



# Gore Range Natural Science School Summer 2008 Overnight Program Registration - 3<sup>rd</sup> through 6<sup>th</sup> Grade

**How to register...** Send the registration materials and full payment to: GRNSS, P.O. Box 9469, Avon, CO 81620 or Fax to 970-827-9730. **Questions? Phone: 970-827-9725 x10.** Registration is on a first-come, first-serve basis, and spots will only be held with full payment. Electronic confirmation of registration will be sent within 5 business days of receiving completed registration forms. A final program packet will be sent within two weeks of registering.

**Space is limited – enroll early!**

- Items to send back to GRNSS:
- Completed Registration Form, including Student Pick-Up Information, *with required signatures.*
  - Completed Medical/Release Form (attached)
  - Full Tuition
  - 10<sup>th</sup> Mountain Division Hut Association Waiver Form (attached)

### Overnight Programs

- 3<sup>rd</sup>-4<sup>th</sup> Grade:** Mountain Quest (*June 30 – July 2, 2 nights, Shrine Mountain Inn*) **Tuition: \$325**
- 5<sup>th</sup>-6<sup>th</sup> Grade:** Wilderness Challenge (*July 21-24, 3 nights, Vance’s Cabin*) **Tuition: \$450**

Tuition includes meals, lodging, and transportation. Drop-off/pick-up at Berry Creek Middle School.

**1<sup>st</sup> Participant’s Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Entering Grade** \_\_\_\_\_ **in fall of 2008. School** \_\_\_\_\_

**2<sup>nd</sup> Participant’s Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Entering Grade** \_\_\_\_\_ **in fall of 2008. School** \_\_\_\_\_

**Primary Parent/Guardian Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Evening Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**\*\*E-mail Required for registration confirmation** \_\_\_\_\_

**Secondary Parent/Guardian Name** \_\_\_\_\_ **Day Phone** \_\_\_\_\_

**Evening Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Payment Info:**  Check Enclosed

MasterCard  Visa  American Express

CC# \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature: \_\_\_\_\_

**Amount Enclosed/to Charge: \$** \_\_\_\_\_

### **Get a cool T-shirt! \$12**

Mark quantity you desire next to the size. Pick-up at first day of camp, but include cost in your total amount below.

\_\_\_ Sm \_\_\_ Med \_\_\_ Lg \_\_\_ XL

OVER



**Gore Range Natural Science School  
Summer 2008 Youth Overnight Programs**



**Registration Policy:** Overnight programs are limited to 12 participants per course. Youth courses are led by at least two field instructors. Registration is on a first-come, first-serve basis, and spots will only be held with full payment.

**Refund & Cancellation Policies:** GRNSS will refund your full payment less a \$25 administration fee if you cancel at least 14 days prior to the course date. No refunds for cancellations within 14 days of the course date. GRNSS reserves the right to cancel a course. If we cancel a course, you will receive a full refund.

**Disclosure & Statement of Understanding**

My child and I have read and understand the terms of enrollment in GRNSS summer youth program and agree to them. My child and I give GRNSS permission for reasonable and proper use of any photograph taken of me or my child or any written statement made by me or my child during this program.

\_\_\_\_\_  
**Signed** (Parent or Guardian)

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

**Student Pick-Up Information**

Drop off at Berry Creek Middle School (1000 Miller Ranch Road) at 8:30 a.m. on first day of program.  
Pick up at Berry Creek Middle School at **4:30** p.m. on final day of program.

**Please list those adults to whom your child may be released and picked up by.**

<b>Name</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Address</b>	<b>Relationship</b>

**Parent or Guardian's name (print)** \_\_\_\_\_

**Parent or Guardian's Signature** \_\_\_\_\_

**GRNSS can ONLY release your child to people listed above.**

**Please return this form with your medical information/risk-release form and registration.**

**Gore Range Natural Science School**  
**2008 Student Medical Information & Risk Release**

*Parent or Guardian, please print the following information. Make sure both sides are completed & signed.*

Program Name \_\_\_\_\_ Program Date(s) \_\_\_\_\_  
Student's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian's Name(s) \_\_\_\_\_ Business Phone \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Phone \_\_\_\_\_ Policy Number \_\_\_\_\_  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
In case of emergency, what other relative, neighbor, or friend may be called?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

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Although The Gore Range Natural Science School is academically oriented, some of the activities are quite strenuous if the participant is unfamiliar with such activities or is not in good physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical fitness. Any previous knee or ankle problems, excessive weight, or allergies to food, medicine or insect bites are also of particular concern. **The following information is important and will help us avoid health or medical problems before they occur.**

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Does your student have any adverse reactions to medication?  No  Yes

If yes, please list: \_\_\_\_\_

Does your child have allergic reactions to bee stings?  No  Yes

Does your child have or has experienced in the past any of the following problems? If so, please specify type of problem.

