



### Trip Coordinator/Volunteer Adult Application

Name \_\_\_\_\_  
First Last

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Gender \_\_\_\_\_ Email \_\_\_\_\_

Current Occupation \_\_\_\_\_ How Long \_\_\_\_\_

#### Legal History

Yes No Have you ever been arrested?

Yes No Have you ever had a restraining order or order of protection filed against you?

Yes No Are there any updates to your legal history?

If yes to any of the above, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Emergency Contact *(please confirm this person will be available while you are on program)*

Name \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_

#### Character References

Full Name	Relation	Phone
		(_____) _____
		(_____) _____

**Media Release**

I hereby grant Grand Canyon Youth, its co-sponsoring organizations, partners, media representatives, employees, volunteers and trip participants the right to photograph, record or film my participation in a Grand Canyon Youth program without recourse. This includes the right to use photographs, audio or film in promotional, documentary, online, print, digital, and media outlets.

**Employee / Volunteer Policies & Procedures**

My signature indicates that I have read and understand the Grand Canyon Youth Employee & Volunteer Policies and Procedures. I also verify that I have been provided with an opportunity to ask questions about the policies/information contained within.

Nothing in these policies shall be construed to create an implied legal contract. Every employment/volunteer relationship formed by or with GCY is strictly at-will. Each employee/volunteer is responsible for having read and familiarized themselves with the content of these policies.



\_\_\_\_\_

Signature

\_\_\_\_\_

Date

## Health Information Form

GCY relies on you to be the advocate for yourself; be thorough and exhaustive in completing this form. You will be traveling to a wilderness area and may be over 24 hours away from definitive care. Advise GCY of any changes to your medical condition prior to your program. GCY guides have wilderness first aid training, they are not medical professionals. The confidential information provided in this form is shared only with applicable parties and program staff. It helps us provide the best care.

Name \_\_\_\_\_

Height\* \_\_\_\_\_ Weight\* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(\*Necessary for lifejacket fitting\*)

Have you been camping before? Never A Little A Lot

Swimming Ability None Fair Good Excellent

### Medical History

Have you ever been **diagnosed** with any of the following?

Yes	No	Heart Condition	Yes	No	Depression/Anxiety
Yes	No	Diabetes/Hypoglycemia	Yes	No	Attention Deficit Disorder
Yes	No	Severe Headaches/Migraines	Yes	No	Emotional/Psychiatric Disorder or Concern
Yes	No	High or Low Blood Pressure	Yes	No	Substance Abuse (drugs, alcohol, tobacco)
Yes	No	Seizures/Epilepsy/Neurological Disorder	Yes	No	Eating Disorder
Yes	No	Serious Head Injury	Yes	No	Anaphylaxis/Severe Allergic Reaction
Yes	No	Urinary Tract Problems/Infections	Yes	No	Food Allergy/Intolerance
Yes	No	Anemia or Blood Disorder	Yes	No	Hay Fever/Seasonal Allergies
Yes	No	Arthritis/Musculoskeletal Disorder	Yes	No	Asthma/Respiratory Condition
Yes	No	Sleep Disorder/Sleep Walking	Yes	No	Gastrointestinal Problems
Yes	No	Developmental Disability	Yes	No	Pregnancy

Yes No Have you ever had surgery or been hospitalized overnight? When/what for?

\_\_\_\_\_

Yes No Do you have any physical activity limitations? Please explain \_\_\_\_\_

\_\_\_\_\_

Yes No Do you have any special needs? Please explain \_\_\_\_\_

\_\_\_\_\_

Yes No Do you have any dietary restrictions? (ie: vegetarian) \_\_\_\_\_

### **If yes to any of the above, please respond in detail to the following questions**

When was each condition diagnosed? \_\_\_\_\_

\_\_\_\_\_

What are the trigger(s) & symptom(s)? \_\_\_\_\_

\_\_\_\_\_

How do you manage the condition(s)? \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should know about the condition(s)? \_\_\_\_\_

\_\_\_\_\_

## Health Information Form Continued

**Medications** Call GCY if you have questions about our medication policies.

- ◆ You must be able to manage and administer their own medications.
- ◆ We strongly recommend that you remain on any prescription drug regimen while on a GCY program.
- ◆ If you have had or are at risk of an anaphylactic reaction and have been prescribed an epi pen must provide two epi pens.
- ◆ If you have asthma/respiratory conditions **MUST** bring rescue inhaler if last use was within 5 years.

List ALL prescription and non-prescription medications you are currently taking on a daily or regular basis. Please also list prescribed medication for emergency situations (examples: rescue inhaler, epi pens, etc). We are expecting you to bring these medications on the program.

Medication	Purpose	Dosage	Frequency

**Physician Information**

Physician's Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

*If GCY has safety concerns regarding your participation, we may contact you to gather more information. If you have a medical condition, GCY may require a medical release from their physician before you are allowed to participate on a GCY program.*

**Insurance Information**

Medical insurance is not required to participate. However, you are responsible for any medical expenses as a result of participation. We recommend contacting your insurance company to ensure coverage or purchasing trip insurance. Evacuations can be very costly.

Insurance Company \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

**Medical Release for** \_\_\_\_\_ (Your Name)

In the event of an injury or illness requiring medical care, I hereby give permission to attending medical personnel, Grand Canyon Youth's officers, directors, employees, representative agents, volunteers, contract individuals and all other persons or entities associated with it, the full power in consent to any and all necessary treatment, including epinephrine.



