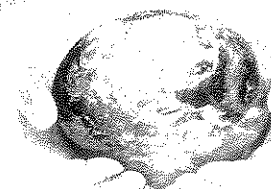


MARIA MONTESSORI

A C A D E M Y

education for a better world.



March 4, 2016

Dear 9th graders and parents,

The 9th grade field trip to the Alliance Redwoods is coming soon. Inside this packet you will find important forms that must be filled out. Please turn in all forms in one packet (not individually submitted) by March 18, 2016.

Important dates and times:

- Alliance Redwoods Forms
 - MMA Permission Slip
 - MMA Liability Release
 - MMA Informed Consent
 - MMA Allergy Form
 - MMA Device Agreement
 - Alliance Redwoods General Info
 - Alliance Medical Procedures
 - Outdoor Education Medical Form
 - Alliance Medical Liability Release
 - Alliance Food Nutrition Program
 - Alliance Waiver and Release of Liability
 - Alliance and MMA Packing List
 - Alliance Camp Shirt/Photo Order Form
- Departure from MMA: May 8th at 7:30 pm
 - Busing Company: Le Bus
 - Phone: 801-975-0202
 - Email: mail@lebus.com
 - Students arrive at MMA at 6:30 pm to prepare for departure
- Arrival at Redwoods: May 9th at 11:30 am
- Arrival at MMA: May 13th 11:00 pm

Sincerely,

Ms. Stephanie and the Jr. High Team

2505 North 200 East North Ogden, Utah 84414
Email: Mariamontessoriacademy.org
Phone: (801) 827-0150

FIELD TRIP
PARENTAL PERMISSION
Maria Montessori Academy

Date: TBA

Dear Parent or Guardian:

The freshman class is taking students on a field trip to Alliance Redwoods from May 8, 2016 thru May 13th, 2016. The students will leave around 7:30pm on the 8th, please arrive at MMA at 6:30 to prepare for departure. We will return to MMA around 11:00 pm on the 13th, please be at the school prepared to receive your child at this time. The students will be transported by Le Bus the entire trip.

I give my permission to have my child, identified below, participate in this event. I furthermore agree to release Maria Montessori Academy and its employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of action whatsoever for any loss, claim damage, injury, illness, attorney's fees or harm of any kind or nature arising out of my child's participation in the field trip. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

Student's Name

Parent or Guardian's Signature

Date

Liability Release, Waiver, Discharge and Covenant Not To Sue

This Liability Release, Waiver, Discharge and Covenant not to Sue, (hereinafter referred to as "Release"), executed by _____ (your name), parent/guardian of _____ (student's name), to Maria Montessori Academy, (hereinafter referred to as "MMA"), North Ogden, Utah.

For the following:

Field Trip Activity: Alliance Redwoods

Location of Activity: 6250 Bohemian Hwy, Occidental CA 95465

Date of Activity: 5/8/16-5/13/16

Transportation via: X Commercial Bus or Private Vehicles

Description of Activity:

Freshman have the opportunity of spending their 9th grade trip at Alliance Redwoods. Also they will be traveling to San Francisco for site seeing.

As a parent of a student of MMA I desire my child to participate in the field trip listed above, and I fully understand the dangers, hazards, and risks inherent in the activity, in the transportation to and from the Activity including, but not limited to, automobile accidents, theft of personal property. I further understand and expressly acknowledge that my child's participation in the activity is not required by MMA and that it is voluntary and my own decision. I further understand and acknowledge that if my child travels to the activity in a personal vehicle owned or rented by the driver, that MMA will not insure such private vehicle nor will it insure commercial vehicles, and that the owner and/or driver shall be responsible for providing automobile insurance which adequately, and in conformance with the law, covers the occupants, including passengers.

1.0 I acknowledge that my child is expected to conduct him/herself responsibly throughout the activity and will conform to the laws of the State of Utah and policies of MMA, including but not limited to any such laws or policies pertaining to alcohol consumption and/or drug use, etc.

2.0 Knowing the potential dangers, hazards, and risks of such activities, and in consideration of permitting my child to participate in the activity, on behalf of myself, my family, heirs and personal representatives, I, the undersigned, are to assume all risks inherent in the activity, the transportation, and in any independent activities undertaken as an adjunct hereto, and in advance release, waive, and forever discharge, and covenant not to sue MMA, its governing board, officers, agents, employees (hereinafter collectively referred to as "releases"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, cause of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to, suffering and death, that may be sustained by my child or by any property

belonging to my child, whether caused upon, or in transit to or from the premises where the activity, or any adjunct to the activity occurs, or is being conducted.

