

TEAM Ascend Medical Release

Group Name: _____

Last Name: _____ First Name: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Birthday: ___/___/___ Grade Completed: _____ Age: _____ Male: ___ Female: ___

Home Phone: (____) _____ Height: _____ Weight: _____

Parent/Guardian Name: _____ Work Phone: (____) _____

Parent Guardian Cell Phone: (____) _____ Other Phone: (____) _____

Primary Care Doctor's Name: _____ Phone: (____) _____

Alternative Emergency Contact Name: _____ Phone: (____) _____

Work Phone: (____) _____ Relation to Camper: _____

Does the camper have any allergies? _____ If yes, explain: _____

Is camper currently taking any medications? _____ If yes, list medication, dose, route, frequency, and purpose: _____

Please list any health problems that may affect camper's ability to carry a backpack: _____

Does camper have permission to take over the counter medications for headaches, upset stomach, aches and pain, etc.? ___yes ___no Any special considerations or instructions? _____

Date of last Tetanus Shot: ___/___/___ Medical Insurance Company: _____

Account Number: _____ Group Number: _____ Phone: (____) _____

Please give any additional information below and continue on the back if necessary: _____

Participant Agreement

I understand that this experience includes certain physical demands such as hiking through rough terrain, backpacking with personal gear as well as crew gear, and climbing mountains possibly up to 14,500 feet in elevation. Having the assurance of my child's health through a current physical examination by a medical doctor, I hereby give consent for me or my child to participate in the outdoor program TEAM Ascend. I have included in this form all additional medical information about my child that should be know by leadership of the program. In the event of an evacuation, I understand that TEAM Ascend Facilitators are not responsible for housing participants should they be unable to rejoin the group.

In the event of an emergency, I authorize my consent to any X-ray examination, medical, dental, or surgical diagnosis, treatment, and/or hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice.

Participant Signature or Parent/Guardian Signature (Required for campers under 18 years of age)

TEAM Ascend
Participant Agreement, Release, and Assumption of Risk

I hereby agree to release, indemnify, and discharge all TEAM Ascend Facilitators, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, persons representatives and estate as follows:

1. I acknowledge that my participation in hiking, camping, backpacking, and rappelling 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: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), sunburn, heat exhaustion, dehydration, and exposure to potentially dangerous wild animals, insect bites, hazardous plant life, equipment failure, and improper lifting or carrying.

Furthermore, TEAM Ascend Facilitators 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 in this activity 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 all TEAM Ascend Facilitators 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 facilities, including any such claims which allege negligent acts or omissions of my TEAM Ascend Facilitators.
4. Should any TEAM Ascend Facilitator 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 or any medical or physical condition I may have.
6. In the event that I file a lawsuit against any TEAM Ascend Facilitators I agree to do so solely in the state of Texas, and I further agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in 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 rights to maintain a lawsuit on the basis or any claim from which I have released 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 or Guardian's Additional Indemnification
(Must be completed for participants under the age of 18)

In consideration of _____ (Print minor's name) being permitted by TEAM Ascend Facilitators to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless and TEAM Ascend Facilitators 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: _____

TEAM Ascend Curriculum Statements of Acknowledgement and Code of Conduct

The following guidelines are designed to make your experience in the wilderness satisfying to you and to all other participating on the trip. This means that all participants - youth, adults, and designated leaders (TEAM Ascend volunteer facilitators) - shall **respect** the individual rights, safety, and property of others.

1. I agree to participate in all planned activities as defined by the schedule and to be in appropriate dress. I understand that designated leaders are responsible for ensuring that everyone participates in all sessions of the planned program activities, unless excused by an adult. I further agree to be in my area at curfew and to comply with quiet hours, "lights out", and other rules set by designated leaders for my safety and the safety of others.
2. I acknowledge that the possession and use of alcohol, drugs, or tobacco, other than prescribed medication is prohibited. Any person found to using a controlled or illegal substance during camp sessions will be send home and other measures will be considered. All minors must submit prescribed medicines to an adult for proper dispensation.
3. I agree not to bring items which are unsafe, intrusive, in poor taste, or otherwise objectionable to camp. Large knives, firearms, fireworks, electronic equipment, noise makers, and certain printed matter are examples of prohibited materials.
4. I agree not to use obscene and discriminatory language or roughhouse, and further understand that insubordination will not be tolerated at any time, and that youth members should demonstrate respect to adults.
5. I understand that the display of overly affectionate attention between males females is discouraged.
6. I affirm the group with which I am traveling on National Forest Lands is under 75 persons. I affirm there will be no military or paramilitary training or exercises by private organizations or individuals as part of our activities.
7. I affirm that I have equally shared in the direct expenses of this trip, provided my own equipment and food as either the owner of such or through a third party off of National Forest Lands not associated with this trip, and that I have not paid a participation fee to any entity as a requirement to participate in activities on National Forest Lands.
8. I affirm to the best of my knowledge that designated leaders of the trip who might provide hiking, camping, and outdoor medical expertise are not compensated in any way for such, and are non-paid volunteers. As a volunteer on this trip, I affirm that I have not received or been promised any payment or other benefit for going along with the trip.
9. I agree not to materially impact the characteristics or functions of the environmentally sensitive resources or lands identified in Forest Service Handbook 1909.15, chapter 30 and further agree to follow the posted regulations of the area in which we camp or hike.
10. I agree not to violate state or any local public health laws and regulations or pose a substantial danger to public safety. I further agree there will be no gambling or providing of sexually oriented commercial services as part of the activities on NFS land, even if permitted under state law.

11. I agree to pack out my trash and abide by the "Leave No Trace" concept of outdoor ethics. I affirm there will be no disposal of solid waste or storage or disposal of radioactive or other hazardous substances on NFS land in the course of our activities.
12. I agree not to carve, chop, cut, or damage and live trees and will obey restrictions on fires, using only dead wood as fuel for fires in accordance with local regulations at the time of the camping activity.
13. I affirm that my participation in this activity is consistent with laws, regulations, orders, policies of NFS lands, other federal laws, and applicable state and local health and sanitation laws, and is consistent with the standards and guidelines in the applicable Land and Resources Management Plan. I affirm that my use of National Forest Lands will abide by local, posted Forest Service regulations and rules as understood.
14. I agree to obtain a Colorado State Fishing License if I plan to fish on the trip. Further I agree that there will be no hunting or capturing of wildlife while on National Forest Lands.
15. I understand and acknowledge that each participant is responsible for their own safety. I further understand that I am responsible for my own actions.

Penalties for Infractions:

Infractions of this Code of Conduct must be reported promptly by anyone observing them to the adults on the trip who will bear final responsibility for disciplinary action. Penalties may include any or all of the following:

- sending a youth, adult, or designated leader home
- barring that youth, adult, or designated leader from future activities
- being assessed the cost of damages and repairs in the event of damage or destruction of property.
- being released to the nearest law enforcement agency and/or the proper authorities

Parents and designated leaders will be notified of action taken. If a participant is sent home, their costs of the trip, including those shared by the group will not be refunded, and will be at the participant's own expense.

* * * * *

I, _____ have read the Statements and Acknowledgement and the Code of Conduct and agree to abide by such. I understand that infractions of this Code will result in any or all of the penalties listed above.

Youth/Adult/Designated Leader Signature

Date

Youth/Adult/Designated Leader Name

Home Zip Code