

Environmental Traveling Companions

ETC Youth LEAD Program

Student Information

Every item in every section must be completed. Your place on a course is not confirmed until we receive all forms, filled out completely and signed, in addition to your full tuition payment. If there are blanks left on this form it may delay the processing of your application.

<u>PARTICIPANT INFO</u>	<u>PARENT/GUARDIAN</u>
Name _____	(Additional Parent/Guardian/Emergency Contact)
Gender: _____ DOB _____ / _____ / _____	Name _____
Height: _____ Weight: _____	Relationship _____
Ethnicity: _____	Address _____
	City/State/Zip _____

<u>PARENT/GUARDIAN</u>	Occupation _____
(Primary Parent/Guardian/Emergency Contact)	Mobile Phone _____
Name _____	Work/Home Phone _____
Relationship _____	Email _____
Address _____	
City/State/Zip _____	<u>FAMILY PHYSICIAN</u>
_____	Name _____
Occupation _____	Telephone (____) _____
Mobile Phone _____	Hospital/Clinic _____
Work/Home Phone _____	
Email _____	

For our insurance records, answers to the following questions are required in full detail.

1. Is the applicant covered by any hospitalization and medical care policy? Circle- Yes No
2. Insurance Company Name _____
Policy or Certificate # _____
Address and phone # of Insurance Company _____

A NOTE TO PARENTS/GUARDIANS

All information will remain confidential. Many students with a variety of medical/psychological disabilities have successfully completed our courses, but we must be aware of these conditions for the applicant's benefit. Failure to disclose such information could result in serious harm to the applicant and her or his fellow students.

If your child arrives at the course start with a pre-existing condition or injury which is not indicated on your medical form she/he will be removed from the trip. If the same unreported condition presents itself during the wilderness trip, you will be responsible for the transportation of your child back home.

MEDICATIONS

ETC's Youth LEAD policy is that Instructors will carry and document the administration of all required medications on course. All medications to be given on course, including over-the-counter and vitamins, must be presented to an ETC Staff when checking in for your course. All medications must come in their original bottles with labels showing complete directions for administration, the participant's name, and expiration date.

Medications such as acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), diphenhydramine (Benadryl®), Sudafed®/cold/cough medicine/throat lozenges, and others may be given by ETC Instructors and Staff for headaches, colds, bumps, sunburns, and various other injuries. By signing this document you agree to their use, as needed, unless otherwise discussed with Youth LEAD Staff.

SIGNATURE REQUIRED

I hereby acknowledge ETC to administer First Aid and/or emergency medical treatment and/or secure such medical services that may be necessary for myself or any minor on whose behalf I am signing. I realize that any emergency or medication that may become necessary are the sole responsibility of the participant. Consent is hereby given for any emergency anesthesia, operation, hospitalization, or other medical treatment which may become necessary during any portion of the ETC trip.

The information provided on the following pages is a complete and accurate statement of the physical and psychological factors that may affect my child's participation on ETC's Youth Leadership School. I realize that failure to disclose such information could result in serious harm to my child and to fellow students, and I agree to indemnify and hold Environmental Traveling Companions harmless if all relevant information is not disclosed. I also agree to notify ETC should there be any change in my health status prior to my trip start.

Parent/Guardian's Name

Date

Parent/Guardian's Signature

Date

Applicant's Name

Date

Applicant's Signature

Date

Please check here if you do not want your photo used in ETC publications, outreach, or media.

Updated 3/15/21

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Environmental Traveling Companions, their agents, owners, officers, volunteers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ETC"), I hereby agree to release, indemnify, and discharge ETC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in the following guided activities: hiking, camping, backpacking, river rafting, skiing, and kayaking activities 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: slips and falls; being struck by rock fall or other objects dislodged or thrown from above; pinches, scrapes, twists and jolts that could result in cuts, scratches, bruises, sprains, lacerations, fractures, or concussions; hazards of walking on uneven terrain; water hazards; canoe or kayak entrapment; accidental drowning; capsizing or entrapment; whitewater rapids will be encountered; collision with fixed or moveable objects or other watercraft; being jolted, jarred, bounce, and shaken during rides; contact with food boxes, other storage containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft; "washed" overboard resulting in having to swim rapids risking collision with rocks and entanglement in trees; musculoskeletal injuries including head, neck, and back injuries; exposure to temperature and weather extremes which could cause cold water shock, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; strong wind, cold, storms, large waves, eddies, whirlpools, and lightning; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; loss or damage to equipment being used; equipment failure and/or operator error; improper lifting or carrying; being lost or separated from their guides or companions; the negligence of participants, or other persons who may be present; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; transmissible pathogen or disease; consumption of food or drink; my own physical condition, and the physical exertion associated with this activity.