3.0 I understand and agree that Releasees do not have medical personnel available at the location of the activity. I agree and hereby grant Releasees permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this document. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

4.0 In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing by reading it before I sign it, and I understand that I sign this Release as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that MMA does not require my child to participate in the Activity, but I want my child to do so, despite the possible risks and despite this Release. I further state that I am at least eighteen (18) years of age and fully competent to sign this Release; and that I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my child's participation in the Activity, and that I have adequate health insurance to provide for and pay any medical costs that may be attendant as a result of injury to my child.

5.0 I further agree that this Release shall be construed in accordance with the laws of the State of Utah. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any governing law, the validity of the remaining portions shall not be affected thereby.

I have executed this Release this _____ Day of _____, 2016.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU
UNDERSTAND BEFORE SIGNING.
PARENT/GUARDIAN OF PARTICIPANT**

(Print Name)

(Signature)

(Date)

Informed Consent and Waiver and Release

Injury may result from your participation in the Alliance Redwoods. You are expected to familiarize yourself with the activity, what is required, and the rules of conduct for the activity. You are expected to wear appropriate safety equipment and follow proper operating procedures, including safety procedures as outlined by the coordinator, plus any directions given by an authorized person.

I, _____, acknowledge that I have familiarized myself with the activity and what is required, wear appropriate safety equipment, including a helmet, will follow the rules of conduct, will follow the operating procedures, and will follow any directions given by and authorized person.

(Signature of Participant)

The undersigned, the legal guardian of the above identified participant, in consideration of participant's participation in the activity do hereby agree to this waiver and release.

I recognize that participation in the activity may involve moderate to strenuous physical activity and may cause physical and/or emotional distress to participants. There may also be associated health risks. I state that participant is free from any known heart, respiratory or other health problems that could prevent participant from safely participating in any of the activities.

I certify that I have medical insurance or otherwise agree to be personally responsible for the costs of any emergency or other medical care that participant receive. I agree to release the School, the State of Utah, the sponsor of the activity and their agencies, departments, officers, employees, agents, and volunteers from the cost of any medical care that participant receives as a result of participation in the activity.

I further agree to release the School, the State of Utah, the sponsor of the activity, and their agencies, departments, officers, employees, agents, and volunteers from any and all liability, claims, demands, breach of warranty, negligence, actions, and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of participant's participation in the activity. This release extends to any claim made by parents or guardians or their assigns arising from or in any way connected with the aforementioned activities.

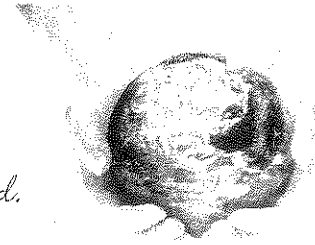
Consent

Consent is expressly given, in the event of injury, for any emergency aid, anesthesia and/or operation, if in the opinion of the attending physician, such treatment is necessary.

I have carefully read and understand the contents of the foregoing language, and I specifically intend it to cover participant's participation in the above-referenced activity.

Name _____ Date _____

Signature of Parent/Guardian _____



Allergy Form

Student Name: _____

Food Allergy, if so precautions or medications:

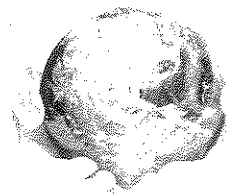
1. _____
2. _____
3. _____

Medication Allergy, if so precautions or medications:

1. _____
2. _____
3. _____

Other allergies, if so precautions or medications:

1. _____
2. _____
3. _____



Redwoods/ San Francisco Electronic Device Agreement

Each student is allowed to bring **ONE** electronic device with them to the Redwoods. This device can be but is not limited to a cell phone, tablet, iPod etc. By signing this agreement you agree to only use and have this device out when you are directed to by a trip chaperone. If you are caught using your device out when it is not a directed time, your device will be confiscated. Upon confiscation it will remain with a chaperone for the remainder of the trip, and be returned to the student/parent upon arrival at MMA. The School is not responsible for loss, damage or theft of any electronic devices. Electronic devices that are used inappropriately may be subject to search by the Director only if there is a reasonable suspicion that the device has been used to threaten, embarrass, harass, or intimidate other students, teachers, volunteers, or school employees.

