

Desert Botanical Garden
&
Grand Canyon Youth

Teen Rafting Adventure!
on the
San Juan River

Application to Participate



Grand Canyon Youth
P.O. Box 23376
Flagstaff, AZ 86002
Phone: (928) 773-7921
Fax: (928) 774-8941
www.gcyouth.org
info@gcyouth.org

For Office Use Only

Name: _____
Date Rec'd: _____
Entered: _____
Confirmed: _____
Reg. ID: _____



Desert Botanical Garden
1201 N. Galvin Parkway
Phoenix, AZ 85008
Phone: (480) 481-8123
Fax: (480) 481-8189
www.dbg.org
jzucker@dbg.org

About Grand Canyon Youth

Experiential Education Along the Rivers of the Southwest

What is Grand Canyon Youth?

Grand Canyon Youth (GCY) is a non-profit program that is based in Flagstaff, Arizona. We operate experiential education river trips on both the Colorado and San Juan Rivers in the southwest for students ages 12-18. By combining pre-trip requirements, such as a community service component and environmental education research project, with on-river service learning activities, GCY ensures a unique and lasting experience with its participants.

What do we stand for?

Stewardship ☀ Personal responsibility ☀ Self-awareness ☀ Volunteerism ☀
Optimism ☀ Action ☀ A Sustainable Future ☀ Sense of Place

What do we believe in?

Healthy risk taking. ☀ The beauty of the Southwest. ☀ The power of a smile.
☀ Learning from the river. ☀ Achieving new goals. ☀
Working as a team. ☀

Why participate?

To feel the exhilaration of whitewater splash on your face, hiking through ancient canyons, playing in waterfalls, giving back to your community, learning about your environment, making new friends, and moving beyond your comfort zone, being part of a team, learning more about yourself, hearing your laugh echo off canyon walls, and feeling sand between your toes. Taking the opportunity to reflect on where you have been will help you know where you are going, and because the river can teach you what freedom truly is.

Cancellation Policy

Grand Canyon Youth reserves the right to cancel any program and/or alter trip dates without refund, if less than thirty days prior to the launch date, due to weather, safety concerns, or other unforeseeable circumstances. Participants who cancel prior to their thirty-day departure are entitled to a program refund minus a \$50 DBG administrative fee. Participants who cancel thirty days or less from trip departure date are unable to receive any refund from paid program fees unless in the case of family emergency or personal health, which is at the discretion of the GCY staff. This policy is based on Grand Canyon Youth's investment in the program.

Desert Botanical Garden / Grand Canyon Youth

Application Checklist

Step 1

Complete GCY Application.

GCY must receive a complete application for your space to be reserved.

Submit Application and Payment

DBG must receive your application and payment to retain your spot.

Trip Fees:

\$450 / DBG members

\$500 / DBG non-members

Step 2

Receive Camper Handbook.

The Camper Handbook is a tool to aid you in planning your educational project and preparing for your trip.

Research and Plan.

Research and plan your educational project. If needed, the DBG Trip Coordinators are available for assistance.

Step 3

Submit Outline

Submit your Educational Project outline to Jonathan Zucker by mail or email (jzucker@dbg.org) by Monday June 8, 2009.

Attend Pre-Trip Meeting

Contact Jonathan Zucker to make other arrangements if you absolutely cannot attend the meeting on Wednesday June 10, 2009 at 7:00 p.m.

Grand Canyon Youth / Desert Botanical Garden

Participant Timeline

Participating in a Grand Canyon Youth river trip is an incredibly unique experience that requires responsibility and dedication. Access is highly limited to the rivers on which we travel and therefore a privilege. The river trip is only a portion of what the entire GCY program encompasses. Below is a list to help you fully understand the GCY program requirements. Please read this over to make sure you are committed to completing all portions of this program. *Thank you.*

Step 1: Pre-Trip Requirements

1. **Complete an Educational Project.** Research and compile a topic of your choice and interest for a 10-15 minute presentation during your trip. You will submit an outline of your presentation prior to going on the river. See the Camper Handbook for more details.
2. **Attend Pre-Trip Meeting at DBG on Wednesday June 10 at 7pm.** Meet other trip participants and the DBG trip coordinators, finalize trip logistics and equipment, and learn on-river service project skills.