Furthermore, ETC personnel 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, 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. Additionally, I agree to wear a U.S. Coast Guard approved personal flotation device (life jacket) while participating in water activities.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ETC 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 ETC's equipment or facilities, **including any such claims which allege negligent acts or omissions of ETC.**
4. Should ETC 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 of any medical or physical condition I may have. In the event of my death or incapacity, this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assignees and representatives.
6. In the event that I file a lawsuit against ETC, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby release, waive, and relinquish all claims and legal actions for personal injury, wrongful death or property damage against the U.S. Department of the Interior – Bureau of Reclamation ("U.S. Government), State of California, its department of Parks and Recreation ("State") or its permittees arising as a result of my participation in the whitewater river trips and related activities described herein, my use of permittee's equipment, or any activities incidental there to include rescue activities; This release applies even if permittee and/or state and/or U.S. Government are negligent or otherwise at fault. I also agree to protect, hold harmless, defend and indemnify permittee, state and U.S. Government and hold them harmless from all claims and legal actions for personal injury, death, or property damage arising from my conduct; these indemnities apply even if permittee, state and U.S. Government are negligent or otherwise at fault.

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 right to maintain a lawsuit against ETC on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at ETC.

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.

Print Name _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

Signature of Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of the following minor(s) _____
(clearly print Minor's or Minors' name(s)) being permitted by ETC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ETC from any and all claims which are brought by, or on behalf of Minor(s), and which are in any way connected with such use or participation by Minor(s).

Parent or Guardian: _____ Print Name: _____ Date: _____



**Environmental Traveling Companions
Youth LEAD Program
Terms and Conditions**

We look forward to sharing an ETC adventure with you! Below is a list of Terms and Conditions for your trip booking:

Transportation

- ETC will provide all transportation once the course has begun.
- Parents/guardians must provide transportation to the Pre-Trip Orientation Meeting and Course Start, and pick up their participant at the Graduation Ceremony.

Medical

All participants must complete all Medical Forms, which must be signed by the participant, the participant's parent or guardian, and a medical professional. ETC works to accommodate people with special needs, though we reserve the right to exclude or remove someone from a trip at any time if applicable to the safety of the trip. Participants must bring all medications that they are taking, and all medications must be prescribed to the student attending course and within the expiration date written on the prescription. Youth LEAD Instructors will carry all medications unless the medication needs to be on the participant at all times (i.e. inhalers, epi-pens), in which case it is mandatory that the student have it on their person. All dietary restrictions and preferences must be listed on the medical form to ensure that we can accommodate all participants.

Liability

Due to the nature of the activity, students must complete a Liability Release acknowledging the inherent risks of the trip activities. This form must be signed by the participant and the participant's parent or guardian if they are under the age of 18. Participants who refuse to sign the liability release will not be allowed to participate. This form is included in the Medical Forms.

Reservations and Cancellations - Open enrollment students only (Summer Search students will be handled through Summer Search staff)

- A deposit for 50% of the total trip cost is required 2 weeks after acceptance to secure the reservation.
- Cancellations made 90 days or more prior to the trip date will receive a full refund.
- Cancellations made 60-89 days prior to the trip will receive a credit for the deposit amount, which can be applied to any YLP trip within one year of the original trip date.
- Cancellations made 59 days or less prior to the trip date are not refundable unless special accommodations are made in advance with the ETC Office.
- The trip balance is due no later than 7 days prior to the trip date.

Signing the Statement of Policies below indicates that you agree to the above Terms and Conditions.



STATEMENT OF POLICIES & CONTRACT OF EXPECTATIONS ETC YOUTH LEAD PROGRAM

ETC's Youth LEAD Program is designed to provide participants with the leadership, environmental awareness and outdoor skills necessary to become a confident team member. In order to achieve this goal, certain policies must be followed. The following is a statement of ETC's Policies for our Youth LEAD Courses. Please read through them carefully and sign.

All rules below must be followed at all times for the safety of yourself and your group. Violations of rules may result in you being asked to leave the program. If inappropriate behavior causes a participant to be asked to leave they will not be refunded their course payment.

