

WAM Application and Release Form

Date of Expedition ___/___/___

I do herewith authorize my child to participate in the Wilderness Adventure Ministries backpacking expeditions during the dates of _____, i. Activities include, but not limited to, hiking, campfire, swimming, transportation, pictures, and video. I hereby release Wilderness Adventure Ministries, Eastside Baptist Church of Twin Falls, Idaho, and its agencies and employees from all actions or claims for all personal injuries the participant may incur by participation in these activities. I do herewith authorize the treatment of my child by expedition leaders in the event of any accident or illness, and the transfer of my child for treatment to a medical facility if needed. I agree to assume all financial responsibility for all medical care that may be required in such an event. All possible effort will be made to contact parents in the event of an emergency requiring further medical treatment than is available on the expedition, before such treatment is initiated. I, the undersigned, have read this release and understand its terms. I execute it voluntarily and with full knowledge of its significance. Permission is also granted for WAM to photograph my child for promotional and historical purposes.

Signed: _____ Date: _____
(parent or legal guardian)

Insurance Company _____ Subscriber _____

Number _____ **ENCLOSE A COPY OF INSURANCE CARD**

Participant's Name _____
(first) (middle initial) (last)

Date of Birth ___/___/___ School Grade _____ Gender: M F

Parent/Guardian Name _____

Mailing Address _____
(street) (city) (state) (zip)

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Person _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please complete the following to assist us in maintaining your child's proper health:

Known Allergies _____

Do you suffer from asthma? Yes No

Are You Pregnant? Yes No

Do you have a heart condition Yes No

Date of last tetnus shot ___/___/___

List all medications that the participant will be taking while on a WAM expedition.

We require that participants give a complete list of medications to your expedition leader.

Participant may be given over-the-counter medicines in appropriate doses:

___Tylenol ___Cough Syrup ___Pepo Bismal ___Advil ___Cold/Allergy Medicine
(please check all that apply)

WAM Conduct Agreement:

Respect the property of others. Respect and do not damage the wilderness environment and wildlife. Report all accidents, however minor, to your expedition leader. Keep your camp area clean at all times. Obey the direction of those responsible for your safety. Don't venture out on your own without permission. All medications must be given to our expedition leader who will dispense as directed. Unauthorized items will be confiscated and returned at your expedition leaders discretion. Possession of illegal drugs, unauthorized medications, weapons, fireworks of any kind, alcohol or stolen property will be cause to end the expedition for all participants and refund will be the obligation of offending participant's parent/guardian.

Please read the statement below. After reading, participant and parent/guardian must sign the Conduct Agreement.

I have discussed the Conduct Agreement with participant. I understand that if my child must be sent home early from the expedition due to illness or injury, it will be at my expense but with a refund based on cost per day expenses. I also understand that if my child must be sent home for intentional disobedience that endangers all participants and that a refund to other participants will be my obligation.

Parent/Guardian _____ Date ___/___/___

As a participant, I understand that if I intentionally violate the Conduct Agreement above, or I choose not to obey those responsible for my safety, I will be responsible for ending the expedition for everyone. I will obey the Conduct Agreement and those responsible for my safety.

Participants Signature _____ Date ___/___/___

NOTE: Idaho law requires that any disclosure of abuse must be reported to the authorities within 24 hours. WAM personnel will comply with this law.

Preparation Tips

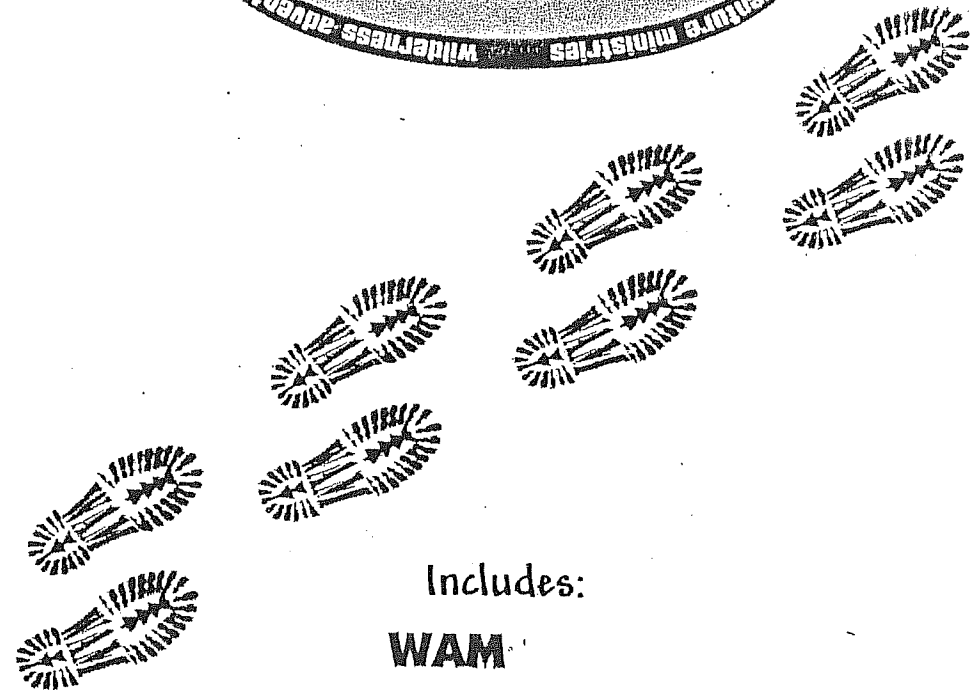
1. Because your feet will be what carries you in and out of the wilderness, you want to protect your feet at all cost. You will need to have a well-broken-in pair of water proof boots. We highly recommend a pair of hiking boots that have a *Vibram* sole, and all leather. The all leather is easily waterproofed with *Snow Seal* or any waterproofing product.
2. We recommend that you are in good condition before coming on your expedition. Breathing at higher elevations can become difficult. At least 4 weeks prior to your expedition date you will want to be walking at least 2-4 miles per day. Your expedition may require you to walk up to 10-12 miles in any given day depending on water needs and weather.
3. Weather in the mountains is very unpredictable. As you pack, please do not neglect any of the listed items that you may think to be unnecessary. Daytime temperatures may reach into the 90's and nights may dip below freezing in the higher elevations.
4. Your health while on the expedition may be challenged. Because we will not be anywhere near emergency help, it will be necessary for you to communicate clearly with your expedition leaders. If you have known medical conditions, it is imperative that you disclose this before you leave. Any and all medications that you take must be reported to WAM. We must know about individuals that have a heart condition and /or diabetic.
5. Prepare yourself to be physically, mentally and spiritually challenged while on a Wilderness Adventure Ministries expedition. Even well conditioned individuals may find themselves pushed beyond what they are used to. We may have river crossings, steep climbs and descents, extreme weather, uncomfortable sleeping conditions, and many other unexpected circumstances. We strongly encourage you to ask any questions you can think of before coming, and also be willing to do all that is asked of you for a successful expedition for you and all that are involved.



204 Eastland Dr. North
Twin Falls ID 83301

WAM

Information Packet



Includes:

WAM

Release Form