Respiratory Problems: \_\_\_\_\_

Heart Condition: \_\_\_\_\_

High Blood Pressure: \_\_\_\_\_

Ankle or Knee Problems: \_\_\_\_\_

Other: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Is the student using any medication?  No  Yes

If so, what type and dosage? \_\_\_\_\_

What is the medication specifically for? \_\_\_\_\_

Do you have any dietary restrictions? \_\_\_\_\_

If the student has any emotional disorders or learning disabilities that may effect his/her participation in our program, please describe this condition in order that we may better serve you. Please list any fears or phobias the student may have that require special attention. Attach an additional page if you need more room. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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The Gore Range Natural Science School staff is concerned about inappropriate use of both prescription and non-prescription medication by minors. If the student is not 21 years of age he/she is not permitted to use or share *any* medication without written permission from a parent, legal guardian, or physician or under specific authorization of a GRNSS staff person.

I give permission for my minor son/daughter to join this educational program and I authorize Gore Range Natural Science School staff to obtain or administer medical treatment for him/her in the event of an emergency.

\_\_\_\_\_  
Signed (Parent or Guardian)

\_\_\_\_\_  
Date

OVER



## Release Agreement / Information of Risk

The activities of the Gore Range Natural Science School may involve strenuous physical exercise, exposure to changing weather conditions, and use of potentially dangerous equipment and tools. They also demand the total attention and responsibility of each participant, either as an individual or part of a cooperating group. In addition, these activities include the inherent risk of fatigue, mental stress, injury or death. Your permission, indicated below, acknowledges these risks, and also entrusts Gore Range Natural Science School to apply reasonable restrictions to free time pursuits that maximize safety and enhance our ability to respond to emergency.

The following is a list of *potential activities* which your son/daughter may be participating in as part of the Gore Range Natural Science School program: **backpacking, hiking, games & initiatives, outdoor cooking, conservation project, vehicle travel, night time activities, wilderness travel and survival skills, map & compass, scientific field research, and overnight camping.**

I attest that I have carefully read the information concerning potential risk. I further realize that I am voluntarily responsible for his/her participation and agree to ask for any necessary clarification concerning the Gore Range Natural Science School program and/or activities prior to signing this form.

I, \_\_\_\_\_ (*name of parent or legal guardian*), hereby acknowledge that my son/daughter, \_\_\_\_\_ (*student name*) has been given my full permission to participate in the Gore Range Natural Science School Program entitled \_\_\_\_\_

I voluntarily elect to assume all risks of loss, damage, injury, including death, which may be sustained by my son/daughter or any property of his/hers in the course of his/her participation in this program. In consideration of the opportunity afforded him/her to participate in the above mentioned program I hereby knowingly, freely and voluntarily release, and, moreover, covenant to indemnify and hold harmless Gore Range Natural Science School, its Executive Director, Board of Directors, staff and employees from any and all liability, claims, demands or causes of action whatsoever, including claims based on negligence, arising out of any loss to me or my son/daughter in the course of or related to, participation in this program or the use of equipment supplied to my son/daughter in connection with any program. My child and I give GRNSS permission for reasonable and proper use of any photograph taken of me or my child or any written or verbal statement made by me or my child during or pertaining to this program.

\_\_\_\_\_  
Signed (*Parent or Guardian*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed (*Parent or Guardian*)

\_\_\_\_\_  
Date

I have carefully reviewed the above list of activities, and I agree to participate in or undertake only those for which I have received permission. I further acknowledge the supervisory role of Gore Range Natural Science School staff in ensuring my safety despite my own perceived abilities or desire for autonomy.

\_\_\_\_\_  
Signed (*student*)

\_\_\_\_\_  
Date

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### PRE-EXISTING CONDITIONS ONLY

If the student has a pre-existing condition that might be affected by participation in an active outdoor program at elevations exceeding 8,000 feet above sea level, please describe this condition and have a physician fill out and sign all sections below. *Fill this section out only if you believe that you may have such a pre-existing condition.*

Description of Condition: \_\_\_\_\_

Medication taken, dosage, and timing: \_\_\_\_\_

Other special instructions or precautions: \_\_\_\_\_

Physician's statement:

I \_\_\_\_\_ have examined \_\_\_\_\_

(*Please print*)

(*Student name*)

and recommend that she/he can participate in Gore Range Natural Science School programs.

\_\_\_\_\_  
Signed (*Physician*)

\_\_\_\_\_  
Date

# 10TH MOUNTAIN HUTS SUMMER USE, WAIVER AND RELEASE AGREEMENT

Sign only one waiver per person per season.

PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration for my being permitted by the 10th Mountain Division Hut Association, Inc. ("10th Mountain"), Summit Hut Association (SHA), Polar Star Inn, Shrine Mountain Inn, Vance's Cabin (collectively referred to as "Private Hut Owners and Operators") and all landowners to use the 10th Mountain Division Hut System in the White River and San Isabel National Forests, Colorado, I agree to the following waiver and release:

I acknowledge that backcountry and wilderness travel to, from, and between the huts and the use of high mountain huts have inherent risks, hazards and dangers that cannot be eliminated, particularly in a wilderness environment in mountainous terrain. **I UNDERSTAND THAT THESE RISKS, HAZARDS AND DANGERS INCLUDE WITHOUT LIMITATION:**

(1) Risks arising from any activities in areas that are not patrolled or policed; where trail or road conditions vary and are not maintained or controlled and are unpredictable and changeable; where objects are not marked and hazards may not be visible; where weather is changeable and unpredictable; (2) Risks involved in decision making and route finding in a wilderness environment in mountainous terrain; and risks of getting lost and of not reaching the hut; (3) Risks arising from travel and overnight stays at altitudes ranging from 8,000 feet to 11,700 feet above sea level, including without limitation, acute mountain sickness, high altitude cerebral edema, high altitude pulmonary edema, and other effects of altitude and altitude-related sickness; (4) Such other risks, hazards and dangers that are inherent in and integral to wilderness travel and outdoor activities such as hiking, horseback riding, bicycling and motorized vehicle travel in a wilderness environment in mountainous terrain.

\_\_\_\_\_  
(please initial)

I have read the information provided to me by 10th Mountain through my group leader concerning the use of the 10th Mountain Division Hut System. I also acknowledge that 10th Mountain, SHA, Private Hut Owners and Operators' staffs have been available to more fully explain to me the risks, hazards and dangers of use of the Hut System. I understand that use of the Hut System in a wilderness environment in mountainous terrain may require good physical conditioning and a degree of skill and knowledge different from other activities. I understand that I have responsibilities as a backcountry user. **I AM VOLUNTARILY USING THE 10TH MOUNTAIN DIVISION HUT SYSTEM WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY, PARALYSIS OR DEATH.**

\_\_\_\_\_  
(please initial)

Lastly, I for myself, my heirs, successors, executors and subrogees, hereby **KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS 10TH MOUNTAIN, SHA, OTHER HUT OWNERS AND OPERATORS AND LANDOWNERS**, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) and ordinary NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis or death to me or my property as a result of my use of the 10th Mountain Division Hut System, the use of its information services and traveling in a wilderness environment in mountainous terrain, whether such damage, loss, injury, paralysis or death results from ordinary NEGLIGENCE of 10th Mountain, SHA, Private Hut Owners and Operators, or landowners, their directors, officers, agents, employees and volunteers, or from some other cause. I, for myself, my heirs, my successors, executors and subrogees further agree not to sue 10th Mountain, SHA, Private Hut Owners and Operators or landowners as a result of any injury, paralysis or death suffered in connection with my use of the 10th Mountain Division Hut System or the traveling to, from, and between the huts. This release is intended to be a comprehensive release of liability but is not intended to assert defenses which are prohibited by law.

\_\_\_\_\_  
(please initial)

**I HAVE CAREFULLY READ, CLEARLY UNDERSTAND AND VOLUNTARILY SIGN THIS USE, WAIVER AND RELEASE AGREEMENT.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person who made the reservation

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Date of Trip

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

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
E-mail Address

I acknowledge that if for any reason, medical or otherwise, I cannot go on the trip I have paid for, and it is outside the 30-day cancellation date, I am ineligible to receive a refund.

\_\_\_\_\_  
(please initial)

# 10TH MOUNTAIN HUTS SUMMER USE, WAIVER AND RELEASE AGREEMENT

Sign only one waiver per person per season.

If under 18 years of age, parent, guardian, or custodian must sign the following Indemnification.

## INDEMNIFICATION

In consideration for the above minor being permitted by 10th Mountain, SHA, Other Hut Owners and Operators and all landowners to use the 10th Mountain Division Hut System which include without limitation the use of its information services and recreation opportunities and traveling in a wilderness environment in mountainous terrain, I agree to the following waiver, release and indemnification:

The undersigned parent, guardian or custodian of the above minor, for themselves and on behalf of said minor, hereby joins in the foregoing waiver and release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend 10th Mountain, SHA, and Private Hut Owners and Operators, and all landowners, their directors, agents, officers, employees and volunteers from and against any claims, actions, demands, expenses, liabilities (including reasonable attorneys' fees) and ordinary NEGLIGENCE made or brought by said minor or by anyone on behalf of said minor, as a result of said minor's travel to and use of the huts, the property and facilities of 10th Mountain, SHA, Private Hut Owners and Operators, and all landowners. I, for myself and on behalf of said minor further agree not to sue 10th Mountain, SHA, Private Hut Owners and Operators and all landowners as a result of any injury, paralysis or death that said minor suffers in connection with the use of the 10th Mountain Division Hut System or the traveling to, from, and between the huts.

\_\_\_\_\_  
Signature of Parent, Guardian or Custodian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Minor

Parent, Guardian or Custodian should also initial the designated places on other pages of this document.

10th MOUNTAIN DIVISION HUT ASSOCIATION • 1280 UTE AVENUE, SUITE 21• ASPEN, COLORADO 81611  
RESERVATIONS: 970/925-5775 • OFFICE: 970/925-4554 • FAX: 970/925-5317 • E-MAIL: huts@huts.org • WEBSITE: www.huts.org