



## 2020 DAY HIKES, 3-DAY & 5-DAY BACKPACK TRIPS!

APPLICATION DEADLINE: **MAY 1**

- Day Hike Series  
Ages 6-18  
Mondays, Wednesdays & Fridays  
June 29 - July 10
- Co-ed Ages 9-11  
3-Day Trip: July 14-16  
3-Day Trip: July 21-23
- Co-ed Ages 12-14  
5-Day Trip: July 13-17  
5-Day Leadership Training Trip: July 20-24

MENTORS: Youth interested in participating on a backpack trip or day hike as a mentor to younger participants may apply to go on a trip that is for a younger age category.

- Co-ed Teen Trip\*      7-Day Stewardship Work Experience Trip: June 22-28  
*\*This is a work experience opportunity for teenage youth. As part of the experience, prospective participants must submit a separate Stewardship Crew application available online at [www.ascendwilderness.org](http://www.ascendwilderness.org) or by emailing [information.ascend@gmail.com](mailto:information.ascend@gmail.com)*

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

**Drop Off:** Trinity Hub 480 Main St. Weaverville  
**Or Email to:** [information.ascend@gmail.com](mailto:information.ascend@gmail.com)

**Questions:**  
Call: 530-739-1177  
Email: [information.ascend@gmail.com](mailto:information.ascend@gmail.com)

### **\*IMPORTANT\***

Ascend will send an email confirmation upon receipt of each application. If you submit an application and do not hear from Ascend within two weeks, PLEASE contact us to make sure the 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

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.

The 2020 **backpack** trips offered are:

<b>Age Group</b>	<b>Trip Dates</b>	<b>Mandatory Pack Meeting</b>
9-11 three-day	July 14-16	July 11 @ 9-11 am
9-11 three-day	July 21-23	July 18 @ 9-11 am
12-14 five-day	July 13-17	July 11 @ 12am - 2pm
12-14 Leadership five-day	July 20-24	July 18 @ 12am - 2pm
Teen Stewardship Trip seven-day	June 22 - 28	June 20 @ 9-11am

For each backpack trip there are two **mandatory** meetings, first an Orientation Meeting and then a Pack Meeting.


**Mandatory Orientation Meeting:** Participants are required to attend an Orientation Meeting. Please choose one of these three Orientation Meeting dates: June 26<sup>th</sup>, 28<sup>th</sup>, or 30<sup>th</sup> each from 5:30pm - 7pm. Location: Trinity Hub, 480 Main St. Weaverville, CA.

**Mandatory Pack Meeting:** The Pack Meeting date and time for each trip is in the table above.

**Day hikes** are offered during the weeks of **June 29 - July 10** for youth between the **ages of 6-18**. Please refer to the sign up sheet for day hike dates for each age group. Spots on day hikes are offered on a first-to-sign-up, first served basis.

Once you submit an application we will send an email confirming receipt of the application. If you do not receive this confirmation within two weeks, PLEASE contact us.

KEEP THIS FOR YOUR FUTURE REFERENCE

  
**ASCEND**  
WILDERNESS EXPERIENCE  
Wilderness Trip Application  
**DUE MAY 1, 2020**

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: \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

**PARENT/GUARDIAN:** Would you be willing to donate or volunteer to help with future fundraising events?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, make sure your email and phone number are listed here or above: \_\_\_\_\_

**Emergency Contacts** Parents are **ALWAYS** the first to be called. The following are in case we don't reach the parents:

**\*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





# ASCEND

## WILDERNESS EXPERIENCE

### 2020 Wilderness Trip Sign Up Sheet

- « Please indicate which hiking trips you'd like to attend »  
« If selecting more than one, **circle** your top choice »  
« Ascend receives more applicants than can be accommodated. Acceptance is not guaranteed.  
Your understanding is appreciated »

**New Mentor Opportunity:** Youth interested in participating on a backpack trip or day hike as a mentor to younger participants may select a trip that is for a younger age category.

