



# 2024 Adult Program Application

**TRINITY ALPS WILDERNESS ▲ NO COST ▲ GEAR, FOOD, GUIDANCE INCLUDED**

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

**Applications Due May 15th**

**(Applications Due by May 1 for Waldorff Crossing Trip May 18 & 19)**

Please select all the trips you'd like to attend.

Trips are designed to accommodate all experiences levels, but participants are expected to complete stewardship tasks and work in a group setting.

Serious applicants only please. See our Cancellation & No-Show policy on page 5.

## Adult Stewardship

- May 18-19 • Waldorff Crossing Trail Weekend Backpacking** (App due May 1)
- June 15-16, 17-21 or 15-21\* • Canyon Creek Trail Backpacking**  
\*Flexibility for weekend, 5, or 7 day trip, please indicate preference  
June 15-16 \_\_\_\_\_ June 17-21 \_\_\_\_\_ June 15-21 \_\_\_\_\_
- June 29 • Swift Creek Trail Day Hike**
- July 4-11 • Yolla Bolly Middle Eel Wilderness 7-day Backcountry Trip**  
Not necessary to fill out this application for this trip. Please register at Bigfoot Trail Alliance website:  
<https://www.bigfoottrail.org/work-with-bfta-in-2024/>. Pack support provided.
- September 21-22 • Lily Pad Lake, Poison Canyon Trail Weekend Backpacking**
- Sept. 29-Oct. 5 • Trinity Alps Wilderness 7-Day Backcountry Trip**  
Partnership with Bigfoot Trail Alliance, pack support provided. Not necessary to fill out this application for this trip, please register at: <https://www.bigfoottrail.org/work-with-bfta-in-2024/>  
Trip is already full, but to sign up for the waitlist
- October 19-20 • Coffee Creek area trails, Weekend Car-Camping**

## Multigenerational Stewardship

All Ages ▲ Family Friendly\*\*

- July 20 • Lake Eleanor Day Hike**
- July 27 • East Weaver Lake Day Hike**
- August 3-4 • Boulder Lakes Weekend Backpacking**

\*\*Children under 16 must be accompanied by an adult. Please name child accompanying adult: \_\_\_\_\_ Fill out youth application separately.

**\*IMPORTANT\***

Please submit application to Ascend directly, either at our office or online. If you do not receive an email conformation from Ascend within 2 weeks, please contact us. Space is limited, sign up early.

**(530)739-1177 • INFORMATION.ASCEND@GMAIL.COM**

**FOR MORE TRIP DESCRIPTIONS VISIT: WWW.ASCENDWILDERNESS.ORG**

**PO BOX 3263 • 420 MAIN STREET, WEAVERVILLE (NEXT TO WHITE WOLF GYM)**



NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_

BEST CONTACT NUMBER: \_\_\_\_\_

DO YOU RECEIVE TEXTS? YES \_\_\_\_\_ NO \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

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

Is email a good way to reach you? YES \_\_\_\_\_ NO \_\_\_\_\_ Would you like to join our email news? YES \_\_\_\_\_ NO \_\_\_\_\_

How did you hear about Ascend? \_\_\_\_\_

**Emergency Contacts**

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

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

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

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

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

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

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

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

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

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

\*\*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. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

All participants should have health insurance; if you are injured on the project, you are responsible for all medical and evacuation expenses.

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

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



**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.
  
3. Adult trips with Ascend include opportunities to do volunteer stewardship projects. Much of this work can be arduous. Are you able to participate physically and mentally to help with trail reconstruction and basic use of hand tools? And/or if you cannot participate fully, what are your limitations so that we may accommodate you?
  
4. Do you have any allergies to medications, foods, or insects? If yes, please describe.  
 Other dietary restrictions?
  
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: \_\_\_\_\_



### 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, 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:** \_\_\_\_\_



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

**Cancellation and No-Show Policy**

Although Ascend offers our trips at no cost to participants, cancellations and no-shows always come at a cost to the organization. We understand life throws curve balls and plans change. If this happens and you need to cancel, **we need to know as soon as possible so that we can offer the trip to another applicant who is on the waiting list.** If you cannot attend a trip you've been confirmed for, there is no fee if you inform us at least two weeks prior to your departure date. If you cancel within the 14 day window of your trip, Ascend will charge you \$200 for an overnight trip and \$50 for a day hike. This is to cover the costs of non-refundable supplies such as food and administrative time.

We hope this does not deter you from applying. Exceptions to the fee will be considered on a case-by-case basis should a last minute unavoidable circumstance lead to last minute cancellation. Just give us a call.

**I agree to the cancellation and no-show policy above.**

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

Please provide your credit card information below. **Applications will not be accepted if this is left blank.**

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV # \_\_\_\_\_



**Promotional Release**

In an effort to promote the Ascend Wilderness Experience’s community programs, photographs and videos may be taken of participants. 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 check the applicable box below.

YES  My picture may be used for promotional purposes. NO  Do not use my picture.

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

**Suggested Donation**

Everyone should have access to safe and meaningful experiences in wilderness. To this end, Ascend offers all wilderness trips free of charge. At the same time, donations and community support are essential to keeping Ascend’s programs alive.

The dollar amounts that Ascend must raise for our hiking programs are:

**Day Trips: \$55 per participant**

**Overnight Trips: \$140 per day per participant**

These amounts cover food, transportation, insurance, safety equipment, permits, gear, supplies, trained guides, some administrative expenses, and even access to boots and clothing as needed but do not reflect the entirety of the efforts, resources and volunteer hours necessary to make Ascend programs possible. If you are able, please consider contributing to the cost for the trip you are interested in. Ascend will follow up with you about the donation only if participation is confirmed.

**Any amount helps. Thank you for helping to ensure the future sustainability of Ascend!**

*An applicants success in being selected for a trip does not depend on your ability or size of donation you make. Please apply even if you are unable to donate at this time.*

I commit to a donation of \$\_\_\_\_\_ **if I am confirmed for participation.**

For my donation,

I have included a check

~or~

Charge to my provided Credit Card Number in the Cancellation Policy section.

Please send me a tax deductible receipt for my donation to this email or address:

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

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

- Sign ALL required signature areas.
- A method of payment in the event of last minute cancellation or no-show is required.
- Leaving sections blank may delay or disqualify application.
- If you don't get a confirmation of this application within two weeks, **get a hold of Ascend.** We may have missed your application, it went to spam, etc.

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

**Drop off:** Ascend's Weaverville Office, 420 Main St (backside of building and downstairs)

Mail slot on door facing Forest Ave.

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

**Application Due May 15**