Step 2: On-River Requirements

1. **Participate in Trip Operations.** This includes setting up camp, cooking, paddling, being responsible for your personal gear, group discussions, and all educational activities.
2. **Commit to all Safety and Environmental Ethical Standards.** Adhere to the low impact camping ethics, abide by all program safety rules, and uphold your GCY Personal Contract.
3. **Present your Educational Project.** Remember that GCY is an experiential education organization, which means the more interactive your project, is, the more fun, informative, and memorable it will be for your whole group. Look for details in your camper handbook.

Step 3: Post-Trip Requirements

1. **Complete all Evaluations:** This includes both parent and participant evaluation of the camp.
2. **Participate in the Post-Trip Pizza Party at DBG on Thursday July 16 at 6pm:** Take this opportunity to write thank-you notes to your guides, exchange email and phones numbers, and share pictures with your group, family and DBG staff.
3. **Spread the Word:** DBG Eco Camp and GCY Alumni play a very important role in referring friends, getting involved in their school's Youth Volunteer Corps, DBG's Teen Volunteer Program and/or other environmental club, and participating in Community Presentations to keep their experience continuous and alive.

Grand Canyon Youth

Personal Contract

Participant Name: _____

Parent/Guardian Name: _____

Address: _____
City State Zip

Phone: _____ (home) _____ (cell: parent)

Email: _____ (youth) _____ (parent)

School: _____ Grade (in Fall 2009): _____

Ethnicity (for help in tracking demographics): _____

I _____ agree to:

- ◆ Make the trip fun and safe for everyone.
- ◆ Be flexible, patient and open in the face of new and challenging situations.
- ◆ Try my best and give generously of myself.
- ◆ Be respectful of others in group, including guides and trip coordinators.
- ◆ Complete ALL my pre-trip requirements.
- ◆ Respect the natural environment and the prehistoric artifacts.
- ◆ Forgo the use and/or possession of weapons, tobacco products, drugs or alcohol.
- ◆ Dress appropriately at all times.
- ◆ Leave behind all electronics devices.
- ◆ Give an extra set of prescribed medications to trip coordinators (when applicable).
- ◆ Respect and care for ALL equipment on trip.
- ◆ Participate positively and fully in all group meetings and activities.
- ◆ Maintain group cohesion by not becoming involved in romantic/sexual relationships.
- ◆ Help out whenever and wherever possible.
- ◆ Abide by all safety policies and not take unnecessary risks.
- ◆ Acknowledge that Grand Canyon Youth reserves the right to dismiss, without any refund and at the expense of the participant, those who break this contract.

I have read the Grand Canyon Youth contract and agree to support all rules and program guidelines.

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Grand Canyon Youth

Parent/Guardian Permission to Participate

Important Information for all parents:

There may be risks involved with participating in the Grand Canyon Youth program. It is your responsibility to become informed about these risks and make a deliberate choice in supporting your youth's participation.

- ◆ Grand Canyon Youth programs are open to all youth - we do not perform background checks on our participants. *We rely on your good judgment as a parent* not to involve your youth in our programs if you believe he/she could pose a behavioral risk. Failure to do so could make you liable.
- ◆ Grand Canyon Youth is not directly associated with any charter or public school system. We are a private, non-profit organization incorporated in Arizona. As such, we have the right to exclude participation of any youth who we believe, at our sole discretion and for any reason, could pose a risk to him/herself or other participants beyond our ability and resources to manage within an appropriate standard of care.
- ◆ Be aware that if the trip leaders have cause to believe any participating youth is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to him/herself or to others in any way, that youth may be separated from the group as soon as possible and evacuated from the trip by raft, on foot, or by helicopter under safe escort. The cost of such emergency evacuation will be borne by the parents. Additionally, youth may be held legally responsible if they break any law while participating in the GCY program.
- ◆ Please talk with your son/daughter about 1) how important it is to follow all rules, warnings, and "safe practices" that GCY will teach them and 2) that if your youth feels unsafe or uncomfortable for any reason, they should report his or her concerns to one of the adult supervisors immediately.
- ◆ It is neither possible nor desirable to eliminate all risks involved in participation of the program, but it is necessary to manage them.

Thank you again for supporting your youth's participation with Grand Canyon Youth.

I have read and acknowledged the risks detailed in this form and consent to our youth's participation in a Grand Canyon Youth program knowing of all above risks. My youth does not pose any behavioral threat to all involved in the GCY program, and fully understands to adhere to all rules and warnings that will be taught during the course of the program.

