



8722 S. Harrison St. Sandy, UT 84070  
P.O. Box 4439 Sandy, UT 84091  
877-585-2853 • Fax 877-585-2854

**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		=	