility to follow any directions, restrictions, prescriptions or limitations that are applicable to my physical condition or state of fitness. Therefore, I HEREBY:

1. RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Oglebay Institute, the instructors and/or participants in any teaching activities, and/or any of the individual officers, directors or agents of Oglebay Institute from all liability to me, my personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claims or demands therefore on account of injury to my person or property or resulting in my death whether caused by the negligence or recklessness of Oglebay Institute or its employees or agents while participating in any activities associated with MOUNTAIN NATURE CAMP.
2. AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Oglebay Institute from any loss, liability, damage, or cost they may incur due to my participating in any way in any activities associated with MOUNTAIN NATURE CAMP whether caused by the negligence or recklessness of Oglebay Institute or its employees or agents.
3. ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence or recklessness of Oglebay Institute or its employees or agents while participating in any way in any activity associated with MOUNTAIN NATURE CAMP.

I further expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State of West Virginia and if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY WARRANT THAT I HAVE READ AND VOLUNTARILY SIGNED THIS WAIVER OF LIABILITY ACKNOWLEDGEMENT AND RELEASE, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_