- At ETC we celebrate inclusion and practice making our programs accessible to youth from diverse cultural, religious, and socio-economic backgrounds, as well as ability levels, sexual orientations and gender identities. All participants are expected to share their unique perspective and to encourage their peers to do the same. Discrimination in any form will not be tolerated.
- The consumption of non-prescription drugs or alcohol, or abuse of prescription drugs will not be tolerated and a student may be asked to leave.
- ETC is a family and we need to develop trust and respect for each other. Safety depends upon it. Weapons of any kind will not be tolerated. Excessive rough play, fighting or disregard for safety instructions will not be tolerated and a participant may be asked to leave the program if acting violently.
- The way we use language represents us as leaders. During the program all participants are expected to refrain from the use of derogatory language and find appropriate substitutes for commonly used swear words.
- Each ETC leader must take responsibility for her/his/their actions. Responsible behavior must be practiced during the Youth LEAD Program, including refraining from sexual intimacy.
- This is an outdoor adventure program. No electronic audio or audiovisual devices are permitted.
- We are in ETC's Youth LEAD Program together as a team. Participants will not be traveling alone and must stay with their group at all times. Participants may only leave the designated camping areas with permission from the Trip Leader and with an ETC Guide.
- Parents/Guardians will be held responsible for providing transportation home for a participant in the case of inappropriate behavior that requires a participant to be removed from the program.

I have read the above policies, as well as Terms and Conditions, and I agree to each of them.

Youth LEAD Student

Parent or Guardian of Youth LEAD Student

Youth LEAD Program Manager

MEDICAL INFORMATION

Answer all questions honestly and to the best of your ability. If you are answering “yes” to any question, please describe the type, severity, medications, and other pertinent details that may be relevant at the bottom of the form. Please list each question by number and respond to each individually. *ETC reserves the right to ask for a follow-up doctor’s examination or additional medical information before course approval.*

Participant Name _____

Age _____

Does the applicant currently have or have a history of:

1. Respiratory problems? Asthma? YES NO

a. Is the asthma well controlled with an inhaler? YES NO

If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course and an aerochamber/spacer is recommended. Make sure it is within its expiration date.

What triggers an attack? Last episode? Ever hospitalized?

2. Gastrointestinal disturbances? YES NO

3. Diabetes? YES NO

4. Neurological problems? Epilepsy? YES NO

5. Seizures? YES NO

6. Dizziness/vertigo or fainting episodes? YES NO

7. Migraines? Frequency, are they debilitating, use medications? YES NO

Describe frequency, date of last episode, and severity.

8. Treatment or medication for menstrual cramps? YES NO

9. Are they pregnant? YES NO

10. History of heart issues such as hypertension, diabetes, hyperlipidemia, angina, tachycardia, bradycardia, unexplained chest pain or immediate family history of early cardiac death (<50 years old)?

YES NO

11. Knee, hip, or ankle injuries (including sprains) and / or surgery? YES NO

12. Shoulder, arm, or back injuries (including sprains) and / or surgery? YES NO

13. Any other joint problems? YES NO

14. Head injury? Loss of consciousness? For how long? YES NO

15. History of heat stroke or other heat related illness? YES NO

16. Have they had psychotherapy? YES NO

17. Are they currently in treatment or psychotherapy? YES NO

18. Reasons for treatment or therapy?

suicide

substance abuse / chemical dependency

eating disorder (anorexia / bulimia)

academic / career / family issues

ADD / ADHD

anxiety

depression

other _____

19. Name and telephone number of psychotherapist:

Name (_____) Phone

Please provide specific dates and details of psychotherapy and medications that were prescribed:

20. Are they allergic to or have a medically related intolerance to any food? YES NO

If yes, please describe _____

21. Do they have any dietary requirements/preferences? YES NO

If yes, please describe _____

22. Have they had any systemic allergic reactions to insects, bee / wasp stings, or medications resulting in hives, swelling of the face / lips, or difficulty breathing? YES NO

If prescribed, the student MUST bring a personal supply of epinephrine on their course, preferably in a pre-loaded autoinjector, and know how to use it.

If the student has been hospitalized for an anaphylactic reaction, please describe the hospitalization below – duration of hospital stay, signs/symptoms, cause, year of occurrence, etc..

23. Any other allergies? YES NO

Describe your allergies _____

24. Does this person plan to take any prescription or non-prescription medications on the course?

YES NO

ETC courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking, and must bring any prescribed medications on course with them. All students who are required by their personal physician, psychiatrist, or health care provider to take prescription medications on a regular basis must be able to do so on their own and without supervision or assistance from ETC staff.

Medication	Dosage/Time	For what Conditions?	Side Effects / Restrictions

If medications or health condition changes prior to course start, please inform ETC.

25. Does the applicant exercise regularly? YES NO
 Activity _____ Frequency _____
 Duration / Distance _____ Intensity level Easy Moderate Competitive
- Activity _____ Frequency _____
 Duration / Distance _____ Intensity level Easy Moderate Competitive
26. Does this person smoke or use tobacco products? YES NO
 Tobacco products (nicotine) are not allowed on ETC trips.
27. Swimming ability (CHECK ONE): Non-swimmer Recreational Competitive

I agree that the above information is correct and true to the best of my abilities.

 Parent/Guardian's Name

 Date

 Parent/Guardian's Signature

 Date

 Applicant's Name

 Date

 Applicant's Signature

 Date