



Experience Yellowstone Camp for 7-8th Graders

July 6-10, 2015

Thank you for your interest in attending Experience Yellowstone Camp! This camp is 5 fun days exploring the natural history, geology, and cultural history of Yellowstone National Park. A large emphasis will be placed on making this an inclusive and supportive camp where all participants can be themselves and learn about our natural world!

APPLICATION: Please fill out the below application and health questionnaire/assumption of risk and agreements of release and indemnity. **THERE ARE ONLY 11 SPOTS.** Please return completed applications to the Red Lodge Area Community Foundation. **Applications due by May 29th.** **We will be in contact with you if you are selected for the adventure.** If you have questions about the trip, please contact Travis at 446-2296 (DSVS office) or tburdick@powerupspeakout.org

COST: FREE. A generous donor has sponsored this remarkable opportunity just for Carbon County students. **There is a required, short pre-trip meeting on Monday, June 29th at 5:30pm.**

CAMPER AND PRIMARY CONTACT INFORMATION:

Name of Student: _____ Age & Grade: _____

Parent/Guardian/Primary Contact: _____

Address _____

Town/City _____ State _____ Zip Code _____

Home Phone: _____ Cell Phone _____

Email address: _____

Best way to contact the primary contact? (circle one) Home Phone Cell Phone Email

EXPRESS YOURSELF:

On a separate piece of paper, please answer one or more of the following questions:

1. Have you ever been to Yellowstone National Park? What are you looking forward to doing or seeing in the Park?
2. What makes a good friendship/relationship and why?
3. What is an obstacle in your life that you have had to overcome and how did you deal with it? Or, how are you overcoming an obstacle in your current life?

Yellowstone Association Institute (YAI)

Confidential Health Questionnaire/Assumption of Risk and Agreements of Release & Indemnity

**Please return this completed form 30 days prior to the start of your program*

course name: _____ #: _____

activity level:      start date: _____

participant name: _____ weight: _____ height: _____

address: _____ age: _____ gender: _____

email: _____ phone: _____

Emergency Contact:

name, phone number and relationship

Students with a variety of medical conditions enjoy YAI courses. However, it is important your course leaders are alerted to any condition(s) that could be aggravated by long, strenuous days or by the Yellowstone environment. By obtaining basic but pertinent medical information from each participant, and by offering information about what to expect, we hope to minimize the potential for medically-related emergencies.

If you check any of the “yes” boxes, it does not mean you will not be allowed to participate. However, you can expect someone from the YAI to speak with you about how your condition has the potential to be negatively affected by local environmental factors or workload requirements. You should also be aware YAI courses operate in areas far removed from hospitals. Advanced medical support is often hours away.

All personal information provided on this questionnaire will remain confidential and will only be reviewed by YAI staff or our Medical Director.

More information can be found at <https://www.yellowstoneassociation.org/health>.

Please list your hiking experience within the last year (or for backpacking courses your backpacking experience in the last three years) or any other physical activities in which you engage, please include times per week, duration and level of intensity. For winter courses only, please list skiing or snowshoeing experience:

Medical Review (internal use only):

HEALTH QUESTIONNAIRE

1. Have you experienced an asthma or COPD attack at any time in your life? (Asthma can potentially be affected by exercising at Yellowstone's altitude, the dry air, dust or nearby fires.)

Yes **No**

If you answered yes to this question, please answer the following as well:

- Have you visited the emergency room because of breathing problems in the last year? _____
- Have you had to use epinephrine following an asthma attack in the last year? _____
- Do you normally carry a rescue inhaler with you? _____
- How often do you use your inhaler to treat your asthma or wheezing? _____

If there is anything else we should know about your asthma, please explain here:

2. Have you ever been diagnosed with Type I or Type II Diabetes? (A diabetic can easily become dehydrated in Yellowstone's dry environment; long days and arduous hikes can lead to hypoglycemia.)

Yes **No**

If you answered yes to this question, please answer the following as well:

- Have you visited the emergency room because of your diabetes in the last year? _____
- Do you have numbness in your feet or poor circulation due to your diabetes? _____
- What was the most recent Hemoglobin A1c value done through your physician? _____

If there is anything else we should know about your diabetes, please explain here:

3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?(Some people are allergic to: stinging insects found in Yellowstone, iodine used to treat drinking water or clean wounds, drugs, and foods.)