My son/daughter, _____, may participate in all activities pertaining to Grand Canyon Youth, including fund raisers, community service projects, community presentations, and river trips during his/her involvement in the Grand Canyon Youth program.

Parent/Guardian Signature _____ **Date** _____

PARTICIPANT AGREEMENT, RELEASE AND 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, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that going on a guided river trip 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: whitewater rapids will be encountered. I can be jolted, jarred, bounced and shaken about during rides through some of these rapids. It is possible that I could be injured if I come in contact with food boxes, other storage containers, or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft. Rafts could turn over or I could be "washed" overboard. I can slip or fall during a hike, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. 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 heat cramps. Also prolonged exposure to cold water can result in hypothermia and in extreme cases death and accidental drowning is also a possibility.

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 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 as well as completing the necessary pre-trip requirements such as the community service requirements.

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.

1. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless GCY 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 GCY's equipment or facilities, including **any such claims which allege negligent acts or omissions of GCY.**
2. 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.
3. 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 to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
4. 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 GCY 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 understood it, and I agree to be bound by its terms.

Signature of Participant _____ Date _____

Print Name _____

Address _____ Phone _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)("Minor") being permitted by GCY to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless GCY from any and 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 _____ Date _____

Printed Name _____

Grand Canyon Youth

Health Information Form

The information provided in this form are shared only with our staff and the Trip Coordinator(s) and is vital to assuring that we can provide the best care for your youth. Please fill out completely as it will accompany youth during trip.

Participant Name: _____

Gender: M F Height: _____ Approximate Weight: _____ Age: _____

Parent/Guardian: _____

Phone: Best person to contact: CIRCLE ONE Mom/ Dad/ Guardian

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Other to notify in emergency: Name: _____ Relationship _____

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Each participant is responsible for any medical expenses and should ensure coverage by his/her own health care or accident insurance.

Insurance Information:

Medical Insurance Company Name & Address: (Attach a copy of the student's insurance card)

Does your insurance company require Pre-authorization? Yes No

If yes, please provide telephone number: (_____) _____

Physician Information:

Physician's Name: _____ Phone Number: (_____) _____

Medical History:

Are you currently experiencing, or have you ever had, any of the following (please circle):

(If yes, please describe on separate sheet if necessary)

Heart Problems/Attack	Yes	No	Currently pregnant	Yes	No
Chest Pain/Pressure	Yes	No	Diabetes/Blood Sugar	Yes	No
Overweight	Yes	No	Frequent Headaches	Yes	No
Frequent Shortness of Breath	Yes	No	Ulcer/Stomach Problems	Yes	No
Frequent Dizziness	Yes	No	Urinary Tract Problems	Yes	No
Frequent Fainting	Yes	No	Seizures	Yes	No
High Blood Pressure	Yes	No	Depression/Anxiety	Yes	No
Hepatitis	Yes	No	Severe Allergies	Yes	No

Other (specify): _____

Have you had surgery or been hospitalized within the last year? Yes No

If yes, please specify: _____

Grand Canyon Youth

Health Information Form Continued

Activity limitations: _____

Allergies -List ALL-, especially Anaphylactic (Participant must provide own Epi-Pens)

Special diet: _____

Swimming Ability: Can't Swim Fair Good

Have you been camping before: Yes No

Medications:

List any prescription medications currently being used. Participant must be able to administer own medications. Attach additional sheet if helpful/necessary.

Medication:	Purpose:	Dosage:	Frequency:

PLAN TO BRING AN EXTRA SET OF MEDICATION TO BE CARRIED BY TRIP LEADER IN CASE OF LOSS/DAMAGE.

Is the participant currently undergoing professional counseling or therapy that the Grand Canyon Youth Leaders or Medical Officer should know about? No Yes

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 expedition may rely on the information contained herein to make a decision as to whether or not this applicant may safely complete the activities required to participate in Grand Canyon Youth. Information related to medical/psychological background will be shared with the guides and trip coordinator. Applicants younger than 18 years must have a parent or legal guardian signature. Grand Canyon Youth reserves the right, in its absolute discretion, to terminate this project, or anyone's participation in the project, at any time, for any reason, including but not limited to any applicant's failure to comply with any application requirements or projects administrator's directives.

