



2019

Day Hikes, 3-Day & 5-DAY BACKPACK TRIPS!

ALL TRIPS FREE

Application Deadline: **May 31**  
(for all Trips)

- Day Hike Series (Ages 6-18 accepted) Each day during the week of June 24 - 28
- Co-ed Ages 9-11 3-Day Trip: July 16-18  
3-Day Trip: July 23-25
- Co-ed Ages 12-14 5-Day Leadership Training Trip: July 22-26  
3-Day Trip: July 29-31
- Co-ed Ages 15-18 3-Day Photography Trip: July 8-10  
5-Day Trip: July 15-19

**Send Applications to:**  
Ascend Wilderness Experience  
P.O. Box 3263  
Weaverville, CA. 96093

**Or Email to:**  
information.ascend@gmail.com

**Questions;**  
Call: 530-739-1177  
Email:  
information.ascend@gmail.com

**\*IMPORTANT\***

Ascend will send an email confirmation upon receipt of your child's application. If you do not hear from Ascend within two weeks, PLEASE contact us to make sure your child's application was received.

KEEP THIS FOR YOUR FUTURE REFERENCE



**Ascend Wilderness Experience**

P.O. Box 3263  
Weaverville, CA 96093  
(530) 739-1177  
ascendwilderness.org  
information.ascend@gmail.com

May 1, 2019

Dear Parent or Legal Guardian,

Thank you for your interest in the youth day hikes and backpack trips offered by Ascend Wilderness Experience! We are a local non-profit organization that has led hundreds of local youth into the Trinity Alps Wilderness Area, providing all gear, food, training and transportation at no cost to participants.

**Day hikes** for youth between the **ages of 6-18** are offered the week of **June 24-28**. If you are interested in a day hike please mark all days your child could possibly go on a hike, on the sign up sheet. Actual day hike dates for each age group will be announced in mid June. **An orientation meeting for all day hikes is scheduled for June 17 from 5:30-7 pm.**

The 2019 **backpack** trips offered are:

Age Group	Trip Dates	Mandatory Orientation Meeting	Mandatory Pack Meeting
9-11 3-day	July 16-18	July 1 @ 5:30-7 pm	July 13 @ 9-11am
9-11 3-day	July 23-25	July 11 @ 5:30-7 pm	July 20 @ 9-11am
12-14 3-day	July 29-31	July 20 @ 2:30-4pm	July 27 @ 9-11 am
12-14 Leadership 5-day	July 22-26	July 8 @ 5:30-7 pm	July 20 @ 12-2pm
15-18 Photography 3-day	July 8-10	June 26 @ 5:30-7 pm	July 2 @ 7-9pm
15-18 5-day	July 15-19	July 1 @ 7-8:30pm	July 13 @ 12-2pm

For each backpack trip there are two **mandatory** meetings. Please note the meeting dates and times in the table above for any trips that you are interested in. We will provide additional meeting details, if your child is offered a spot on a trip.

Participation in Ascend backpack trips is free but we do request that participating youth contribute \$15 towards the pizza party that takes place on the final evening of the trip.

If your child applies, we will send an email confirming receipt of your child's application. If you do not receive this confirmation within two weeks, PLEASE contact us.

KEEP THIS FOR YOUR FUTURE REFERENCE



Please fill out **all** pages and mail to the above address. Failure to complete all sections may disqualify application.

YOUTH'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

**Parent/Guardian Information:**

BEST CONTACT NUMBER: \_\_\_\_\_ DO YOU RECEIVE TEXTS? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CHILD'S SCHOOL: \_\_\_\_\_

**\*FATHER/GUARDIAN**

Name: \_\_\_\_\_

Address & Phone (If different than above) \_\_\_\_\_

**\*MOTHER/GUARDIAN**

Name: \_\_\_\_\_

Address & Phone (If different than above) \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is email a good way to reach you? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like to join our email news? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Work Place: \_\_\_\_\_

Work Phone# \_\_\_\_\_

Best ways to reach me: (i.e. email, text, workplace)

