

# Project ASCENT

*Adventure. Science. Community. Environment. Nature. Teamwork.*

## *Medical/Transportation/and Other Forms*

**Please Read. Sign, and return the following forms to:**

**Project ASCENT  
c/o Rob Christensen  
PO Box 1954  
Thompson Falls, MT 59873**

**Or, scan and email to :**

**[Projectascentmt@gmail.com](mailto:Projectascentmt@gmail.com)**

**With "Forms Packet" in the subject line**

## Project ASCENT Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
Parent's/Guardian's Name	Parent's/Guardian's Name	Sex	
Home Phone	Work Phone	Home Phone	Work Phone
Address	Address		
City, ST ZIP Code	City, ST ZIP Code		

### Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Home Phone	Home Phone
Work Phone	Work Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

### Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

**\*\*Allergies/Special Health Considerations (please list all food/outdoor related allergies, asthma/inhaler instructions, or any other health concerns and/or instructions below\*\***

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child to go on field trips. I release Project ASCENT, its volunteers, employees, and related individuals from liability in case of accident during activities related to Project ASCENT, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Date \_\_\_\_\_

***I give permission for photos/videos of my child participating in camp activities to be shared/used for camp promotional purposes (slideshows, brochures, flyers, etc.)***

Yes  No

Parent/Guardian signature: \_\_\_\_\_

# Project ASCENT



## Medication Form

**\*\*Use this form only if you are sending meds with your child\*\***

### STEP 1: STUDENT INFORMATION

Camper Name:	Doctor's Name:
Birthdate:	Doctor's Phone Number:
School Name:	Doctor's Stamp <u>OR</u> Address:
Parent/Guardian Name:	
Relationship:	
Contact Number:	

MEDICATION	DOSAGE	SCHEDULE					REASON FOR MEDICATION and POSSIBLE REACTIONS NOTES	Expiration Date: MM/YY	CHOOSE ONE FOR EACH MEDICATION:		
		Early: 6:30 am	Breakfast: 8am	Lunch: 1pm	Dinner: 6pm	Bedtime: 9pm			Give As Needed	Over the Counter	OR
All medication, including over the counter medications and vitamins, must be in the original package/box/bottle and NOT EXPIRED.	How much do we administer? High Trails will supervise but cannot administer injections.						Please give us any needed background on the medication or potential reactions that may occur.		OTC: Medication that you can buy without a prescription. It must be <u>age appropriate</u> and all labels must be in English.		Labels Must Match This Form and State: Patient, Physician, Medication, Dosage, Frequency&Exp Date. <b>Your Doctor must sign for each RX medication below or we cannot administer***</b>
<b>EXAMPLE:</b> Amoxicillin	1 pill 3 times a day	X	X	X			- Ear Infection - May cause sleepiness	12/18	<input type="checkbox"/>	OR	<i>Dr. Brown</i> <small>Dr. Signature Here</small>
<b>EXAMPLE:</b> Vitamin C	1 pill once a day	X					None	3/19	<input checked="" type="checkbox"/>	OR	-----
1.									<input type="checkbox"/>	OR	<small>Dr. Signature Here</small>
2.									<input type="checkbox"/>	OR	<small>Dr. Signature Here</small>
3.									<input type="checkbox"/>	OR	<small>Dr. Signature Here</small>
4.									<input type="checkbox"/>	OR	<small>Dr. Signature Here</small>

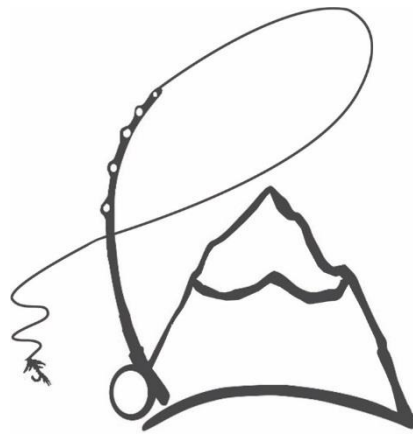
Dr's Signature box may be left blank and unsigned if you attach to this form a signed doctor's permission for your RX medication. This permission must match the medication label and state: 1) Patient Name, 2) Physicians Name and Contact Information, 3) Medication,4)Dosage, 5) Frequency, and 6)Physician Signature.