Type of device: _____

If your device is a phone please list your number: _____

Student Signature Date

Parent Signature Date

Alliance Redwoods Conference Grounds Outdoor Education General Information

CHAPERONES:

Each school must bring their own Chaperones. We ask for a ratio of one Chaperone for every seven (7) students. The health department requires that Chaperones be a high school graduate or 18 years or older. These chaperones must also complete a background clearance and a voluntary disclosure statement found on our website. Unfortunately, Alliance Redwoods cannot, under any circumstances, provide Chaperones.

CABIN ASSIGNMENTS & TEACHING (ANIMAL) GROUPS:

Completed Cabin Assignments & Animal Groups need to be sent to Alliance Redwoods **2 weeks** in advance of the arrival date. All Cabin Assignments **must** include first and last names.

FIRST AID COORDINATOR:

The camp provides a first aid coordinator who is available 24 hours a day throughout the week. All medications, including inhalers and Epi-Pens, must be turned in at the camp office on the first day, accompanied by a complete "Medication Check in" form. This includes over the counter and prescribed medicines. The camp has all first aid supplies (Band Aids, Tylenol, Advil, cough drops, etc). See Medical procedures form on our website for more information.

MEALS:

Bus drivers and parent drivers eating meals at camp (especially Friday lunch) **must be pre-arranged**. Please pre-pay at camp office. (Prices are: Breakfast: \$7.00 Lunch: \$8.00 Dinner: \$10.00 per person).

MONEY:

- The gift store and vending machines (drinks and ping pong balls) are open and available according to school's request. Individual schools will decide if students can bring money.
- Outdoor Education t-shirts and sweatshirts should be ordered 3 weeks prior to arrival. (See order form for prices) Please make check payable to **Alliance Redwoods** for any shirts.
- An Outdoor Education school photo will be taken during the week. The picture is 11" x 14" and costs \$12.00. Please make checks payable to **Alliance Redwoods**. Please keep a list of all students who are purchasing a photo for your records.

PHONES:

The camp has payphones available; however, it is the school's decision as to whether students will be given access to the payphones during free time. (Most cell phones do not work at camp.)
For **Emergency** phone calls, please dial 707-874-3507 ext. 101.

MAIL:

Mail will be distributed each afternoon during journal time by their teachers.

Camper Name

SCHOOL NAME (Required)

Alliance Redwoods Conf. Grounds

6250 Bohemian Hwy

Occidental, CA, 95465

Mail arriving later than school departure date will be returned.

OUTDOOR EDUCATION RULES:

All school rules apply at camp. Specific rules will be covered on the first day of camp.

We adhere to the "Four M's" rule: **NO MESSING, NO MISSING, NO MIXING, NO MOUTHING**

DISCIPLINE:

If a camper chooses not to follow camp rules, there will be specific actions taken:

Step 1 Verbal Warning

Step 2 Loss of free time for the day

Step 3 Call made to the parents

Step 4 Sent home at parental expense

The decision to place any student on Steps 3 and 4 are made by the student's teacher. Steps are given at the discretion of ARCG staff and teachers **ONLY**.

DAMAGE / VANDALISM:

Schools may incur additional fees when instances of damage or vandalism to camp property occur. ARCG staff along with the school leadership will evaluate the extent of damage and whether it was intentional or not, to determine the appropriate fee.

WHAT TO BRING TO CAMP: (All items should be clearly marked with camper's name)

Sack lunch for day of arrival
Water bottle for hikes

RAINGEAR

Day pack
Pen and pencil
Small flashlight

Alarm clock
Shoes (2 pairs closed-toed)
Sleeping bag
Pillow with case
Toiletries and towels
Warm jacket

Warm clothes
Modest swimsuit (no two pieces)
(APRIL 1st- OCT. 1st ONLY)
Plastic bag (for wet clothes)

WHAT NOT TO BRING TO CAMP:

Electronics such as radios, video games, MP3 players, cell phones, skateboards, etc. Any form of weaponry or cigarettes e-cigarettes. Clothing that advertises, promotes, or has overtones involving alcohol, tobacco, drugs, sex, violence, inappropriate language or gangs.

