

Be prepared for your Adventure Activities

Boating and Swimming

Swimming trunks (girls should wear a one piece bathing suit)
Swimming top (**not cotton**, polyester, wool, or neoprene preferred)
Water shoes (if owned, optional)
Towel
Change of dry clothes
Sunglasses (optional)
Croakies (if you wear glasses or sunglasses, you want to have a leash on them)
Trash Bag for wet clothing
Water bottle or 2 (gatorade/water are good, sodas/cokes do not keep you hydrated)
Lunch and snacks for the day

Climbing and Ropes Courses

Comfortable clothing for time of year (nothing too baggy, we will be wearing harnesses)
Shoes for hiking (boots or sneakers)
Water bottle or 2 (gatorade/water are good, sodas/cokes do not keep you hydrated)
Lunch and snacks for the day
Sunglasses (optional)
Daypack (for carrying personal items and equipment)

Biking

Comfortable clothing for time of year (should not be too loose fitting, especially pants)
Sneakers
Water bottle or 2 (bike bottles or a camel back is ideal for biking)
Lunch and snacks for the day
Biking shorts (optional)
Biking gloves (optional)
Sunglasses (optional)
Daypack (for carrying personal items)

EVERY TRIP

Comfortable and appropriate clothing for time of year
Shoes for walking or hiking
Reusable water bottle or 2 (enough for 1 liter)
Lunch and snacks for the day
Rain Jacket/Shell
Daypack



***As a general rule, dress appropriately in layers to ensure that you are comfortable in all weather conditions. A thin rain jacket can be packed for all adventure trips. Cotton does not dry quickly when it gets wet, so whenever possible, dress in polyester, wool, or non-cotton blends for trips. If checking the weather, always remember to check the LOW temp for the day. If you are prepared and comfortable, you will always have a better experience on the trips. YBEC will supply all technical gear and equipment to ensure students are safe during activities. Thank You and we look forward to a great year.**

Yellow Breeches Educational Center



Participant Agreement, Release and Assumption of Risk

In consideration of the services of Yellow Breeches Educational Center, Inc., their agents, owners, officers, volunteers, participants, employees and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "YBEC"), I hereby agree to release, indemnify, and discharge YBEC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as, canoeing, kayaking, rock climbing, hiking, camping, backpacking, and/or skiing and wood working and martial arts entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: slipping and falling, falling objects, water hazards, exhaustion, exposure to temperature and weather extremes which could cause hypothermia, heat related illnesses, heat exhaustion, sunburn, dehydration and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life, equipment failure and improper lifting or carrying.

Furthermore, YBEC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless YBEC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of YBEC's equipment or facilities including any such claims which allege negligent acts or omissions of YBEC.
4. Should YBEC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement. I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against YBEC, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity. I may be found by a court of law to have waived my right to maintain a lawsuit against YBEC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____

Address _____

Phone _____ Date _____

Parent's or Guardian's Additional Indemnification (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) being permitted by YBEC to participate in its activities and to use its equipment and facilities. I further agree to indemnify and hold harmless YBEC from any all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use, or participation by Minor.

Parent or Guardian _____ Print Name _____ Date _____



T.R.A.I.L.S.



TEACHING

RESILIENCE

ADVENTURE

INDEPENDENCE

LEADERSHIP

STEWARDSHIP

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Number (home): _____ (work) _____ (cell) _____

Email Address: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Number (home): _____ (work) _____ (cell) _____

Email Address: _____

Course: _____

Course Dates: _____



T.R.A.I.L.S.



TEACHING

RESILIENCE

ADVENTURE

INDEPENDENCE

LEADERSHIP

STEWARDSHIP

Health Survey

Student Name: _____ Age: _____ Sex: _____

Height: _____ Weight: _____

Emergency Contact: (should not be the primary parent/guardian)

Name

Phone Number

Physician Name: _____

Address: _____

Phone Number: _____

Name of Insurance Company: _____

Insurance Policy Number: _____



T.R.A.I.L.S.



TEACHING

RESILIENCE

ADVENTURE

INDEPENDENCE

LEADERSHIP

STEWARDSHIP

Health Survey

Student Name: _____

Medical History (To be completed by Applicant and/or Parent)

Please be as thorough as possible in completing the medical history section

- | | |
|---|------------------|
| 1. Vision problems requiring correction? | Yes ____ No ____ |
| 2. Hearing problems requiring correction? | Yes ____ No ____ |
| 3. Dizzy spells, fainting, convulsions, persistent headaches? | Yes ____ No ____ |
| 4. Motion Sickness? | Yes ____ No ____ |
| 5. Chronic cough, asthma, blood sputum? | Yes ____ No ____ |
| 6. Shortness of breath or asthma on exertion? | Yes ____ No ____ |
| 7. Chest pain on exertion or deep breathing? | Yes ____ No ____ |
| 8. Heart palpitations, irregular heartbeat, heart murmurs, poor circulation? | Yes ____ No ____ |
| 9. Jaundice of hepatitis? | Yes ____ No ____ |
| 10. Low or high blood Pressure? | Yes ____ No ____ |
| 11. Hernia? | Yes ____ No ____ |
| 12. Difficulty urinating burning or pain on urination? | Yes ____ No ____ |
| 13. Kidney infection or stones? | Yes ____ No ____ |
| 14. Pain in legs, back, shoulders, arms, or legs? | Yes ____ No ____ |
| 15. Broken Bones, joint dislocations or serious sprains, weakness of muscles? | Yes ____ No ____ |
| 16. Joint pain or stiffness? | Yes ____ No ____ |
| 17. Chronic skin problems, infections? | Yes ____ No ____ |
| 18. History of diabetes, thyroid trouble, bleeding problems, epilepsy? | Yes ____ No ____ |
| 19. Do you smoke? How many packs per day? | Yes ____ No ____ |
| 20. Frequent nausea or vomiting, food intolerance, heartburn? | Yes ____ No ____ |
| 21. Continuing use of drugs or alcohol? | Yes ____ No ____ |
| 22. Episodes of depression, anxiety, hysteria, nervousness? | Yes ____ No ____ |
| 23. Any known allergies? Please describe any reactions to the following: | |
| Medication (penicillin, aspirin, sulfa, etc.) | Yes ____ No ____ |
| Foods (Shellfish, nuts, etc.) | Yes ____ No ____ |
| Insect bites (bee stings, etc.) | Yes ____ No ____ |
| Other (wool, acrylic, adhesive, latex, etc.) | Yes ____ No ____ |
| 24. Any hospitalization? Dates: _____ | Yes ____ No ____ |



T.R.A.I.L.S.



TEACHING

RESILIENCE

ADVENTURE

INDEPENDENCE

LEADERSHIP

STEWARDSHIP

Current Medications:

<i>Medication</i>	<i>Dosage</i>	<i>How Often?</i>

History of Allergies (including medications, over the counter medications, food, etc.): _____

Physical Restrictions: (Please Provide Doctors Note if appropriate) _____

Any other information you feel is important for YBEC's TRAILS program to be aware of prior to the start of their course. _____

Email: _____