

**Explore the Rock 2016 Registration Packet**

On behalf of Kodiak Area Native Association’s (KANA) Meth and Suicide Prevention Initiative, we invite you to participate in our “Explore the Rock” summer youth adventure.

This program is for students who will be entering grades 6-12 during the 2016/2017 school year. There is no deadline for registration. Students will participate on a weekly hike/nature walk on Thursdays for 10 weeks throughout the summer. Trips will be between five and six hours and will be led by KANA staff and adult volunteers. Students can attend as many or as few hikes as they like.

Each hike will have a guest presenter that will teach skills including CPR/first aid, bear safety, survival skills, and invasive species.

**Drop-off Location:** KANA Wellness Center – 3400 Rezanof Drive East

**Drop-off Time:** 10am on the day of the hike. Please arrive on time to avoid missing the bus.

**End Time:** The hike will end in the early afternoon and students will return to the KANA Wellness Center between 3pm and 4pm.

It is very important that you bring the following items **EVERY** time you attend. (Please mark all personal items with your name). KANA is not responsible for any lost or stolen property.

* Wear appropriate footwear (gym shoes or hiking shoes) **No sandals or flip-flops**.
* Wear warm clothes. **You will NEED a jacket or hoodie and long pants**.
* Water bottle (full of water).
* A healthy snack such as an apple or granola bar.

**DO NOT bring soda, energy drinks, chips, or candy on hikes**

To submit registration form, for help registering, or for other questions please contact:

**Matthew Kozak**

**MSPI/DVPI Program Specialist**

**Matthew.Kozak@kodiakhealthcare.org**

**Phone: (907) 486-9865**

**HIKE SCHEDULE**

Hike locations and topics are listed below, but are subject to change due to trail maintenance or weather. Definite hike locations will be announced each Monday via email for those who have registered, on the Explore the Rock Facebook page, and again at the drop-off location. Please list your email on the registration packet to receive these updates.

|  |  |  |
| --- | --- | --- |
| **Hike Date** | **Hike Location** | **Special Topic** |
| **Thurs, June 2** | Abercrombie Trail System | CPR/First Aid |
| **Thurs, June 9** | Boy Scout Lake | Bear Safety |
| **Thurs, June 16** | Near Island Trail System | Edible Plants |
| **Thurs, June 23** | Termination Point/White Sands | Survival Skills |
| **Thurs, June 30** | Pillar Mountain – Alpine Trail | Nutrition/Fitness |
| **Thurs, July 14** | Buskin Lake/River | Invasive Species |
| **Thurs, July 21** | American River/Saltery Road | Fishing |
| **Thurs, July 28** | Pillar Mountain – Swampy Acres | Navigation/Map Reading |
| **Thurs, Aug. 4** | Barometer | Mentorship; Communication Skills |
| **Thurs, Aug. 11** | Pyramid | Mentorship; Communication Skills |

**PHOTO/VIDEO RELEASE**

I hereby authorize KANA or their designated agents to use the photographs, video, recordings, and/or any other record of these events taken of me for use in printed and/or online publications. I am aware that these publications will be used to show the success and outcomes of KANA programs. I acknowledge that since my participation in KANA publications is voluntary, I will receive no financial compensation. I may at any time withdraw permission for photos or video footage of me to be used in any publications.

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please click on lines to type or hand write*

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian must sign if Participant is under 18 years of age)

**STUDENT INFORMATION**

This program is funded by several grants and we hope to include students of all backgrounds. Your demographic information is only to inform our funders who our programs are reaching.

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

*\*Please click on lines to type or print and hand write*

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male:  Female:

|  |  |  |
| --- | --- | --- |
| |  |  | | --- | --- | | **Race(s):** *Check all that apply*  Alaska Native  American Indian  Asian  Black/African American  Caucasian  Native Hawaiian  Pacific Islander  Other | **Ethnicity:** *Check one*  Not Spanish/Hispanic/Latino  Hispanic | |

What grade will you be in for the 2016-2017 school year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In case of emergency contact:** (Please list someone who will get in touch with your family):

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Health and Accident Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list below any medications, allergies, or limitations (physical, educational, etc.) you may have that KANA staff and/or other adult volunteers may need to know about:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF CONDUCT - *YOUTH PARTICIPANT & PARENT/GUARDIAN MUST SIGN***

I understand that when I attend Explore the Rock 2016 I will comply with this agreement:

* I will stay with the group at all times.
* I will respect the adults attending the hikes by following directions.
* I will not criticize or make fun of other group members or use inappropriate language.
* I will not use tobacco, alcohol, or other drugs/substances during or before our outings.
* I will not litter or harm the environment.

**I understand that if I do not abide by this agreement,**

**it will result in the following consequences:**

* I will only be warned once before my parents are called.
* I may be asked to take a one to two week break from the Explore the Rock program.
* My parents may have to pick me up, depending on the severity of the incident.
* I may not be welcome back to the program for the remainder of the summer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Youth Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Parent Information (Full Names)**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home/Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide an email address to receive weekly communications including hike locations and pick up times.**

**Please Return Packets to Your School’s Main Office or at the front desk on the 2nd floor of the**

**KANA Main Building located at 3449 Rezanof Drive East.**

**Packets and/or questions can also be emailed to:**

**Matthew.Kozak@kodiakhealthcare.org**

**MEDICAL TREATMENT RELEASE FOR MINORS**

In the event of a medical emergency, I authorize KANA or their designated agents to obtain medical treatment for the minor in the event of my absence. If I am unable to be reached, I hereby authorize the physician or hospital to which the minor is taken to perform all medical services or to have such medical services performed which in the opinion of the physician or hospital are reasonably necessary to the care of the minor.