No food or snacks are allowed in the cabins, and **will** be confiscated.

SAMPLE SCHEDULE

Arrival Day

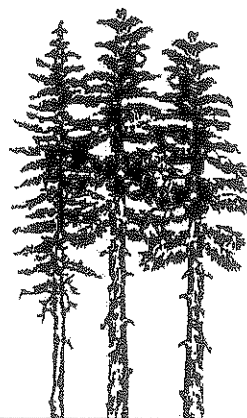
11:30-1:00 Arrive at Camp, move in & eat lunch
1:00-2:00 Camp Orientation (*Teachers meet in Hospitality Lounge*)
2:00-4:30 Class (Meet at Fire Circle when bell rings)
4:30-5:20 Free Time (**CHAPERONE MEETING**)
5:20-5:45 Journal Time
5:45-6:00 Dinner Announcements at the Fire Circle
6:00-6:45 Dinner
7:00-7:30 Skit Practice (*Find an outdoor place to practice skit*)
7:30-9:00 Night Activity
9:00-10:00 Get Ready for Bed
10:00 Lights Out!

Middle Day(s)

7:00 Rise and Shine
7:50-8:00 Breakfast Announcements
8:00-8:45 Breakfast
8:45-9:15 Cabin Clean-up CHAPERONE/TEACHER MEETING
9:30-12:00 Class
12:20-12:30 Lunch Announcements
12:30-1:15 Lunch
1:15-1:50 F.O.B (Feet on Bunk)
2:00-4:30 Class
4:30-5:20 Free Time
5:20-5:50 Journal Time
5:50-6:00 Dinner Announcements
6:00-6:45 Dinner
7:00-7:30 Skit Practice
7:30-9:00 Night Activity
9:00-10:00 Get Ready for Bed
10:00 Lights Out!!

Departure Day

7:00 Rise and Shine
7:50-8:00 Breakfast Announcements
8:00-8:45 Breakfast
8:45-9:15 Cabin Clean-up and Load Up
9:30-12:00 Class
12:00 or 12:30 Lunch and Good-byes



Alliance Redwoods
CONFERENCE GROUNDS

All forms, documents, and important
information can be found on our website.
www.allianceredwoods.com

ALLIANCE REDWOODS MEDICAL PROCEDURES

The camp works under the National guidelines of ACA (American Camping Association).

Please follow these directions:

- 1.) Parents of attending students will need to fill out Alliance Redwoods' medical form.
 - a.) All medical forms must be copied back to front on ONE sheet of paper.
 - b.) All medical forms must be signed in BOTH places by a legal guardian.NO FAXES OF THE MEDICAL FORM ARE PERMITTED.
- 2.) Medicines should be in plastic Ziploc bag.
 - a.) All bags should be labeled with school and students name.
 - b.) Pink Medical slips with directions regarding medicine in bag.
 - c.) NO LOOSE PILLS OR MIXED PILLS IN SINGLE CONTAINER.
 - d.) Place all medicine in original prescription bottle or original labeled box (for non prescription).
- 3.) Do not send Tylenol, Advil, cough drops or any first aid supplies as the Medic has all these supplies.
- 4.) Put all of student's Ziploc plastic bags into ONE box labeled with school/church's name.

ALLIANCE REDWOODS *Medication Check-In*

Student's Name _____ Cabin # _____
School/Church Name: _____

<u>Name of Medicine</u>	<u>As Needed</u>	<u>Taken Daily</u>	<u>Dosage/Time</u>
1)	<input type="checkbox"/>	<input type="checkbox"/>	
2)	<input type="checkbox"/>	<input type="checkbox"/>	
3)	<input type="checkbox"/>	<input type="checkbox"/>	

- < This form needs to be placed in the plastic bag with the medications
- < Place your student's medicine in original prescription bottle or for non-prescriptions, in original labeled box together with this form in a Ziploc bag.
- < The Ziploc plastic bag needs to have the students name and school name. No loose pills will be accepted or given to campers. Thank you.

ARCG Medical Form

For office use only

CABIN #

Please complete both sides and sign the shaded areas on the back of this form in ink.