### STEP 3: PARENT/GUARDIAN PLEASE READ AND SIGN BELOW:

I, the undersigned, who is the parent/guardian of the camper named above, request the administration to my child of both the over the counter medicine and the prescribed medication in accordance with the instructions as indicated above. **I recognize that if I do not correctly follow all of the steps and fulfill all of the instructions above that I will be contacted and medication will be withheld until this form has been completed.** If I do not correct this form expediently, I understand that I may be asked to pick up my child from the program. I understand that Project ASCENT is not legally obligated to administer medication to my child, and therefore, I agree to hold Project ASCENT, its employees, and any affiliations free from any and all responsibility for the results of such medication or the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgement arising out of these arrangement which may be rendered against them. I will notify the program immediately if any medical or contact information changes.

Parent Signature:	Date:
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# Project ASCENT



## *Code of Conduct & Discipline Policy*

Please review these rules with your child. The staff will review these rules with your child at the beginning of camp. Thank you in advance for your cooperation!

The Project ASCENT staff would like your child to have the best experience possible while participating in our camp programs and activities. Thus, all participants must understand and follow our guidelines and rules. The following guidelines and expectations are in place to ensure the safety of your child and our staff.

1. Listen to staff, and follow their instructions.
2. Respect staff, other campers, nature, equipment, and yourself.
3. Respect camp property and facilities.
4. Keep hands, feet, and other objects to yourself.
5. Participate in all camp activities with a positive attitude and open mind!
6. Use an appropriate voice level when indoors or during lessons.
7. No Cell Phones or other electronics allowed on camps. If necessary, a camp director will collect them and return at the end of the camp.
8. Treat others as you want to be treated.
9. Clean up after yourself.
10. Be positive and have fun!

**Discipline Guidelines**

Step 1: Verbal Warning

Step 2: Time-out & meeting with Camp Director and/or Teacher (Parents Notified)

Step 3: Camper will be sent home

In the event a camper engages in behavior which poses an imminent threat of bodily harm to himself, others, damages the property, creates an emergency situation, (such as leaving camp without permission or notification), or violates one or more of the Causes for Immediate Discharge, (outlined on the following page), that camper will be escorted from all program activities and the parent will be called to come remove the camper from the property immediately. No warnings or time-outs will apply. No refunds or credits will be granted.

**Causes for Immediate Discharge**

1. Physical Violence / Assault

Fighting, hitting, kicking, slapping, pushing, etc. has no place in an enriching camp environment. This includes but is not limited to any camper(s)-to-camper(s) physical contact by hand or other item, (sticks, rocks, shoes, etc.)

2. Sexual, Racial, Religious Harassment

and/or Misconduct Participating in, or conspiring for others to engage in acts that injure, degrade, or disgrace, harm or embarrass other individuals. This includes misuse of photo and video cameras in changing areas, bathrooms, etc...

3. Bullying / Abusive or Inappropriate Language

“Bullying” means repeated behavior by an individual student, an individual student within a group of students, or group of students that is intended to cause the victim(s) to feel frightened, threatened, intimidated, humiliated, shamed, disgraced, ostracized, or physically abused. Bullying implies an imbalance in power or strength in which the student being bullied has difficulty defending him or herself. Bullying can take many forms, including physical, verbal, social/relational and/or cyberbullying. Additionally, campers are prohibited from using profane, abusive or vulgar language or found to be engaged in slurs of any type.

4. Alcohol, Tobacco Products, Drugs & Drug Paraphernalia and/or Weapons

Controlled substances of any kind, (with the exception of medications prescribed by a physician and listed on a camper's Medication Form), and weapons of ANY kind are strictly forbidden on property. Such items include but are not limited to; knives, guns, (including pellet, air-soft, paintball, etc.) and personal archery equipment.

5. Damage, Theft, Vandalism & Graffiti

Willful removal, damage, destruction or defacing of personal or camp property and/or facilities. (Camper shall be held liable for all resulting costs & fees).

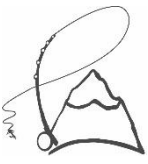
**Please sign, detach, and send back bottom portion. Keep the top for your information, please!!**

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I have reviewed the Code of Conduct and Discipline Policy with my child and hereby agree to abide by the terms and conditions therein.

Camper Name(s) \_\_\_\_\_ Date \_\_\_\_\_

School or Camp Group Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Parent Phone # \_\_\_\_\_



## Acknowledgement of Risk Form

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

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

Activity: \_\_\_\_\_

For use with Project ASCENT outdoor programming that uses United States Forest Service and the National Parks Service lands and rivers.

Much of the language used herein was adopted from the Project ASCENT and other organizations' acknowledgement of risk forms.

