

GO WEST!!! USA YOUTH APPLICATION

Teen's Full Name: _____ Today's Date: ____/____/____

Nickname/Preferred Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____

Characteristics: Male Female Height: _____ ft _____ inches Weight: _____ lbs

Ethnicity (check all that apply): Caucasian/White Hispanic/Latino African-American/Black

Asian-American/Pacific Islander Middle Eastern/North African Native American

Other: _____ **This information is collected to facilitate grant writing only**

Shirt size: S M L XL XXL

Pant size: S M L XL XXL

Shoe Size: Men's _____ Women's _____

Do you:

● Stay in shape? Yes No If yes, how? _____

● Smoke? Yes No If so, how much per day? _____

● Play a sport? Yes No If yes, which sport? _____

● Know how to swim? Yes A little bit No

Have you ever been:

● Hiking? Yes No If yes, how often? _____ Where? _____

● Camping or backpacking? Yes No If yes, where? _____

● On an overnight or weekend trip? Yes No If yes, where? _____

● Above 8,000 feet in elevation? Yes No If yes, where? _____

● On a team? Yes No When? _____ What kind of team? _____

Write a few words about why you want to go on a GO WEST!!! USA expedition: _____

Parent/ Guardian Information:

Name: _____ Relationship: _____
(Print)

Name: _____ Relationship: _____
(Print)

Income Information:

Household Gross Monthly Income:\$ _____ (salary, wages, commission, etc.)

All Other Assistance :\$ _____ (alimony, welfare, AFDC, support, etc.)

Number of persons in household dependent upon income: _____

Write a few words describing the youth and his/her background: _____

Emergency Contact Information

In an Emergency, who do we contact?

1. Name: _____ Relationship: _____

Phone: home:() _____ work:() _____ cell or pager:() _____

2. Name: _____ Relationship: _____

Phone: home:() _____ work:() _____ cell or pager:() _____

3. Name: _____ Relationship: _____

Phone: home:() _____ work:() _____ cell or pager:() _____

Medical Form

To Parent or Guardian: It is **EXTREMELY IMPORTANT** that you be 100% honest in completing this form on behalf of your teen participant. A GO WEST!!! USA trip, while designed to be as safe as possible, is a serious experience with very real risks and dangers involved. The effects of such an experience, especially when gains in elevation and remote settings are concerned, can vary greatly between individuals. It is vital to the health and safety of your teen that the GO WEST!!! USA leaders know his/her medical history so they can help the group to take proper actions should emergencies arise. If GO WEST!!! USA feels that any information on this form has not been filled out completely, or honestly, we may deny your teen the opportunity to participate.

Directions:

1. SECTION I - Answer EVERY Question
2. SECTION II - Answer EVERY Question. If the answer to any question in this section is YES, you MUST take this form and have it SIGNED & DATED in SECTION IV by a PHYSICIAN
3. SECTION III - Parent/ Guardian MUST SIGN & DATE form here
4. SECTION IV - If ANY answer in SECTION II is YES, SECTION IV MUST be SIGNED & DATED by the treating physician or specialist

SECTION I

General Medical History

Has the participant ever had:

Eye or vision problems?	Yes	No	Heat stroke or related illness?	Yes	No
Glasses or contacts?	Yes	No	Pulmonary or Cerebral Edema?	Yes	No
Teeth or dental problems?	Yes	No	Acute Mountain Sickness?	Yes	No
Respiratory/ Breathing problems?	Yes	No	Frostbite or Raynaud's Syndrome?	Yes	No
Diabetes?	Yes	No	Head injury or concussion?	Yes	No
Bleeding or blood disorders?	Yes	No	Back pain?	Yes	No
High blood pressure?	Yes	No	Joint Dislocations?	Yes	No
Hepatitis or liver disease?	Yes	No	Sprained joints?	Yes	No
Seizures or Epilepsy?	Yes	No	Broken bones?	Yes	No
Dizziness/ fainting episodes	Yes	No	Operations	Yes	No
Cardiac/ heart problems	Yes	No	Urinary tract infections	Yes	No
Any other disease	Yes	No	Treatment for PMS or cramps	Yes	No

SECTION II

If any questions in section II are answered 'Yes', this form must be additionally signed by a physician, nurse practitioner, or examiner. Providing false answers in this section to avoid this additional requirement could put your son/daughter in severe danger during our program.

Specific questions about ALLERGIES

Does your son/daughter have allergies? Yes No If Yes, please complete remainder of section.