SCHOOL _____ Start Date _____ End Date _____

Minor

Name _____ Age _____ Birth date _____

Primary Parent or Guardian

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Additional Emergency Contact Person in Case the Above Cannot Be Reached

Name(s) _____

Home Address _____ City _____ ST _____ ZIP _____

Home Phone (_____) _____ Work Phone (_____) _____

Occupation _____ Employer _____

Health Care Provider

Medical Insurance Company _____ Policy # _____

Physician or Clinic Name _____ Phone # _____

Dental Insurance Company _____ Policy # _____

Dentist or Orthodontist Name _____ Phone # _____

Health History

Last Tetanus Shot ____ / ____ / ____

Please indicate any condition(s) which apply:

Diabetes _____ Headache _____ Heart Condition _____

Seizures _____ Nosebleed _____ Other _____

Asthma _____ Fainting _____

Other Medical Problems _____

Please indicate any allergies : Food _____ Insect _____ Drug _____

Name and dosage of any medication that must be taken: _____

Condition requiring medication _____

Over the counter and/or prescription medications to avoid _____

Physical disabilities _____

Restriction of activities _____

Medical and Liability Release

Please be sure to read and understand this document and then sign and date both shaded areas at the end of this page

I agree to allow the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff to render care to, arrange transportation for and administer over-the-counter medications to, the named minor, within the Staff scope of practice, and as deemed beneficial to the health and well-being of the named minor. I further agree that the over-the-counter and prescription medications, brought to camp will be collected by and then only administered by, the ALLIANCE REDWOODS CONFERENCE GROUNDS Health Care Staff, in accordance with all applicable prescriptive direction and/or on an as needed basis. No medications having reached an expiration date will be accepted or administered.

In the event I cannot be reached by phone at the time of an injury or illness to the named minor, I hereby give, as parent/legal guardian, my permission to the doctor selected by the ALLIANCE REDWOODS CONFERENCE GROUNDS to hospitalize, access and procure necessary medical records, and secure appropriate treatment, including but not limited to, injections, anesthesia, testing, radiology, or surgery for the named minor as deemed necessary. Medical insurance coverage by the ALLIANCE REDWOODS CONFERENCE GROUNDS' insurer is secondary to your medical insurance policy, and available only following the usage of your policy to the limit of your policy coverage or if you have no medical insurance of your own.

I understand that in signing this form that I am providing both a Medical and Liability Release to the ALLIANCE REDWOODS CONFERENCE GROUNDS for the minor named on the front page. I hereby acknowledge that during his/her attendance at a camp session certain risks exist, which may be known or unknown at this time, and may result in physical injury or illness. In signing this Liability Release, I assume full responsibility for mitigation of such an incident, and I am granting permission for the participation of the named minor in all session related activities, unless specifically noted on this form. This release is intended to stand on the behalf of the named minor, and in place of all claims by any family member or agent. These releases of ALLIANCE REDWOODS CONFERENCE GROUNDS shall be in effect only for the duration of the camp session as indicated, and only while the named minor is on the grounds of ALLIANCE REDWOODS CONFERENCE GROUNDS, and/or under the direct supervision of ALLIANCE REDWOODS CONFERENCE GROUNDS employees.

I agree that, in the event of dispute between myself as guest or parent/legal guardian of, or on behalf of, the named minor, I will submit to arbitration by an organization sanctioned for this purpose, in lieu of pursuing litigation in a court of law. I further agree as parent/legal guardian, to absolve and hold harmless the ALLIANCE REDWOODS CONFERENCE GROUNDS a Non-profit Corporation, its Board of Directors and Trustees, agents and employees against liability for; damages, losses, or injuries or illnesses to; myself, my property, or the named minor.

Non-compliance with disclosed behavioral standards and instructions, written or oral, may result in disciplinary actions, up to and including, being asked to remove the named minor from the grounds. Anyone asked to leave the grounds shall forfeit all camp fees previously paid, while remaining liable for any fees due.

I hereby give my permission to the ALLIANCE REDWOODS CONFERENCE GROUNDS to use photography of the named minor taken while on the grounds for promotional purposes.

School/Church Name: _____

Student's Name, First and Last, Please Print: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

Please check one of the following options and sign box below.

- ☐ I will be transporting the named minor to and from ALLIANCE REDWOODS CONFERENCE GROUNDS
- ☐ The following person or organization has my permission to receive and transport the named minor from the care and facilities of the ALLIANCE REDWOODS CONFERENCE GROUNDS at the conclusion of the camp session as indicated.