In consideration of Project ASCENT, its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (hereafter referred to as "Project ASCENT"), I agree as follows:

Although Project ASCENT has taken reasonable steps to provide me with skilled staff and appropriate equipment for the activity that I am about to undertake, I acknowledge that this activity has risk, including inherent risks that cannot be eliminated without drastically altering the character of this activity. The same elements that help create the unique character of this activity may also be the same element that causes loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that Project ASCENT does not want to reduce my enthusiasm for the activity, but thinks that it is important for me to be informed in advanced about the activities' inherent risks. The following describes many, but not all, of those risks.

Project ASCENT's outdoor classes and recreational activities generally take place in the outdoor environment where participants are subject to numerous risks, both environmental and otherwise. Activities may vary depending on the course or advertised event, but often include hiking, backpacking, rappelling, kayaking, canoeing, and/or bicycling. Other activities may be undertaken depending upon the intent of the class or outing.

These activities may occur in remote places a significant time and distance away from medical facilities or definitive care; the difficulty of communication and transportation may significantly delay evacuation and transport to a medical facility.

Meals are usually prepared over small portable stoves, although sometimes groups also cook over open fires. Project ASCENT's standard water treatment process uses either boiling or filtering, using methods that kills most viruses and parasites, but may not kill cryptosporidium. Risks generally associated with camping include cuts, burns, blisters, diarrhea, flu-like symptoms, and falling timber or rock.

Travel is by vehicle, on foot, raft, kayaks, canoe, horseback, skis, snowshoes, and by other means. This travel may be over rough unpredictable off-trail terrain, boulder fields, downed trees, rivers, steep slopes, slippery rocks, snow and ice, glaciated terrain, currents, waves and reefs. Associated risks include collision, slipping, falling, being hit by objects, striking objects, capsizing, and drowning, in addition to environmental risks.

Environmental risks and hazards include moving, deep or cold water; insects, snakes and predators; falling, rolling or shifting rock; lightning, avalanches, flash floods, rapidly changing weather, and other unpredictable forces of nature. Possible injuries may include dehydration, sunburn, heat exhaustion and heat stroke, frostbite, hypothermia, high altitude illnesses, and other mild or serious conditions.

Decisions are made by the instructors and campers, often while immersed in the wilderness context. These decisions are dependent upon a variety of perceptions and evaluations that by their nature are imprecise and

subject to error in judgement. Campers may experience unsupervised time during periods where the instructor is not needed for their technical expertise. At all points in time the campers are responsible for their own safety, and should also take ownership for the safety of other campers on the experience.

I am aware that the proposed Project ASCENT activity includes the risk of injury or death to myself. I recognize that the description of risks given above is not complete, and that other unknown or unanticipated risks may result in property loss, injury, or death. I agree to assume the responsibility for the inherent risks in this activity, both those identified in this document as well as those not identified. My participation in this activity is voluntary, that no one is forcing me to participate, and that I am participating with full knowledge of the inherent risks. I am aware that there are other classes or activities that I could take or do instead.

I declare that I am good enough physical fitness to participate in the activity outlined above. If I have medical concerns related to the activity, I have verified with my physician that I am physically and psychologically able to participate in the experience. All information on the medical form is true and complete to the best of my knowledge. I authorize Project ASCENT to obtain or provide emergency hospitalization, surgical, or medical care for me.

I represent that I am fully capable of participating in this activity without causing harm to myself or others. Therefore, I, and my parent(s) or guardian, if I am a Minor, assume and accept full responsibility for me and for injury, death, and loss of personal property and expenses suffered by me and them as a result of those dangers and risks identified herein, and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I, and my parent(s) or guardian, if I am a minor, have read, understood, and accepted the terms and condition stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative of estate, and all of my family members.

Printed Name \_\_\_\_\_

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

If the camper is under 18, I am signing this as parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) Project ASCENT from any claim which may be brought by or on behalf of the camper, or any member of the camper's family, for injury or loss resulting from those inherent risks of the activity, described and not described above, and from the negligence of the camper.

Printed Name \_\_\_\_\_

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

In Addition:

## Waiver and Release

A large percentage of the United States Forest Service, the National Parks Service, and other federal land management agencies do not allow service providers such as Project ASCENT to be released by their campers from liability for injury or other losses occurring on certain public lands. In those areas Project ASCENT is limited to the attached Acknowledgement of Risk form. Your activity may include travel and activities that are not on these public lands; Project ASCENT seeks additional protection for this travel and activities.

**\*\*\*\*\*Please read the following carefully and sign below:\*\*\*\*\***

I have read and understand the attached Acknowledgement of Risk agreement, and confirm its representations and agree to all its provisions as though they were fully set forth in this document again.