\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Participant Agreement, Release & Assumption of Risk

In consideration of the services of Grand Canyon Youth, 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 "GCY"), I hereby agree to release, indemnify, and discharge GCY, on behalf of myself, my spouse/partner, my child, my parents, my heirs, assigns, personal representatives and estate as follows:

1. Assumption of Risk: I, \_\_\_\_\_ (your name), acknowledge that going on a river trip and all other activities related to, associated with, and/or essential to participation in a GCY program (hereinafter "Activity"), entails known and unanticipated risks that could result in: physical or emotional injury, paralysis, death, or damage to myself, property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I, on behalf of myself, voluntarily accept personal responsibility for any liability, injury, loss, or damage in any way resulting from my participation in the Activity and related transport.

My initial below signifies that I expressly agree to section 1, above, that I know the implications of section 1, that I understand the language of section 1 and that I voluntarily accept the terms of section 1.

☼ **Initials** \_\_\_\_\_

2. Identification of Risks: I understand that there are certain dangers, hazards, and risks inherent in the Activity and related transportation. I understand that such dangers, hazards, and risks may involve risk of injury and loss, both to person and property. I further understand that the risk of injury may include the possibility of permanent disability and death. There may be other risks not known or not reasonably foreseeable at this time. I further understand that GCY does not assume responsibility for any such injuries or loss.

Although every attempt will be made by GCY to ensure the health and safety of the participants, I understand that injuries and accidents may occur. Foreseeable risks include, among other things: whitewater rapids, turbulent water, and river currents. I can be jolted, jarred, bounced and shaken about during rides through rapids. It is possible that I could be injured if I come in contact or collide with storage containers, boat frames, oars, oarlocks or other equipment and supplies necessary to the operation of the expedition and outfitting the program. Rafts could capsize or I could be "washed" overboard into the water. Prolonged exposure to cold water can result in shock or hypothermia and in extreme cases can cause death and accidental drowning.

I can slip or fall during a hike or at camp; accidents can occur getting on and off the raft all of which can result in damage to equipment or personal injury. Exposure to the natural elements can be uncomfortable and/ or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and death. GCY is not responsible for acts of nature, including but not limited to contact with flora & fauna. Furthermore, GCY 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, river, or environmental conditions. They may give incomplete warnings or instructions and the equipment being used might malfunction. In addition, there are risks involved in traveling to and from the river or other destinations, including but not limited to airplanes and ground transportation such as automobiles, bus, shuttles, and personal transport. Significant elevation changes may be experienced through participation in this program. There are risks involved in completing the pre-trip requirements such as but not limited to community service and fundraising. Further, I understand that GCY is not responsible for the behaviors of any of its participants or the consequences of their actions.

My initial below signifies that I expressly agree to section 2, above, that I know the implications of section 2, that I understand the language of section 2 and that I voluntarily accept the terms of section 2.

☼ **Initials** \_\_\_\_\_

3. Waiver and Release: In consideration of participation in the Event, I waive and release GCY, its employees, agents, volunteers, successors, and assigns, if any, from all claims for any liability, injury, loss, or damage in any way connected with my participation in the Activity, whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above.

My initial below signifies that I expressly agree to section 3, above, that I know the implications of section 3, that I understand the language of section 3 and that I voluntarily accept the terms of section 3.

☼ **Initials** \_\_\_\_\_

## Participant Agreement, Release & Assumption of Risk Continued

4. **Indemnification:** I agree to indemnify and hold harmless (in other words, reimburse and be responsible for) GCY and its employees, agents, volunteers, successors, and assigns from all claims for any liability, injury, loss or damage in any way connected with or arising out of my participation in the Activity, whether or not caused in whole or in part by the negligence or other misconduct of any of the organizations or individuals mentioned above. Should GCY 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.

My initial below to signifies that I expressly agree to section 4 above, that I know the implications of section 4, that I understand the language of section 4, and that I voluntarily accept the terms of section 4.

☼ **Initials** \_\_\_\_\_

5. **Medical Treatment:** I hereby release and forever discharge GCY from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my participation in the Event.

My initial below signifies that I expressly agree to section 5 above, that I know the implications of section 5, that I understand the language of section 5, and that I voluntarily accept the terms of section 5.

☼ **Initials** \_\_\_\_\_

6. I hereby certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Activity or, alternatively, I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

My initial below signifies that I expressly agree to section 6 above, that I know the implications of section 6, that I understand the language of section 6, and that I voluntarily accept the terms of section 6.

☼ **Initials** \_\_\_\_\_

7. 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.
8. We require this form signed and returned AS IS. Your signature below represents an acceptance of this document as originally written. Any edits to this agreement will not be honored, and will default to the original verbiage.

**I HAVE READ THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I AM SIGNING THIS WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION VOLUNTARILY ON BEHALF OF MYSELF. I INTEND THAT THIS WAIVER AND RELEASE OF LIABILITY SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT POSSIBLE UNDER APPLICABLE LAW.**



**Signature**

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

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

### Certification of Information Provided

To the best of my knowledge and belief, all the information set forth within this application is complete, true, and correct. All the entities participating in the program will rely on the information contained herein to make a decision as to whether or not I may safely complete the activities required to participate in Grand Canyon Youth. Grand Canyon Youth reserves the right, in its absolute discretion, to terminate this program or anyone's participation in the program, at any time, for any reason, including but not limited to my failure to comply with any application requirements or administrator's directives. I have read this application in its entirety and fully understand and agree to the terms and information within.



**Signature**

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

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