Yes **No**

If you answered yes to this question, please answer the following as well:

- Have you had a serious allergic reaction in the last year? _____
- Have you ever been given epinephrine because of your allergies or anaphylaxis? _____
- Do you normally carry an epinephrine injection device with you? _____
- Were you advised to OR do you normally carry an epinephrine dispensing device (Epi-pen)? _____

If there is anything else we should know about your allergies/anaphylaxis, please explain here:

4. Have you ever received medical treatment for angina, a heart attack or any type of heart disorder/disease? (High altitude puts a strain on the heart. The altitudes at Yellowstone, combined with the hiking, will almost certainly increase the heart rate of the average visitor.)

Yes **No**

If you answered yes to this question, please answer the following as well:

- How far can you walk without getting short of breath or chest discomfort? _____
- Do you currently have congestive heart failure? _____
- Have you been hospitalized within the last year because of a heart condition? _____

If there is anything else we should know about your heart condition, please explain here:

5. If currently diagnosed with high blood pressure, are you being treated with three or more blood pressure medications? (Altitude can affect blood pressure, and the environment and physical activity associated with YAI courses can affect the efficacy of some blood pressure medications.) Yes No

If you answered yes to this question, please answer the following as well:

- Is your blood pressure currently control? (systolic BP < 140, diastolic BP < 90) _____
- Have you ever been hospitalized for severely elevated blood pressure? _____

If there is anything else we should know about your blood pressure, please explain here:

6. Have you ever sought medical care following a seizure or are you currently being treated for any type of seizure disorder? (Some seizures are triggered by fatigue and dehydration such as following a long hike, significant change in diet or low blood oxygen which can occur at altitude.) Yes No

If you answered yes to this question, please answer the following as well:

- Are you currently taking medication for your seizures? _____
- How often do you have seizures? _____
- When was the last time you had a seizure? _____

If there is anything else we should know about your seizure disorder, please explain here:

7. Other than simple depression, have you ever been diagnosed with or are you currently being treated for, a mental health or behavioral health issue? (Encountering Yellowstone's wilderness environment can bring with it unpredicted stressors. Mental health issues can interfere or compromise a person's ability to cope with these unique physical and emotional situations.) Yes No

If you answered yes to this question, please answer the following as well:

- Have you ever been hospitalized for any of these issues? _____
- Are you currently under the care of a psychiatrist or therapist? _____

If there is anything else we should know about your mental health, please explain here:

8. Do you require assistance with walking or have balance issues? (Trails within the park vary widely. Expect irregular surfaces with mud, rocks and scree. Sidewalks or boardwalks are rare within the park and are usually found only in developed complexes such as Mammoth and Old Faithful.) Yes No

If you answered yes to this question, please answer the following as well:

- What kind of assistance do you require? _____
- Have you had joint replacement surgery or other significant orthopedic surgery this year? _____

If you have any other medical, physical or psychological condition that could in any way affect your full participation or safety, please provide additional information here.

Regarding Medications

Certain medications have the potential to increase the risk of harm to Yellowstone visitors. For example, some drugs affect a person's ability to deal with hot or cold, while other medications can affect the body's ability to cope with trauma. For example, Coumadin (warfarin), a drug commonly used to address heart disease, affects the body's ability to stop bleeding). **If you are taking any type of prescription medications, we strongly encourage you to talk to a physician before enrolling. Please review all of the drug's potential side effects in order to determine whether or not the medication(s) or chronic condition(s) being treated could affect your well-being or ability to participate.**

- *Please bring an adequate supply of all your routine prescription(s) and over-the-counter medications.*
- *Please ensure you are current on all your immunizations prior to travel. This includes tetanus (every ten years) and influenza (in the winter season).*
- *If you have a history of asthma or COPD (chronic obstructive pulmonary disease) we recommend you bring your rescue inhaler from home.*
- *If you have a history of severe allergic reactions, we recommend you bring two doses of a prescription epinephrine injection device (Epi-pen) from home.*

Please list all current prescription (Rx) medications:*

include medication, dosing (mg) and frequency (times daily)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* *This information is collected to aid participants and/or chaperones in administering medications while on their visit.*

Participant Acknowledgement of Accuracy and Understanding

By signing this form, I declare, to the best of my knowledge, I have completed the questionnaire accurately. I also understand by knowingly filling out the form inaccurately or by withholding pertinent information about my health, I could increase the risk to myself and others.

_____ signature (adult)

_____ signature (minor) age _____

_____ print name (adult)

_____ print name (minor)

_____ date

_____ date

Please read and sign the *Assumption of Risk and Agreement of Release and Indemnity*

ASSUMPTION OF RISK and AGREEMENTS OF RELEASE AND INDEMNITY

PLEASE READ CAREFULLY. BY SIGNING THIS DOCUMENT YOU SURRENDER CERTAIN RIGHTS YOU (OR YOUR MINOR CHILD) MAY HAVE IN THE EVENT OF AN INJURY OR OTHER LOSS. THIS DOCUMENT SHOULD BE SIGNED BY ALL PARTICIPANTS IN YA ACTIVITIES WHO ARE 14 YEARS OF AGE AND OLDER. NOTE THAT, FOR CERTAIN PROVISIONS, A PARENT OR GUARDIAN MUST SIGN FOR A PARTICIPATING MINOR CHILD.