Please fill in name of approved person/organization: _____

Please sign here:

Parent/Legal Guardian: _____ Date: _____

Student Document

Alliance Redwoods Conference Grounds—Food Nutrition Program

Providing nutritious meals to children at a reasonable cost is an increasing growing challenge. To assist our program in offsetting the costs for meals served to children, we receive federal reimbursement funds. This reimbursement allows us to afford and offer better service to children. Please fill out this form in its entirety, and sign it. (DO NOT cross out any information that does not apply to you.) All information will be kept confidential.

Group or School Name:		Date:
School Name:	School District:	

PART 1 - Child's Name

First Name	Last Name
------------	-----------

PART 2A - Foster Child: List only one foster child per form. Complete this section and sign the statement in PART 3

Check (✓) here ☐ if the child is a foster child

PART 2B - State Aid: Households receiving Cal-Fresh, CalWORKS, Kin-GAP, Food Distribution on Indian Reservation (FDPIR), SNAP, Workforce Investment Act (WIA) Program. Provide the case number(s) for all that apply and sign the statement in PART 3

Cal-Fresh case number	CalWORKS case number	Kin-GAP case number	FDPIR case number	SNAP case number	WIA case number
-----------------------	----------------------	---------------------	-------------------	------------------	-----------------

PART 2C - Monthly Income: Complete this section and fill out PART 3 only if you did not fill out PART 2A or PART 2B.

On the table below, please indicate which income bracket applies to your household based on annual income OR monthly income. If your household income does not fall into any of these brackets, you do not have to fill this portion out. Skip to PART 3.

Household Size	Monthly Income	Annual Income	Check Here
1	Up to \$1,772 per month	Up to \$21,257 per year	<input type="checkbox"/>
2	Up to \$2,392 per month	Up to \$28,694 per year	<input type="checkbox"/>
3	Up to \$3,011 per month	Up to \$36,131 per year	<input type="checkbox"/>
4	Up to \$3,631 per month	Up to \$43,568 per year	<input type="checkbox"/>
5	Up to \$4,251 per month	Up to \$51,005 per year	<input type="checkbox"/>
6	Up to \$4,871 per month	Up to \$58,442 per year	<input type="checkbox"/>
7	Up to \$5,490 per month	Up to \$65,879 per year	<input type="checkbox"/>
8	Up to \$6,110 per month	Up to \$73,316 per year	<input type="checkbox"/>

PART 3 - Address and Signature: Please fill out completely and sign

Parent/Guardian Full Name:

Address	City	State	Zip
---------	------	-------	-----

Home Phone Number:	Work or Cell Phone number:	Social Security Number (only last four digits): XXX-XX-
--------------------	----------------------------	--

Check (✓) here ☐ if no social security number

1) I understand that some of this information will be used for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws. Section 9 of the National School Lunch Act requires that, unless the [student's] food stamp, CalWORKS, Kin-GAP, or FDPIR number is provided, you must include the last four digits of the Social Security Number (SSN) of the household member signing the statement or indication that they do not have one, the statement cannot be approved. The SSN may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. Verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a social service office to determine current certification of Food Stamps, CalWORKS, Kin-GAP, FDPIR benefits, contacting the State Employment Development Department to determine benefits received, and checking documentation provided by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

2) I certify that the above information is true and correct, that the food stamp, CalWORKS, Kin-GAP, FDPIR Benefits, or WIA program participation information is correct and that all income has been reported. I understand that all information is being given for the receipt of federal funds and that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Print Full Name:

Signature:	Date:
------------	-------

* If camper is 18 years of age, he or she may sign this document

Alliance Redwoods Conference Grounds

WAIVER AND RELEASE OF LIABILITY

In consideration of The Alliance Redwoods Conference Grounds furnishing services and/or equipment and/or using my own equipment to enable me to participate in ropes course, biking, kayaking, canoeing, rock climbing, skateboarding, inline skating, scooters, paintball games or any other activities, I agree as follows:

I FULLY UNDERSTAND AND ACKNOWLEDGE THAT:

A) Risks and dangers exist in my use of the equipment and my participation in the activities stated above;

B) My participation in such activities and/or use of such equipment may result in injury or illness including, but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability;

C) These risks and dangers may be caused by the negligence of the owners, employees, officers, or agents of The Alliance Redwoods Conference Grounds; the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes. These risks and dangers may arise from foreseeable or unforeseeable causes; but not limited to, guide decision making, including that a guide may misjudge terrain, weather, faulty equipment, trail or river route location, and water level, risks of falling out of or drowning while in a raft, canoe or kayak and such other risks, hazards and dangers that are integral to recreational activities that take place in a wilderness, outdoor or recreational environment;

D) And by my participation in these activities and/or use of equipment, I hereby assume all risks and dangers and all responsibilities for any losses and/or damages, whether caused in whole or in part by the negligence or other conduct of owners, agents, officers, or employees of The Alliance Redwoods Conference Grounds, or by any other person.