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian must sign if Participant is under 18 years of age)

**HOLD HARMLESS AGREEMENT**

I understand that the Kodiak Area Native Association (KANA) or KANA employees and volunteers will not be responsible for any accidents or injuries which may occur during the duration of the program, of my son, daughter, or legal ward except if the injuries are proven to be directly caused by the intentional act or gross negligence of KANA. This includes, but is not limited to, incidents involving the transportation of youth.

I understand that the activities associated with the Explore the Rock 2016 program have a certain degree of risk. I give my consent for my child to participate in the program.

I affirm that I am the legal guardian of the child whose name appears on the form and have the legal right to sign this agreement.

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Guardian must sign if Participant is under 18 years of age)

**Explore the Rock**

**Acknowledgement of Risk and Full and Complete   
Release of Liability**

NAME OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

ACTIVITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the services, programs, functions and activities of Kodiak Area Native Association, its agents, employees, trustees, officers, contractors, and all other persons or entities associated with it (collectively referred to hereafter as “KANA”) I agree as follows:

*Participants (and Parents/Guardians if participant is a minor under the age of 18) please indicate your agreement by initialing next to each paragraph and signing below.*

***Skill Risks***

\_\_/\_\_\_ Although KANA has taken reasonable steps to provide participants with appropriate equipment and skilled staff for the Explore the Rock (hereafter referred to as the Program), so I can enjoy an activity for which I may or may not be skilled, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without altering the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment and to accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. I understand that KANA does not want to frighten me or reduce the participant’s enthusiasm for this activity, but thinks it is important for participants to know in advance what to expect and to be informed of the activity’s inherent risks. I understand that the following describes some, but not all, of those risks.

\_\_/\_\_\_ KANA’s Program involves many outdoor activities where participants are subject to numerous risks, environmental and otherwise. Activities may vary, and include but are not limited to track and field events, running on sidewalks, road ways, gravel, grass, sand and may include transportation to and from the locations where these activities occur which may involve risks of injury, disability or death.

***Medical Care Risks***

\_\_/\_\_\_ KANA’s activities will take place in various locations indoors and outdoors. Outdoor activities, in particular may be in locations that could cause significant delays in communicating with and transporting to and from medical facilities.

***Travel Risks***

\_\_/\_\_\_ Travel may be by automobile or on foot to Program activity locations and possibly over unpredictable terrain, including snow and ice or near water. Attendant risks include automobile or other highway traffic collision, falling, drowning and others usually associated with such travel, as well as environmental risks.

***Environmental Risks***

\_\_/\_\_\_ Environmental risks and hazards include rapidly moving, deep and/or cold water, insects, and predators, including large animals; falling and rolling rock; avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

***Group Safety***

\_\_/\_\_\_ I understand that decisions regarding safety are made by the adults supervising the activity and by participants in an outdoor setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. I understand that throughout any of KANA’s activities, participants are responsible for their own safety and for the safety of other members of their group.

***Inherent Risks***

\_\_/\_\_\_ I am aware that KANA’s Program activities include risks of injury or death to participants. I understand the description above of these risks is not complete and that other unknown, unmentioned or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. Participation in these activities and this program is purely voluntary. No one is requiring me or my child to participate. I elect to participate, or to have my child participate, in spite of and with full knowledge of the inherent risks. I acknowledge that KANA staff has been available to fully explain the nature and physical demands of this activity and the inherent risk, hazards, and dangers associated with the activity. I have asked any questions that I have about this activity.

***Agreement and Understanding***

\_\_/\_\_\_ I have read and understand this release, the general description of the Program activity that I am about to participate in with KANA. This includes the objectives of the Program and physical demands put on me by this activity.

***Physical Condition***

­­­\_\_/\_\_\_ I have verified with the participant’s physician and other medical professional that the participant has no past or current physical or psychological condition that might affect his/her participation in the Program. I authorize KANA to obtain or provide emergency hospitalization, surgical or other medical care for me or my child.

***Personal Responsibility Acceptance***

\_\_/\_\_\_ I represent that the participant is fully capable of participating in the Explore the Rock activity, without causing harm to others or themselves. 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 inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in the KANA Program activity.

\_\_/\_\_\_ ***Full Release of Claims***

Having fully read and understood this document, I, and my parent(s) or guardian if I am a minor, hereby completely and irrevocably release the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claim or cause of action whatsoever arising from or relating to my participation in the Program, and whether for injury, damage to property, disability or death. I, and my parent(s) or guardian if I am a minor, hereby agree and covenant not to bring or cause to be brought any suit, claim or cause of action against any of them, at any time, before any Court or administrative agency.

\_\_/\_\_\_ I have read, or this document has been read to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and all members of my family. I agree to defend, indemnify and hold harmless the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claims which may be brought by or on behalf of myself, or any member of my family, for injury or loss resulting from those inherent risks of the Program, described and not described above, and from my own negligence.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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