Write all that apply: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is email a good way to reach you? YES \_\_\_\_\_ NO \_\_\_\_\_

Would you like to join our email news? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Work Place: \_\_\_\_\_

Work Phone# \_\_\_\_\_

Best ways to reach me: (i.e. email, text, workplace)

Write all that apply: \_\_\_\_\_

**PARENT/GUARDIAN:** Ascend trips for youth are **FREE**, but we couldn't do this without community support. It costs about \$700 per youth for a 5-day wilderness trip. Would you be willing to donate or help with future events to raise funds for future participants (as well as your own child)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, make sure your email and phone number are listed here or above: \_\_\_\_\_

**\*Emergency Contact Person #1:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*Emergency Contact Person #2:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**\*Physician to be called in an Emergency:** \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Medi-Cal Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

\*\*If Physician can not be reached, what action should be taken? \_\_\_\_\_

\*Permission for Medical Treatment: Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or an emergency, I authorize a staff member or contractor of the Ascend Wilderness Experience to take my child to the above named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent or Guardian



## 2019 Backpacking and Day Hiking Sign Up Sheet

« Please indicate which trips you would like to participate in »

« If you sign up for more than one trip, please circle your most preferred trip »

« In mid to late June Ascend will contact you to confirm which trip(s) you will participate in »

« Ascend receives more applications than can be accommodated. It is not guaranteed you will be able to participate. Your understanding is appreciated »

« Applicants must be ready for the challenge of hiking, both mentally and physically »

### Day Hikes

*These hikes introduce you to the challenges and rewards of hiking in wilderness in a simpler way.*

*Please mark each day that you could possibly go on a hike.*

*After Ascend receives all applications, you will be contacted with your actual assigned day hike date(s).*

***Day hikes open to participants aged 6-18.***

- Monday, June 24
- Tuesday, June 25
- Wednesday, June 26
- Thursday, June 27
- Friday, June 28

### 3 - Day Backpack Trips

- July 8 - 10 • Age Group: 15 - 18  
NATURE PHOTOGRAPHY TRIP  
Cameras and instructor included.  
Must provide own 16 GB SD card.
- July 16 - 18 • Age Group: 9 - 11
- July 23 - 25 • Age Group: 9 - 11
- July 29 - 31 • Age Group: 12 - 14

### 5 - Day Backpack Trips

*For longer trips, prior experience is not required,  
but a good attitude and willingness to participate are.*

- July 15 - 19 • Age Group 15 - 18
- July 22 -26 • Age Group: 12 - 14  
LEADERSHIP & MENTOR  
TRAINING TRIP

**\*\*YOU MUST READ AND SIGN TO PARTICIPATE\*\***  
**ASCEND WILDERNESS EXPERIENCE**

**ACKNOWLEDGMENTS of RISK FORM**

I recognize the element of risk in any adventure sport or activity associated with the outdoors. I am fully aware of the risks and dangers inherent in backpacking, hiking, swimming, rock climbing, river rafting/kayaking, including but not limited to:

\*Exposure to cold water and extreme environmental conditions, becoming lost, and physically injured.

Knowing the risks and dangers, I understand the possible consequences of participating in such activities are as follows:

\*Hypothermia, illness, serious physical injuries, and possibly death.

I certify that I have, or my child has, the necessary skills and abilities to participate in the said activities and assume full responsibility for myself, or my child, for bodily injury, death and loss of personal property and expenses thereof as a result of my, or my child's negligence in participating in said activities except to the extent such damage or injury may be due to the negligence of Ascend Wilderness Experience.

I also agree that my child, or I will abide by the rules or instructions given to us, either orally or in writing by Ascend Wilderness Experience. I further understand that Ascend Wilderness Experience reserves the right to refuse to allow any person to participate who is judged by Ascend Wilderness Experience to be incapable of meeting the rigors and requirements of participating in the said activities.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, or my child, during the entire period of participation in the said activities.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature** (if participant is a minor): \_\_\_\_\_

**Relation to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*YOU MUST READ AND SIGN TO PARTICIPATE\*\***  
**ASCEND WILDERNESS EXPERIENCE**

**RELEASE, WAIVER, OF LIABILITY, INDEMNITY AGREEMENT**

I am aware that during the Ascend Wilderness Experience activity in which I am enrolling, I will be exposed to certain risks and hazards which could result in property damage, personal injury, or death.