Except with respect to an injury that occurs on public lands whose rules and regulations prohibit my doing so, I acknowledge and assume all risks of the course or activity, known or unknown, inherent or otherwise. In addition, I agree, for myself, my heirs and my personal representatives, to defend, hold harmless, indemnify, release and forever discharge Project ASCENT, and its current and former trustees, officers, employees, agents, insurers, successors and assigns (hereinafter collectively known as "representatives"), from and against any and all claims, demands, actions or causes of actions, whether know or unknown, relating to or arising out of or in conjunction with any damage, death or other consequences to real or personal property, any accident, illness, personal injury, death or other consequences that may result in my participation in the activities, or participation of any other participant, whether such action is authorized as a part of the activities or whether such damage or other consequence is caused by the fault or negligence of Project ASCENT or its trustees, officers, employees, or agents.

Clear thinking is necessary for this activity, therefore I agree to abstain from the use of alcohol or non-prescription drugs before and for the duration of the activity. Additionally I affirm that I have no chronic condition, disability, or other health concerns that would make my participation in these activities inadvisable.

I agree to submit any disagreement under this Waiver and Release first to confidential mediation. If confidential mediation does not resolve the issue, I agree to submit the disagreement to binding arbitration. This arbitration shall take place in Missoula, Montana and shall be conducted according to the rules of the American Arbitration Association. The prevailing party in any arbitration shall be entitled to recover its attorneys' and expert fees and other costs, disbursements and expenses incurred before and during arbitration, as the arbitrator may adjudge reasonable. Further, I agree that this release shall be governed by and construed according to the state of Montana.

I understand that this release is voluntary in that there are other classes or activities that I could choose to undertake. I have read this release and understand it fully. I understand that signing this release is a condition of my participation in the activities and that this Waiver and Release is legally binding on me. And, I understand that, among other things, I am agreeing to indemnify Project ASCENT and its representatives for injuries, damages or losses that they may cause and giving up certain rights to sue Project ASCENT and its representatives for injuries, damages, or losses that I may incur.



I ASSUME ALL RISKS ASSOCIATED WITH THE ACTIVITIES, WHETHER OR NOT SPECIFIED IN THIS WAIVER AND RELEASE, AND UNDERSTAND THAT Project ASCENT IS NOT A GUARANTOR OF MY SAFETY IN CONNECTION WITH MY PERFORMANCE OF THE ACTIVITIES.

In witness thereof, I have caused this release to be executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Printed Name \_\_\_\_\_

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

The parent or guardian must sign below if the camper is under 18 years of age. In consideration of Project ASCENT's allowing the camper to participate in the activity, the undersigned parent(s) or guardian agree to release Project ASCENT from any claim the parent(s) or guardian may have because of injury or loss suffered by the camper, including injury or loss claimed to be caused by the negligence of Project ASCENT. In addition, the parent(s) or guardian agree to protect and indemnify Project ASCENT from any claim and related expenses or fees, brought at any time by the camper or by anyone on the camper's behalf, or by any member of the camper's family, or by another course participant, arising out of the camper's enrollment or participation in the activity. The undersigned also agree to the terms of mediation and arbitration outlined above. This indemnity includes claims of Project ASCENT's negligence.

Printed Name of Parent(s) or Guardian \_\_\_\_\_

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

Signature \_\_\_\_\_

## Health and Diet Questionnaire

*This information is for the trip leaders' information only and is completely confidential*

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

### **ASCENT Camp Information**

Project ASCENT camps can be multi-day wilderness expeditions in remote settings, where evacuation to modern hospital facilities is not immediately possible. You must expect extreme weather conditions ranging from snow storms to sleet to extreme heat and humidity. Sudden environmental changes are to be expected and anticipated. Depending on what activity you pursue in your ASCENT Camp, you may be required to carry a heavy load up uneven, steep terrain; paddle for extended periods; sleep outdoors; experience long, tough days; and prepare meals and set up camp. Be sure that you are able to be responsible for yourself.

Participant: Please circle YES or NO for each question. Each must be answered, but keep in mind that a "YES" answer does not necessarily mean you will not be able to attend your ASCENT Camp.