### Day Hikes

*Placement on day hikes are offered on a first-to-sign-up, first served basis.*

- |                                            |            |                                            |            |
|--------------------------------------------|------------|--------------------------------------------|------------|
| <input type="checkbox"/> Monday, June 29   | Ages 6-8   | <input type="checkbox"/> Monday, July 6    | Ages 11-14 |
| <input type="checkbox"/> Wednesday, July 1 | Ages 9-11  | <input type="checkbox"/> Wednesday, July 8 | Ages 7-10  |
| <input type="checkbox"/> Friday, July 3    | Ages 14-18 | <input type="checkbox"/> Friday, July 10   | Ages 12-15 |

### 3 - Day Backpack Trips

- July 14 - 16 • Age Group: 9 - 11
- July 21 - 23 • Age Group: 9 - 11

### 5 - Day Backpack Trips

- July 13 - 17 • Age Group 12 - 14
- July 20-24 • Age Group: 12 - 14  
LEADERSHIP & MENTOR  
TRAINING TRIP

### 7 - Day Backpack Trip

**\*New\* Teenage Work Experience Trip**

In addition to all that a backpack trip has to offer, this stewardship trip will include hands on trail work experience with Forest Service personnel, special certifications, and a stipend.

**Ages 14-18 (must be in high school by Fall 2020)**

- June 22-28 • Age Group 14-18  
*Separate Stewardship Crew application and interview required.  
Fill out this packet and request an application.*

**\*\*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) \_\_\_\_\_

**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?**

**Parents and Guardians: Is there anything else you would like to share about the applicant? For example, "My child is on the mature side of 11", or "Although my child is 13, he is going into high school next year and all his peers are 14", etc.**

**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 a teacher, 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**  
**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 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.

CHILD'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 between June 22 and July 31, 2020.

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.  
Type of Vehicle: \_\_\_\_\_ My vehicle has \_\_\_\_\_ (#) seatbelts.

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

**\*\*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:** \_\_\_\_\_



## 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(s) June 22 - July 31, 2020.

Please describe your child's swimming abilities (i.e. can you child tread water in one place for 2 minutes, would you rate your child a strong, moderate or weak swimmer, does your child need extra attention while swimming, etc.):

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

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

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

**OR**

I do **NOT** give my permission for \_\_\_\_\_ to

(name of child)

swim during the Ascend Wilderness Experience trip.

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

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

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

**\*\*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:** \_\_\_\_\_

**WAIT!! BEFORE SENDING IN THIS APPLICATION:**

**Did you remember to:**

- Sign ALL permission slips (Parents or guardians sign 7 times total)
- Youth Participant sign ALL permission slips (Youth sign 3 times total)
- Fill out ALL sections. Failure to do so may result in disqualification.
- If applying for more than one child, fill out separate applications.

**Application Due MAY 1, 2020**

**Mail Applications to: Ascend Wilderness Experience  
PO Box 3263, Weaverville, CA 96093**

**Email applications to: [information.ascend@gmail.com](mailto:information.ascend@gmail.com)**

**Drop off: Trinity Hub 480 Main St. Weaverville, CA (Between Angela's Beads & Main St. Gallery)**

**\*IMPORTANT\***

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



## SUGGESTED DONATION

Ascend believes everyone should have access to safe and inspiring experiences in wilderness. To this end, Ascend offers wilderness trips free of charge. However, **donations and community support are essential to keeping Ascend's programs alive.** Please consider making a donation to help cover the cost of your child's experience and/or the experience of another child.

The dollar amounts that Ascend must raise for summer programs are:

- Day Hikes: \$55 per participant**
- 3-Day Trips: \$420 per participant**
- 5-Day Trips: \$700 per participant**

### Suggested Donation Amount

Please commit to making a donation to fund all or a portion of the trip(s) your child is signing up for. Ascend will follow up with you about the donation only if your child's participation in Ascend's summer programs is confirmed.

#### *I can afford to donate...*

- 100% OF TRIP COST + MORE TO SUBSIDIZE ANOTHER CHILD'S EXPERIENCE
- 100%
- 75%
- 50%
- 25%
- OTHER AMOUNT
- VOLUNTEER MY TIME



I commit to a donation of \$\_\_\_\_\_ if my child is confirmed for participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicants from outside Trinity County:** Non-Trinity County residents accessing Ascend's Trinity County based programs are strongly encouraged to donate so that Ascend may continue to offer opportunities to youth from outside the county.

**Thank you for helping to ensure the future sustainability of Ascend!**