In consideration of being permitted to enroll in and participate in the outing, class instruction or other activity, I agree to the following:

1. I hereby release, waive, discharge and covenant not to sue the Ascend Wilderness Experience, their directors, officers, contractors, employees, contractors, associated coalition agencies and agents (hereinafter, referred to as "Releasees") from all liability to me, my personal representatives, assigns, heirs and next of kin for any loss or damage in any claim or demands therefore, on account of property damage, personal injury or death, whether caused by the negligence of the Releasees or otherwise, arising out of the outing, trip, class instruction, or other activity.
2. I agree to indemnify, save and hold harmless the Releasees and each of them from any loss, liability damage or cost that they may incur due to my enrollment or participation in the outing, trip, class, instruction or other activity whether caused by the negligence of the Releasees or otherwise.
3. I hereby assume full responsibility and risk of bodily injury, death, or property damage due to the negligence of Releasees or otherwise arising out of the outing, trip, class instruction, or other activity I understand that there are certain risks and dangers that may occur, including but not limited to: exposure of personal injury, rigorous physical activity; such as running, tumbling, and climbing, accident or illness in remote places without medical facilities, forces of nature, and travel by automobile or other conveyances.
4. I further expressly agree that the foregoing Release, Waiver and Indemnity Agreement is intended to be as broad and is inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.
5. I have read and voluntarily signed the Release, Waiver and Indemnity Agreement and further agree that no oral representations, statements or inducements not contained in this document have been made.
6. I agree that while participating in this activity, I agree to conform to all policies of Ascend Wilderness Experience, and to abide by all state and federal laws. I also agree to accept and follow the directions of the outing or activity leader(s) or instructor(s) and to act in a mature and responsible manner. I further agree to follow all facility regulations and adhere to any lodging or camping requirement or precepts. I agree not to leave the group unless first notifying the outing or activity leader. I understand that upon leaving the group, I waive all rights as an outing or activity participant.

**By signing here I acknowledge that I have read and understand the Release, Waiver and Indemnity Agreement and acknowledge the risk and agree to all of the above.**

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Signature** (if participant is a minor): \_\_\_\_\_

**Relation to Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY THE YOUTH:**  
**DO NOT SKIP THIS SECTION**

Please write a short description of relevant experiences you've had, along with hobbies, sports, or activities that you participate in that have prepared you for the physical and mental challenges of a Wilderness Trip.

- Backpacking is a physically demanding task. Are you willing and able to participate in the physical challenge?
- Can you maintain a good attitude even if you get tired or homesick?
- Please also share any concerns that you might have about the physical and mental challenges of a Wilderness Trip.

**Have you ever been backpacking before?**

**If yes, how far did you hike (miles/hours)? How many nights?**

**Have you ever been on a day hike? If yes, how many? How far in one day?**

**REFERENCES:**

Please provide two names and phone numbers of adults who know the youth and who would recommend the youth for participation in a backpack trip. The adult should not be related to the youth. An appropriate reference would be someone like a teacher, classroom aide, coach, troop leader, youth group leader, etc.

NAME \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_  
RELATIONSHIP TO YOUTH \_\_\_\_\_

NAME \_\_\_\_\_  
CONTACT NUMBER \_\_\_\_\_  
RELATIONSHIP TO YOUTH \_\_\_\_\_

**\*\*YOU MUST READ AND SIGN TO PARTICIPATE\*\***  
**ASCEND WILDERNESS EXPERIENCE**

**PERSONAL DISCLOSURES, MEDICAL INFORMATION and  
MEDICAL RELEASE**

(All medical information is confidential)

1. Are you under treatment for any illness or conditions? If yes, please describe.
2. Are you currently taking any medications? If yes, please describe.  
Failure to inform Ascend of any relevant medical history or medications currently being taken could result in disqualification from Ascend's hiking and backpacking trips.
3. List any specific activities that the participant SHOULD NOT take part in.
4. Do you have any allergies to medications, foods, or insects? If yes, please describe.
5. Do you have any pre-existing medical conditions that may affect your ability to participate in the wilderness activity?  
Examples include, but are not limited to: heart disease, previous heart attack or stroke, seizures, respiratory problems, or any other condition that limits your ability to participate in strenuous exercise. If yes, please describe.

