



# YAVAPAI-APACHE NATION WILDERNESS PROGRAM

## Youth Application

**Participant Name:** \_\_\_\_\_  
First Last

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

Participant Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Primary Parent(s)/Legal Guardian(s) Name:** \_\_\_\_\_  
First Last

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_

(work) \_\_\_\_\_

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

Relation to Participant: \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Name:** \_\_\_\_\_  
First Last

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_

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

Relation to Participant: \_\_\_\_\_

**Alternate Emergency Contact:** *Please list someone other than parent(s)/Guardian(s) listed above. Emergency contact will only be notified in the event the participant's parent/guardian are not available.*

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

Phone: (home) \_\_\_\_\_ (cell) \_\_\_\_\_  
(work) \_\_\_\_\_

Relation to Participant: \_\_\_\_\_



If you answered yes to any of the above questions, please respond in detail to the following questions:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Medications:

*Contact YAN Wilderness Program if you have questions about our medication policies.*

- Participants must be able to manage and administer their own medications.
- We strongly recommend that participants remain on any prescription drug regimen while on a YAN Wilderness Program trip.
- Participants who have had or are at risk of an anaphylactic reaction and have been prescribed an epi pen must bring an epi pen.
- Participants with asthma/respiratory conditions must bring a rescue inhaler.

List ALL prescription and non-prescription medications your child is 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 your child will bring these medications on the Program trips.

Medication	Purpose	Dosage	Frequency

Physician Information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If the YAN Wilderness Program has safety concerns regarding the participation of your child, we may contact you to gather more information. If your child has a medical condition, the YAN Wilderness Program may require a medical release from their physician before they are allowed to participate on a YAN Wilderness Program trip.*

Insurance Information:

Medical insurance is not required to participate. However, each participant and/or their parent(s)/guardian(s) is responsible for any medical expenses as a result of participation.

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy No: \_\_\_\_\_ Group No.: \_\_\_\_\_

Medical Release for: \_\_\_\_\_ *(Participant Name)*

In the event of any injury or illness requiring participant medical care and for whom I am the parent or legal guardian, I hereby give permission to attending medical personnel, YAN Wilderness Program's officers, directors, employees, representative agents, volunteers, contract individuals and all other persons or entities associated with it, the full power and consent to any and all necessary treatment, including epinephrine.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## **Participant Agreement, Release & Assumption of Risk**

In consideration of the services of the YAN Wilderness Program and the Yavapai-Apache Nation, their officers, employees, agents, volunteers and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "YAN"), I hereby agree to release, indemnify and discharge YAN, 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, \_\_\_\_\_(parent/legal guardian), on behalf of myself and on behalf of my child, acknowledge that going on a YAN Wilderness Program trip and all other activities related to, associated with, and/or essential to participation in a YAN Wilderness Program trip (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 and my child, 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.

➤ **Parent/Legal Guardian 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 YAN does not assume responsibility for any such injuries or loss.

Although every attempt will be made by YAN to ensure the health and safety of the participants, I understand that injuries and accidents may occur. I can slip or fall during a hike or at camp. 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. YAN is not responsible for acts of nature, including but not limited to contact with flora & fauna. Furthermore, YAN 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 destinations, including but not limited to ground transportation such as automobiles, bus, shuttles, and personal transport. Significant elevation changes may be experienced through participation in this Program. Further, I understand that YAN 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.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

3. Waiver and Release: In consideration of participation in the Activity, I waive, release, discharge and covenant not to sue YAN from all liability and from any and all claims, including but not limited to claims arising in whole or part out of the negligence of YAN, resulting in personal injury, accidents or illnesses, including death, and property loss in any way connected to my child's participation in the Activity.

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.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

4. Indemnification: I agree to indemnify and hold harmless YAN from all claims for any liability, injury, loss or damage in any way connected with or arising out of my child's participation in the Activity, whether or not caused in whole or in part by the negligence or other misconduct of any of the entities or individuals mentioned above.

