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YOUTH AT RISK WILDERNESS CAMP

NOTE: The Outfitters & Guides Liability Application must be completed and returned with this form. A chronological schedule of all activities must be listed, including a full description of all activities and the location layout.

1. Applicant Information

Today's Date: _____

Applicant's Name: _____

Applicant's Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ County: _____

Business Telephone Number: () _____ Fax: () _____

2. Program Information

1. Please attach a list of staff, ages, and experience and include resumes of key personnel.
2. Through what agencies or entities are your campers referred to you? _____

3. Who are their legal guardians? _____
4. How do you deal with disciplinary problems? _____

5. Describe your treatment, goals, and methods. Include areas such as treatment plans, short and/or long range goal setting, and evaluation methods. Use a separate sheet if necessary. _____

6. Describe the experience of the people who will be administrating the program, as it relates to similar programs: _____

7. How are you dealing with staff burn-out? Include a sample work schedule. _____

8. What is the staff to camper ratio? _____ to _____
9. What is your runaway rate? _____
10. If known, what is your recidivist rate? _____
11. Is your program based on a "high stress" model or on a skills and emotional development model?
Please explain: _____

12. Provide copies of all brochures and promotional material, include material which portray your operation.
13. Please provide a copy of your release and the acknowledgement of risk that each camper/parent will read and sign.

14. Answer the following questions:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do they have a choice in participating in your program? What motivational factors are built into the program to help insure discipline and success?
<input type="checkbox"/>	<input type="checkbox"/>	If you have co-ed groups, do you use co-ed staff?
<input type="checkbox"/>	<input type="checkbox"/>	Can a camper who poses a threat to the groups safety, be removed from the program?
<input type="checkbox"/>	<input type="checkbox"/>	Will campers ever be permitted to operate stoves without supervision?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be using solos? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Are you a member of any professional organizations? If yes, please identify:

3. Activity Breakdown/User Days

DESCRIPTION OF ACTIVITY	ANNUAL # OF GUESTS OR PARTICIPANTS	X	NUMBER OF DAYS EACH PERSON PARTICIPATED	=	TOTAL USER DAYS
Camping/Hiking		x		=	
Rock Climbing		x		=	
River Running		x		=	
Ropes Courses		x		=	
Other (please describe):		x		=	