I have answered the above questions accurately and completely. I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an accident wherein I am rendered unconscious or unable to approve the required medical treatment. In the event that I become the victim of an accident I will hold the Ascend Wilderness Experience harmless from any liability or negligent actions which may arise in connection with the rescue, stabilization, evacuation, transportation and emergency care I receive while secondary aid resources are being sought.

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE: (if participant is a minor) \_\_\_\_\_

**\*\*YOU MUST READ AND SIGN TO PARTICIPATE\*\***

**ASCEND WILDERNESS EXPERIENCE**

**Promotional Release Form**

In an effort to promote the Ascend Wilderness Experience's community programs, photographs and videos may be taken of children as they participate. These are mostly used in grant reports in order to continue receiving outside funds and may be published in a variety of promotional materials such as newspapers, brochures, or on the AWE web site. Please allow us to photograph and/or video your child(ren) for this purpose. Check the appropriate box below.

YES  My child's picture may be used for promotional purposes.

NO  Please do not use my child's picture.

CHILDREN'S NAMES:

\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

**ASCEND WILDERNESS EXPERIENCE**  
**Private Drive Permission Slip**

I give my permission for a driver that has been screened and determined by Ascend Wilderness Experience to be an Acceptable Driver, to transport \_\_\_\_\_  
(name of child)

to, from, and, as needed, during the backpack trip into the Trinity Alps Wilderness Area, beginning \_\_\_\_\_ and  
(trip start date)  
ending \_\_\_\_\_.  
(trip end date)

I understand that the Driver will drive a privately owned vehicle and that in the event of an accident or incident, the insurance coverage for the privately owned vehicle will bear primary responsibility for any losses or claims of damage.

Name of parent/legal guardian (print) \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

**PARENTS/GUARDIANS:** Ascend often needs transportation support to and from trailheads. Would you be interested in helping to drive groups to and/or from trailheads?

YES  I would be happy to volunteer my time and vehicle to help transport children to and/or from a trailhead. My vehicle has \_\_\_\_\_ (#) seatbelts.

NO  I am unable to help support Ascend's transportation needs.

## Permission to Swim

I understand that Ascend Wilderness Experience will provide at least one adult guide with Basic Water Rescue training but that NO CERTIFIED LIFE GUARD WILL BE ON DUTY during the Ascend Wilderness Experience trip.

Knowing the risks and dangers involved, including but not limited to hypothermia, drowning, physical injury and possibly death, I give my permission for

\_\_\_\_\_

name of child

to swim during the Ascend Wilderness Experience trip beginning \_\_\_\_\_ and ending \_\_\_\_\_.  
trip start date trip end date

Name of parent/legal guardian (please print) \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

OR

I do **NOT** give my permission for

\_\_\_\_\_

name of child

to swim during the Ascend Wilderness Experience trip.

Name of parent/legal guardian (please print) \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

**Mail Applications to:**  
**Ascend Wilderness Experience**  
**PO Box 3263**  
**Weaverville, CA 96093**  
**Or email to: [information.ascend@gmail.com](mailto:information.ascend@gmail.com)**

**\*IMPORTANT\***

Ascend will send an email confirmation upon receipt of your child's application. If you do not hear from Ascend within two weeks, PLEASE contact us to make sure your child's application was received.

Also, if you're child is offered an opportunity to participate in one of Ascend's trips, a \$15 contribution will be requested for the celebratory pizza dinner that takes place the day the group hikes out.