I, on behalf of myself, my personal representatives, and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify The Alliance Redwoods Conference Grounds and its owners, agents, officers and employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in any of the activities stated above, or any other activities. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future for the negligent acts or other conduct by the owners, agents, officers or employees of The Alliance Redwoods Conference Grounds.

I have read this waiver and release of liability and by signing it agree, it is my intention to exempt and relieve The Alliance Redwoods Conference Grounds from liability for personal injury, property damage or wrongful death caused by negligence or any other cause. I also understand that in signing as a parent or guardian in the event of an emergency if I can not be reached, I hereby give permission to the physician selected by The Alliance Redwoods Conference Grounds staff to hospitalize or to secure proper treatment, order injections, anesthesia or surgery for my child.

Please print

NAME OF GROUP (e.g. school or church) _____

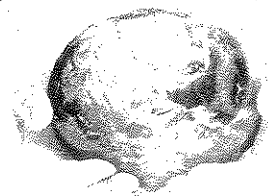
PARTICIPANT NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ PHONE _____

(Parent or guardian must sign for participant under age 18)



Redwoods/ San Francisco Packing List

WHAT TO BRING TO CAMP:

- Sack lunch for Monday May 9th (to be eaten on the bus)
- Jammies
- Water shoes (for kayaking—can just be sneakers that can get wet)
- Wet-wipes
- Healthy snacks that don't make a mess
- Sugar-free drinks/ Water Bottle
- Non-electronic travel game
- Camera that isn't a phone
- Personal music player, cellphone, or tablet (for approved times only)
- Day Pack
- Pen and Pencil
- Small Flashlight
- Alarm Clock
- Shoes (2 pairs closed-toed)
- Sleeping bag
- Pillow with Case
- Toiletries and Towels
- Warm Jacket
- Warm Clothes
- Modes Swimsuit (no two pieces)
- Plastic Bag (for wet clothes)

WHAT NOT TO BRING TO CAMP:

Any form of weaponry or cigarettes. Clothing that advertises, promotes, or has overtones involving alcohol, tobacco, drugs, sex, violence, inappropriate language or gangs.

Food and snacks are not allowed in the cabins, and will be confiscated.

Student Name: _____ School: _____

Camp Shirts

T-Shirts: \$14.00 (tax included)

Please circle what size shirt and write how many you are ordering in the space provided.

Adult sizes only.

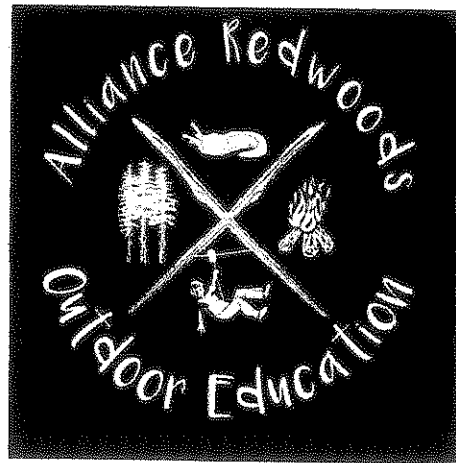
_____ S _____ M _____ L _____ XL _____ XXL

Hooded Sweatshirts: \$26.00 (tax included)

Please circle what size shirt and write how many you are ordering in the space provided. Adult sizes only.

_____ S _____ M _____ L _____ XL _____ XXL

Please make checks payable to **Alliance Redwoods**.



Camp Photos

A GREAT way to remember your trip to Alliance Redwoods. Purchase a Group Photo!!!

Photos \$12.00 each (money due on picture day)

Please give money to your child's teacher.

Make checks payable to **Alliance Redwoods**.



Attach all money to this form