Applicant's Legal Name (print) _____

Parent/legal guardian's name (print) _____

Signature of parent/legal guardian or participant if 18 or older: _____ **Date:** _____



Grand Canyon Youth
MEDICAL RELEASE

for

Student Name

In the event of an accident or illness which requires emergency care, if I cannot be reached, I hereby give permission to the attending Medical Personnel to administer such medical care as may be necessary for the health and safety of this person, of whom I am the parent or legal guardian. Also, our family physician may be consulted, as necessary.

Parent/Guardian Signature

Date

Photography Release

I hereby grant Grand Canyon Youth, its co-sponsoring organizations, media representatives, and any trip participant the right to photograph video or film an applicant's participation in a Grand Canyon Youth program without recourse. This includes right to use photographs, video or film in promotional, documentary or media coverage.

Applicant's Legal Name (print) _____

Parent/Legal Guardian's Name (print) _____

Signature of Parent/Legal Guardian or Participant if 18 or older: _____ Date: _____

Desert Botanical Garden
Photography Release

I, _____, parent/legal guardian of _____, age _____, hereby give the Desert Botanical Garden, Inc. (Garden) the absolute and irrevocable right and permission, with respect to the photographs taken of _____, or in which he/she may be included with others:

- a) To copyright the same in the Garden's name or any other name that the Garden may choose.
- b) *To use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not by way of limitation) illustrations, promotion, advertising, and trade.*
- c) To use said child's name in connection therewith if the Garden so chooses.

I hereby release and discharge the Desert Botanical Garden from any and all claims and demands arising out of or in connection with the use of photographs, including any and all claims for libel.

This authorization and release shall also ensure to the benefit of legal representatives, licensees and assigns of the Desert Botanical Garden, Inc. as well as the person(s) by whom the photographs are taken, printed, or published.

I have read the foregoing and fully understand the contents thereof.

Signature

Printed Name

Date

Desert Botanical Garden
Waiver of Liability

I hereby unconditionally and irrevocably release, quit and forever discharge the Desert Botanical Garden and its successors, heirs, beneficiaries and assigns for, from and against any and all rights, claims, obligations, actions, causes of action, suits, demands, costs, expenses, damages, injuries, or other occurrences, including, without limitation, attorney's fees (collectively "Claims"), arising out of or resulting from (i) my use of Desert Botanical Garden's property or (ii) the training courses and services to be provided by Desert Botanical Garden, whether the Claims arise from activities occurring at the Desert Botanical Garden or elsewhere. I shall indemnify, defend and hold Desert Botanical Garden harmless for, from and, against any and all Claims.

Signature

Printed Name

Date

Grand Canyon Youth / Desert Botanical Garden

Application Essay Questions

Please answer the following questions using additional paper if necessary. Your answers are a valuable part of the application process. This page is a requirement for all participants.

☀ Why do you want to participate on a Grand Canyon Youth program?

☀ Describe any special skills or talents you have to offer this trip.

☀ What are you most looking forward to by participating in this program?

Desert Botanical Garden

TEEN RAFTING ADVENTURE 2009

Step 5 – Payment Information

PAYABLE BY: VISA OMC AMEX DISCOVER

NAME (As it appears on card): _____

CARD # _____ - _____ - _____

EXP DATE: _____ SIGNATURE: _____

OCHECK # _____ (Please make checks payable to Desert Botanical Garden) AMOUNT \$ _____

COMMENT(S): _____

Refunds are only available until June 10, 2009 minus a \$50 administrative fee.

Step 6 – Submit Registration – Please include completed registration form, liability waiver/photo release

Three Ways to Submit Registration:

- ❶ Mail: DBG – Eco Camp. 1201 N. Galvin Parkway. Phoenix. AZ. 85008
- ❷ Fax: 480-481-8189 Attn: Linda Hairston
- ❸ Web: www.dbg.org print/fill-in/scan/send as an email attachment to: lhairston@dbg.org

Please let us know how you heard about the Teen Rafting Adventure

- DBG Printed Calendar
- DBG Website
- Raising AZ Kids Magazine/Website
- Raising AZ Kids Camp Fair
- Arizona Parenting Magazine/Website
- Fellow Eco Camper _____
- Other _____

INTERNAL USE ONLY

PAID _____
REFUND _____
MAT. LIST _____
ITINERARY _____

REGISTRATION ID _____
DATE ENTERED _____
EMAILED _____
MAILED _____