I understand that I will be participating in certain courses or activities (together, "activities") provided by the Yellowstone Association, a Wyoming not-for-profit corporation ("YA"), and its agents, associates and independent contractors. The activities in which I will be participating have been described to me in YA's Catalog and Participant Information documents, and members of the YA staff have been available to answer my questions.

I understand that the activities of YA involve risks and dangers, inherent and otherwise. Inherent risks and dangers may include, but not exclusively, those ordinarily associated with moderate to vigorous physical activity, in high altitude mountainous or wilderness terrain. These activities may occur in remote places, and communication and evacuation may be difficult and medical care may be significantly delayed. Travel may occur in areas where there are hot springs, steam vents, and geysers, across streams, rivers and lakes, and over rock, snow and ice. Travel may be by automobile, van, bus, air or other conveyance, involving risks associated with such travel. Travel and camping will be subject to the unpredictable forces of nature, including extreme weather, falling rock, avalanches, lightning, wildfires and earthquakes, resulting in a variety of injuries or illnesses, including hypothermia, frostbite, high altitude illnesses, heat stroke, dehydration and other conditions. Participants may be exposed to wild animals that may cause serious harm and whose behavior cannot be predicted. Equipment may fail or malfunction despite reasonable maintenance and use. Errors of judgment may occur, by instructors and co-participants. These risks, hazards and dangers may result in participants being injured by objects, animals or people; and suffering sprains, fractures, cold water immersion, drowning and other trauma, including sickness, mental distress, disability or even death.

UNDERSTANDING THE ACTIVITIES AND THEIR RISKS AND DANGERS, I NEVERTHELESS, IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN A YA ACTIVITY, HEREBY ACKNOWLEDGE AND VOLUNTARILY ASSUME THE INHERENT RISKS OF THE ACTIVITY, INCLUDING, BUT NOT EXCLUSIVELY, THOSE DESCRIBED ABOVE.

The National Park Service and some other federal land management agencies including the Gallatin, Shoshone, Bridger-Teton, and Targhee National Forests do not allow certain types of service providers to be released from liability for injuries to visitors occurring on lands under their jurisdiction. Such service providers are allowed to obtain only an assumption of inherent risks from their client, as provided above. Some YA activities may occur off such lands or otherwise, as a matter of law, not be subject to those limitations. For such activities YA seeks the following additional protection. Please read carefully and sign below.

If I am an adult participant, or the parent or guardian of a participating minor child, I agree, for myself and on behalf of any minor child for whom I sign below, as follows:

I assume ALL risks, known or unknown, inherent or otherwise, of the YA activity in which I (or the child) will be participating.

(b) I hereby release and hold YA, its directors, trustees, staff, agents, associates and independent contractors ("released parties") harmless from any and all liability, actions, causes of action, claims and demands, including for negligence, which I or the minor child may have, arising out of or in any way related to my (or the minor child's) participation in an activity of YA, including transportation to and from an activity. In addition, I hereby indemnify YA and all released parties from any claim, including a claim of negligence, brought by me, the child, by any member of my or the minor child's family, by a co-participant or any other person on account of an injury or loss incurred by or caused by me or the minor child, and in any way related to an activity of YA.

The following provisions apply to all YA activities, wherever they occur.

I am (or the participating minor child of whom I am parent or guardian is) in good general health and not under a doctor's care for any condition which might endanger my (or the child's) health or safety or that of any other participant. In case of an injury or illness, I agree to bear the cost of any evacuation and medical care, including, by way of example, by ambulance, helicopter, rescue team or other professional medical care given, for me (or any minor of whom I am parent or guardian). I understand that I must provide health and accident insurance for myself (or the minor child). YA is authorized to release to any third party care giver information pertinent to my, or the child's, medical condition;

I hereby authorize YA to use photographs of its activities, which might include me (or the minor child) in future publicity as well as comments from my voluntary course evaluation form;

I agree that in the event I or the minor child should have any claim against YA or any released party such claim or suit shall be brought in the State of Wyoming, and Wyoming law, but not that which might apply the laws of another state, shall apply;

If any part of this agreement is deemed unenforceable by a court of law, the remaining portions nevertheless will be in full force and effect.

signature (adult)

signature (minor)

age

print name (adult)

print name (minor)

date

date