What triggers the allergies: Insect or Bee stings Food Pollen Other _____

Does he/she take any medication for the allergies? Yes No If yes, which medication: _____

Does he/she have a prescription for an Epi Pen (Epinephrine)? Yes No

Specific questions about ASTHMA

Does your son/daughter have asthma? Yes No If Yes, please complete remainder of section.

What triggers the asthma attacks? Exercise Allergies Pollen Other _____

Does he/she take any medication for asthma? Yes No If yes, which medication: _____

Specific questions about MEDICATION (Include details for each prescription medication she takes)

Medications (name and reason taken)	Dosage (amount & Frequency)	Restrictions (side effects & cautions)

Personal History

1. Has he/she been seen by a doctor for any reason other than a physical in the past 2 years? Yes No

If yes, please explain: _____

2. Is he/she seeing a doctor or receiving ongoing medical treatment of any kind now? Yes No

If yes, please explain: _____

3. Has he/she had treatment or counseling with a mental health professional in the past 2 years? Yes No

If yes, please explain: _____

4. Has he/she ever been hospitalized for any reason? Yes No

If yes, please explain: _____

5. Is there anything else not covered above you think we should know? Yes No

SECTION III

To Parent or Guardian:

In consideration of this application to GO WEST!!! USA, I agree to the following conditions:

- (1) The information given above is up to date and correct;
- (2) If there is any change to my child's physical health, I will notify the GO WEST!!! USA office and seek professional advice before allowing him/her to join a GO WEST!!! USA expedition;
- (3) To take responsibility for my child's ability to participate in the physical demands of a GO WEST!!! USA expedition;
- (4) To have this form signed by a medical professional if the answer to any of the above questions is yes.

Parent/Guardian Name (print): _____ Relationship _____

Signature: _____ Date: _____ / _____ / _____

SECTION IV

To Examiner: I agree to the following conditions: (1) If I have any questions about the physical demands of a GO WEST!!! USA expedition for this teen, I will talk with GO WEST!!! USA Executive Director Rob Golden at 717-943-5414 BEFORE signing this document; (2) The information given above is up to date and correct; (3) I have examined this patient and find them capable of participating in a GO WEST!!! USA trip.

Examiner's Name (printed): _____ Phone _____

Signature: _____ Date: _____ / _____ / _____

Address: _____

Acknowledgment of Risks and Medical Release Form

In consideration of activities, trips, and associated services provided by GO WEST!!! USA, its employees, officers, volunteers, agents, trustees, contractors and all other persons or entities associated with it (collectively referred to as "GO WEST!!! USA"), I agree as follows:

Although GO WEST!!! USA has taken reasonable steps to provide me with appropriate equipment and skilled staff for the trip so I can enjoy an activity for which I may not be skilled, I acknowledge that this activity has risks, including certain risks which cannot be eliminated without destroying the unique character of this activity, which can include but is not limited to hiking and backpacking, mountaineering, canoeing, and fishing. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment or other personal property, accidental injury, illness, or in extreme cases, permanent physical or emotional trauma, disability or death. I understand that GO WEST!!! USA does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks.

GO WEST!!! USA groups camp and travel out of doors, where they are subject to numerous risks, environmental and otherwise. GO WEST!!! USA trips occur in remote places, a few days from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care may be delayed.

Meals are prepared over gas stoves. Water often requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.

Travel is by vehicle, canoe, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, and slippery rocks. Attendant risks include collision, falling, capsizing, drowning, and others usually associated with such travel as well as environmental risks.

Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, 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, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Decisions are made by the staff/volunteers and participants in a wilderness setting, based on a variety of experiences, perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Throughout the trip, participants are responsible for their own safety and for the safety of other members of their group.

I am aware that GO WEST!!! USA trips include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown 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. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff/volunteers of GO WEST!!! USA has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

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I have verified with my physician and other medical professionals that I have no past or current physical or psychological condition that might affect my participation in the course, other than as described on the Medical Form. GO WEST!!! USA has the right to fully rely on this information. However, if my physical, medical or psychological condition changes during the course of an activity, I will immediately alert my leader. I authorize GO WEST!!! USA to obtain or provide emergency hospitalization, surgical or other medical care for me.

I agree that I will accept and abide by all of GO WEST!!! USA's rules and regulations and that violating these rules and regulations could place myself in danger of injury or death.

I agree that this Acknowledgment of Risks and all other aspects of my relationship with GO WEST!!! USA, contractual or otherwise are governed by the laws of the State of Pennsylvania, but not its "conflict of law rules" which might make applicable the laws of another jurisdiction. Further, any suit, mediation, or arbitration arising out of or relating to my enrollment or participation in this course or any other dispute with GO WEST!!! USA must be filed or entered into only in the State of Pennsylvania.

