

# Tene Viam: Crossing Boundaries

July 16<sup>th</sup> - 19<sup>th</sup>

Completed 8<sup>th</sup> - Completed 12<sup>th</sup> grade



crossroadsfarm.org

Please print in ink.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Last First Middle

Last Completed Grade \_\_\_\_\_ (Male Female) Email \_\_\_\_\_

Shirt size \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Student's Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Prescription Medications \_\_\_\_\_

Please List any Medical Conditions: \_\_\_\_\_

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct. I agree to abide by the stated personal limitations and code of conduct.

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

*This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Crossroads Farm and its staff of any liability against personal losses of named child.*

*I/We the undersigned have legal custody of the student named above, a minor, a have given our consent for him/her to attend events being organized by Crossroads Farm. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Crossroads Farm, Executive staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Crossroads Farm, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Crossroads Farm staff member.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Your Deep Depths Caving Release Form

PLEASE READ AND CHECK EACH ITEM TRUE OR FALSE

TRUE \_\_\_ FALSE \_\_\_ I am aware this is an extremely physically-challenging four-hour program involving a morning orientation and caving in the upper part of the cave, a lunch break requiring participants to bring their own lunch, and involves a forty-five-story descent into the most dangerous passages of Laurel Caverns, one of the steepest and deepest caves in the United States.

TRUE \_\_\_ FALSE \_\_\_ I am aware that removing an injured person from that depth can take up to six hours and require as many as thirty EMS and Fire Department personnel.

TRUE \_\_\_ FALSE \_\_\_ I am aware that recent years have seen an increase in the rescue of adults who, overwhelmed by the unexpected physical challenges that attend deep-cave bouldering, believed they were having a heart attack; and that all individuals having a recent bone injury, recent medical operation, or history of back problems, knee problems, hip problems, or heart problems, should not to participate in this program.

TRUE \_\_\_ FALSE \_\_\_ I am aware of, and will comply with, the rule participants must wear long pants, long-sleeved shirts, and hiking boots that have a quarter-inch tread and lace above the ankles; and that those not so prepared will be denied program access.

TRUE \_\_\_ FALSE \_\_\_ I am aware Laurel Caverns provides a hard hat with light, and that I am encouraged to bring a change of clothing.

TRUE \_\_\_ FALSE \_\_\_ I am aware of, and will comply with, the rule all participants in this program, without exception, **must have reached their 14<sup>th</sup> birthday**, and that all **participants not having reached their 18<sup>th</sup> birthday must have a parent, legal guardian, or other lawfully-assigned adult cosign this form**, and If another parent or guardian objects to the participant's involvement in this activity, or is unaware of the contents of this form, the cosigning parent or guardian must **not** give approval for the participant's participation.

TRUE \_\_\_ FALSE \_\_\_ I am aware of, and will comply with, the rule that participants under age 18, must be accompanied by an adult with lawful responsibility for their discipline and safety.

TRUE \_\_\_ FALSE \_\_\_ I am aware check-in for this 10:00 am program begins at 9:30 am.

TRUE \_\_\_ FALSE \_\_\_ I am aware It is humanly impossible for my guide to know the physical abilities of each participant, or see every move every participant makes, and, therefore, will comply with all safe-caving rules provided in this program.

TRUE \_\_\_ FALSE \_\_\_ I am aware that knapsacks are subject to search for paint, weapons, and the like.

TRUE \_\_\_ FALSE \_\_\_ I am aware that Laurel Caverns employees cannot know my command of the English language and that, if I lack an ability to understand the above, I need to find help in translation.

TRUE \_\_\_\_\_ FALSE \_\_\_\_\_ I (we) affirm: that I (we) have carefully read and understand all of the above statements, that I (we) understand this caving activity involves risks of injury and I (we) voluntarily accept and assume all such risks; and that I (we) will not hold Laurel Caverns, its owners, or its agents, responsible for any injuries, accidents or problems arising from participation in this program.

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

\_\_\_\_\_

Please Print Name: \_\_\_\_\_

Co-Signature (for those under18): \_\_\_\_\_ Date:

\_\_\_\_\_

Please Print Name: \_\_\_\_\_

**Wilderness Voyageurs, Inc.**

**P.O. Box 97**

**Ohioypyle, PA 15470**

**PARENT/GUARDIAN PERMISSION FORM**

**(This form is to be used for minors only)**

I hereby grant permission for my child \_\_\_\_\_ to participate in Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel at Wilderness Voyageurs, Inc. on (date) \_\_\_\_\_ and I hereby agree as follows: I fully understand and acknowledge that: (a) risks and dangers exist in my child's use Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel equipment and my child's participation in Whitewater Rafting, Boating Instruction, Mountain Biking, Rock Climbing/Repelling and related wilderness travel activities. ( b ) my child's participation in such activities and/or use of such equipment may result in injury or illness or death or damage to personal property, (c ) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, selection of trail or river route, water level, weather conditions, risks of falling out of a raft, kayak, or canoe, and such other risks, hazards and danger that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment, and (d ) I hereby accept and assume these risks and dangers.

I have been advised that my child must wear an approved personal floatation device at all times while on the water. I affirm that my child will not be under the influence of alcohol or controlled substance, and will not carry, use, or consume these substances before or during her/his scheduled activities. Any claims or dispute arising from my child's participation in Wilderness Voyageurs' activities or use of Wilderness Voyageurs' equipment shall be venued in the Fayette County Supreme Court of the Commonwealth of Pennsylvania.

My child is in good health and is at or above the minimum age stated in Wilderness Voyageurs' advertising for each activity in which he/she will participate. I understand that strenuous physical exertion may be required and my child has no known physical disabilities or health problems which will present any risk to his/her participation in the activities.

I permit the use of any photos, slides, films, or sketches of him/her taken during the day's activities for publicity, advertising, promotion, or other commercial purpose. The above agreement shall be binding on my heirs, successors, assigns, administrators, and executors.

**I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN WILDERNESS VOYAGEURS' WHITEWATER RAFTING, BOATING INSTRUCTION, MOUNTAIN BIKING, ROCK CLIMBING/REPELLING AND RELATED WILDERNESS TRAVEL AT WILDERNESS VOYAGEURS, INC, AND TO ASSUME AND ACCEPT ALL RISKS ASSOCIATED THERE WITH.**

Mother's Name: ( Print ) \_\_\_\_\_ Signature: \_\_\_\_\_

Father's Name: ( Print ) \_\_\_\_\_ Signature: \_\_\_\_\_

Street and Apt. Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Trip Date: \_\_\_\_\_

Child's Signature **(REQUIRED)**: \_\_\_\_\_

Signature of Parent or Guardian **(REQUIRED)** \_\_\_\_\_