My initial below 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.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

5. Medical Treatment: I hereby release and forever discharge YAN from any claim whatsoever which arises or may hereinafter arise on account of any first aid, treatment or service rendered in connection with my child's participation in the Activity.

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.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

6. I hereby certify that I have adequate insurance to cover any injury or damage I or my child 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 my child has no medical or physical conditions which could interfere with my child's safety in the 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.

➤ **Parent/Legal Guardian 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. The YAN Wilderness Program requires this form to be 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 AND ON BEHALF OF MY CHILD. 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.**

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**Participant Signature**

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**Participant Printed Name**

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**Date**

## Personal Contract

Participation is a privilege. By signing this document, you are committing to good behavior. You agree to:

- Complete ALL my pre-trip requirements
- Come prepared for the program with any necessary equipment or supplies
- Maintain a positive attitude: be flexible, patient, and helpful in new or challenging situations
- Be respectful of others in the group
- Dress appropriately at all times
- Leave behind all electronic devices
- Participate positively and fully in all group meetings and activities
- Practice safety first! Follow all safety expectations set out by the adult leaders
- Not be a danger to yourself or others. Take care of yourself and others on the trip
- Not bring any drugs, tobacco alcohol or weapons. Please leave pocket knives at home
- Refrain from engaging in romantic or exclusive relationships
- Take care of the remarkable places you will be visiting.

## Parent/Guardian Permission for Participation

There are inherent risks involved with participating in the YAN Wilderness Program. It is a parent(s)/guardian(s) responsibility to become informed about these risks and make a deliberate choice in supporting your child's participation.

- The YAN Wilderness Program has the right to exclude any participant who we believe, at our sole discretion and for any reason, could pose a risk to themselves or other participants beyond our ability and resources to manage within an appropriate standard of care.
- If trip leaders or trip coordinators have cause to believe any participant is unwilling to follow directions, safety rules, the law, or represents an unacceptable risk to themselves or to others, that youth may be separated from the group and evacuated from the trip at the expense of parents/guardians. Youth may be held legally responsible if they break any law while participating in the YAN Wilderness Program.
- Parents/Guardians should talk with their child, stressing the importance of following all expectations and safety practices set by the YAN Wilderness Program.
- Parent(s)/Guardian(s) should encourage their child to communicate any concerns immediately with adult supervisors on the trip.

**I have read and acknowledge the risks detailed in this form and consent to my child's participation in the YAN Wilderness Program knowing of all above risks. My child fully understands and they will adhere to all expectations outlined in the personal contract. Breach of this contract may lead to participant's dismissal from the program.**

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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

\_\_\_\_\_  
**Participant Signature**

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

## Cancellation Policy

The YAN Wilderness Program reserves the right to cancel any activity and/or alter trip dates due to weather, safety concerns, and/or any other unforeseeable circumstances.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

## Media Release

I hereby grant the YAN Wilderness Grant, its co-sponsoring organizations, partners, media representatives, employees, volunteers and trip participants the right to photograph, record or film my child's participation in a YAN Wilderness Grant Program activity or trip without recourse. This includes the right to use photographs, audio or film in promotions, documentary, online, print digital, and media outlets.

➤ **Parent/Legal Guardian Initials:** \_\_\_\_\_

## Certification of Information Provided

To the best of my knowledge and belief, all of the information set forth within this Application is complete, true and correct. All the individuals and entities participating in the YAN Wilderness Program will rely on the information contained herein to make a decision as to whether or not this participant may safely complete the activities required to participate in the YAN Wilderness Program. Participants younger than 18 years must have a parent or legal guardian signature. The YAN Wilderness Program reserves the right, in its absolute discretion, to terminate Program activities or anyone's participation in the Program activities, at any time, for any reason, including but not limited to any participant's failure to comply with any Application requirements or directives. I have read this Application in its entirety and fully understand and agree to the terms and information within.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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

\_\_\_\_\_  
**Participant Signature**

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