I represent that I am fully capable of participating in this activity, without causing harm to myself or others. 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 this activity.

I, and my parent(s) or guardian, if I am a minor, have read, understood and accepted 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 have medical/dental insurance to cover my medical/dental expenses and any medical/dental expenses not covered by my insurance shall be paid by me.

By signing this Acknowledgment of Risks form, and the attached Agreement of Release, I release and hold harmless GO WEST!!! USA, its employees, officers, agents, trustees, contractors, and other persons or entities associated with GO WEST!!! USA from liability for personal injury, property damage or loss, or death.

SIGNATURE: _____ DATE: _____
(Participant)

If the participant is under 18, I am signing as parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) GO WEST!!! USA from any claim which may be brought by or on behalf of the participant, or any member of the participant's family, for injury or loss resulting from those inherent risks of the course, described and not described above, and from the negligence of the participant:

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

SIGNATURE: _____ DATE: _____
(Parent or Guardian #2)

Agreement of Release Form

The U.S. National Park Service and some other federal land management agencies do not allow service providers such as GO WEST!!! USA to be released by their participants from liability for injuries or other losses occurring on certain public lands. On those lands, GO WEST!!! USA is limited to the Acknowledgement of Risks Agreement, attached. Your course may include travel and activities on these public lands and GO WEST!!! USA seeks additional protection for such travel and activities. GO WEST!!! USA seeks the greatest amount of protection under US National Park Service rules.

Please read the following carefully and sign on the opposite side:

I have read and I understand the Acknowledgement of Risks agreement, attached, and I confirm its representations and agree to all its provisions as though they were fully set forth again, here.

Except with respect to an injury or loss that occurs on public lands whose rules and regulations prohibit my doing so, I acknowledge and assume all risks of the trip, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the GO WEST!!! USA, Inc., its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "GO WEST!!! USA") from all claims and liability for any loss or damage in any way connected with my enrollment or participation in this course. This release of liability includes loss or damage claimed to be caused by the negligence of GO WEST!!! USA. I also agree to protect and indemnify GO WEST!!! USA from claims of loss or injury to persons attempting to rescue me. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against GO WEST!!! USA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional wrongs or the gross negligence of GO WEST!!! USA.

I further agree that if I have any legal dispute with GO WEST!!! USA which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Pennsylvania courts as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through a Judicial Arbitrator Group located in Harrisburg, Pennsylvania. I also agree that I will pay all costs and attorneys' fees incurred by GO WEST!!! USA in defending a claim or suit, if the claim or suit is withdrawn by me or to the extent a court or arbitration determines that GO WEST!!! USA is not responsible for the injury or loss.

If one or more portions of this Agreement are held to be unenforceable under applicable law, the parties agree to re-negotiate such provision in good faith. In the event that parties cannot reach a mutually agreeable and enforceable replacement for such provision, then i) such provision shall be excluded from this Agreement, ii) the balance of the Agreement shall be interpreted as if such provision were so excluded, and iii) the balance of the Agreement shall be enforceable in accordance with its terms.

SIGNATURE: _____ DATE: _____
(Participant)

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The parent(s) or guardian must sign below if the participant is under 18 years of age. In consideration of GO WEST!!! USA's allowing the participant to participate in the trip, the undersigned parent(s) or guardian agree to release GO WEST!!! USA from any claim the parent(s) or guardian may have because of injury or loss suffered by the participant, including injury or loss claimed to be caused by the negligence of GO WEST!!! USA.

In addition, the parent(s) or guardian agree to protect and indemnify GO WEST!!! USA from any claim and related expenses and fees, brought at any time by the participant or by anyone on the participant's behalf, or by any member of the participant's family, or by another trip participant, arising out of the participant's enrollment or participation in the activity. This indemnity includes claims of GO WEST!!! USA's negligence, but not its intentional acts or gross negligence.

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

SIGNATURE: _____ DATE: _____
(Parent or Guardian #2)

Photo Release (Optional)

I hereby grant GO WEST!!! USA, Inc., its licensees, successors and assigns the right to use my name, and the right to photograph my physical likeness, in any manner desired, as well as the right to reproduce and record my voice or other sound effects made by me, in the productions, exhibition, distribution, advertising or other use related to the promotion of GO WEST!!! USA, Inc. I waive any right or demand for compensation.

SIGNATURE: _____ DATE: _____
(Participant)

SIGNATURE: _____ DATE: _____
(Parent or Guardian)

SIGNATURE: _____ DATE: _____
(Parent or Guardian #2)

GO WEST!!! USA

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"A National Heritage Foundation"