### **General Medical History**

Do you currently or have you ever had:

- |  |         |    |
|--|---------|----|
| 1. Respiratory problems? Asthma?                               | 1. YES  | NO |
| 2. Gastrointestinal disturbances?                              | 2. YES  | NO |
| 3. Diabetes?   | 3. YES  | NO |
| 4. Hypertension?   | 4. YES  | NO |
| 5. Bleeding or blood disorders?                                | 5. YES  | NO |
| 6. Hepatitis or other liver diseases?                          | 6. YES  | NO |
| 7. Neurological problems? Epilepsy?                            | 7. YES  | NO |
| 8. Seizures?   | 8. YES  | NO |
| 9. Dizziness or fainting episodes?                             | 9. YES  | NO |
| 10. Treatment or medication for menstrual cramps?              | 10. YES | NO |
| 11. Disorders of the urinary or reproductive tract?            | 11. YES | NO |
| 12. Any other health complaint? _____                          | 12. YES | NO |
| 13. Do you see a Medical/Physical specialist of any kind?      | 13. YES | NO |
| 14. Are you pregnant?  | 14. YES | NO |
| 15. Treatment or counseling with a mental health professional? | 15. YES | NO |
| 16. Cardiac problems?  | 16. YES | NO |

**Diet**

17. Are you a vegetarian? 17. YES NO

If yes, how strict are you? (will you eat fish or chicken? Are you vegan?)

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18. If you are vegetarian or vegan, please list some of the meals that you particularly enjoy: \_\_\_\_\_

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19. Please list any foods that you are allergic to and/or particularly despise: \_\_\_\_\_

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**Muscle/Skeletal Injuries**

Do you currently or have you ever had:

20. Knee, hip, ankle, shoulder, arm, or back injuries (including sprains) and/or operations?

If so, please explain: \_\_\_\_\_

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**Allergies/Medications**

21. Any allergies? To insect bites or bee stings? 21. YES NO

If yes, please list them, along with their severity:

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22. Are you allergic to any medications? \_\_\_\_\_ 22. YES NO

23. Are you currently taking any medications? 23. YES NO

Medication	Dosage	Side Effects/Restrictions

24. Year of last tetanus immunization: \_\_\_\_\_. If you cannot remember, was it within the past five years?

24. YES NO

**Project ASCENT recommends a current tetanus immunization**

25. Do you have a history of frostbite or Acute Mountain Sickness? 25. YES NO
26. Do you have a history of heat stroke or other heat related illness? 26. YES NO

**Fitness**

27. Do you exercise regularly? 27. YES NO

Please describe below the:

Activity	Frequency	Duration/Distance	Intensity Level (Easy/moderate/competitive)
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28. Do you smoke? If so, how much? \_\_\_\_\_ 28. YES NO

29. Swimming ability (CHECK ONE): \_\_\_ Non-swimmer \_\_\_ Recreational \_\_\_ Competitive

During swimming, does your parent/guardian require the use of a floatation device? \_\_\_\_\_yes \_\_\_\_\_no

**PLEASE READ CAREFULLY AND SIGN**

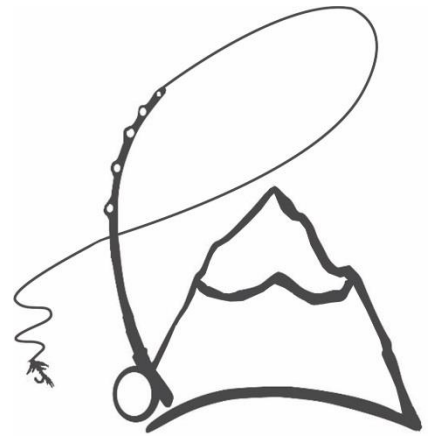
The information provided above is a complete and accurate statement of any physical and psychological conditions which may affect my participation in this camp. I realize that failure to disclose such information could result in serious harm to me and fellow participants. I agree to inform Project ASCENT should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this ASCENT Camp.

I understand that if I have the potential for a severe allergic reaction to bee stings, insect bites, food, poison oak, or other substances that might be found in the outdoors, it is my responsibility to bring the proper medication with me on this trip.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# Project ASCENT



## Transportation Release Form

I hereby grant permission to Project ASCENT, at its sole discretion to place my child on a public carrier, i.e. airplane, train, car, van, or bus, for the purpose of transporting him/her to such location as communicated by the Undersigned to or from Project ASCENT Programs. I hereby release and discharge Project ASCENT, it's agents, employees, officers and directors from all claims, demands, actions, judgements and executions the Undersigned may have against Project ASCENT, for all personal injuries, known or unknown, and injuries to property, personal or real, caused by or arising out of the transportation of my child to Project ASCENT programs or the removal and transportation of my child from Project ASCENT programs as set forth above.

**I, the Undersigned, have read this Consent and Release and understand all of its terms and I execute it voluntarily.**

Student's Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_