

SUMMIT ***adventure***

oLITE

(Outdoor Leadership Intern Training Experience)

Registration Packet

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1. Preparation Checklist

The following items **MUST BE COMPLETED AND RETURNED** to Summit Adventure **AT LEAST 30 DAYS PRIOR** to the beginning of your internship.

- Participant Agreement, Release and Assumption of Risk**
- Personal Profile**
- Confidential Medical History**
- Medical Examination**
- Transportation**

Please return the completed forms to:

Summit
adventure

P.O. Box 498

Bass Lake, CA 93604

(559)642-3899 OFFICE

(559)642-2746 FAX

admin@summitadventure.com

2. Participant Agreement

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Summit Adventure, Inc., 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 "SA"), I hereby agree to release, indemnify, and discharge SA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in hiking, camping, backpacking, rock climbing, rappelling, mountaineering and/or other outdoor adventure based activities 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: slips and falls; falling objects; the hazards of walking on uneven terrain; exhaustion; exposure to temperature and weather extremes which could cause: cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; being struck by rock fall or other objects dislodged or thrown from above; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; limited visibility; water hazards; the use of climbing ropes and equipment; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; accidental drowning; collision with fixed or movable objects; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; travel in remote areas with poor or no access to emergency and/or medical services; consumption of food or drink; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, SA 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 other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

1. 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.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SA 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 SA 's equipment or facilities, **including any such claims which allege negligent acts or omissions of SA.**
3. Should SA 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.
4. 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 myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
5. In the event that I file a lawsuit against SA, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. 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 SA 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 _____ Print Name _____

Address _____

Phone _____ Date _____

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

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

3. Personal Profile

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell phone: (_____) _____

Email: _____ Please Circle One: Male Female

Birth date: _____ Age at time of Internship: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Shoe Size: _____

Person to be notified in case of illness or injury:

Name: _____ Relationship: _____

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

Doctor's Name: _____ Doctor's Phone: (_____) _____

If you are under 18 or not self supporting, please complete the following:

Guardian's Name: _____ Relationship: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work phone: (_____) _____

Health Insurance Information:

Does the student have insurance? _____ Insurance Company: _____

Policy or Certificate # _____ Group # _____

Address of Insurer: _____

City: _____ State: _____ Zip: _____

4. Confidential Medical History

Student's Name _____

If you have, or have had, any of the following symptoms or conditions please circle YES. Please circle NO for any of the following symptoms or conditions you have not had.

- | | | |
|--|-----|----|
| 1. Dizziness, loss of consciousness, or recurrent headaches, fainting | YES | NO |
| 2. Eye, ear, nose, throat or sinus symptoms | YES | NO |
| 3. Impairment of sight, hearing, or speech | YES | NO |
| 4. Chronic cough, coughing up of blood, close contact with tuberculosis, bronchitis | YES | NO |
| 5. Chest pain, shortness of breath, palpitation, swelling of ankles, heart murmur | YES | NO |
| 6. Low or high blood pressure | YES | NO |
| 7. Leg cramps, varicose veins, or varicose ulcer | YES | NO |
| 8. Troublesome skin conditions, sensitive skin (sun exposure, allergies) rashes | YES | NO |
| 9. Loss of teeth (indicate number of false teeth), use of dentures, bridge, braces | YES | NO |
| 10. Albumin, sugar or blood in urine, kidney stones, or other urinary difficulties | YES | NO |
| 11. Chronic pain in shoulders, arms, legs | YES | NO |
| 12. Muscles, joint or back pain, bursitis, sciatica, swelling with injury | YES | NO |
| 13. Knee injury or knee trouble | YES | NO |
| 14. Benign or malignant growth or tumor | YES | NO |
| 15. Frequent abdominal cramps, severe menstrual cramps, frequent diarrhea | YES | NO |
| 16. Reaction to extremes of temperature, frostbite, impaired circulation | YES | NO |
| 17. Claustrophobia, agoraphobia, acrophobia (confined places, open places, heights) | YES | NO |
| 18. Motion sickness | YES | NO |
| 19. Frequent infection of throat tonsils, sinuses, ears | YES | NO |
| 20. History of diabetes, thyroid trouble, bleeding problems | YES | NO |
| 21. Allergies to stings, bites, food, other | YES | NO |
| 22. Allergies to codeine, antibiotics, penicillin, Benadryl, aspirin, Tylenol, Advil, etc. | YES | NO |
| 23. Continued use of alcohol, drugs, or medicines | YES | NO |
| 24. Do you smoke? If so, how much? | YES | NO |
| 25. Do you use alcohol? If so, how much? | YES | NO |
| 26. Special dietary restrictions, vegetarian, macrobiotic, etc. | YES | NO |

If you circled YES on any of the above symptoms and conditions please elaborate. Use additional paper if necessary.

Please state the year of occurrence for any of the following conditions or illnesses.

- | | | |
|--------------------|---------------------|-----------------------|
| _____ AIDS | _____ Gall Bladder | _____ Pleurisy |
| _____ Appendicitis | _____ Hay Fever | _____ Pneumonia |
| _____ Arthritis | _____ Heart Disease | _____ Poliomyelitis |
| _____ Asthma | _____ Hepatitis | _____ Rheumatic Fever |

_____ Chickenpox	_____ Jaundice	_____ Tuberculosis
_____ Colitis	_____ Malaria	_____ Typhoid Fever
_____ Cystitis	_____ Measles/Mumps	_____ Ulcer
_____ Diabetes	_____ Mono	_____ Venereal Disease
_____ Epilepsy/Convulsions	_____ Other _____	

Describe any special physical or emotional limitations.

Date of last Tetanus immunization or booster: _____ **Date of last physical exam:** _____

If you have had any of the following, give the date(s) and details of each occurrence.

Blood Transfusions _____ Concussions _____

Dislocations _____ Fractures _____

Hernias _____ Sprains/Strains _____

If you have ever been hospitalized state the date, illness, injury, or operation.

Describe any current medications you are taking and whether you will be bringing them on the course.

Circle the words in the following four sentences that best describes you.

My general health condition is: excellent. good. fair. poor.

My level of aerobic condition is: excellent. good. fair. poor.

I exercise: daily. regularly. occasionally. seldom. never.

I can swim: a mile. a short distance. not at all. I am afraid of water.

Family Health History

Date of Birth Occupation State of Health

Father _____

Mother _____

Have any immediate family members had the following? Please circle the conditions.

Allergies Anemia Bleeding Disorders Diabetes Epilepsy Heart Disease

High Blood Pressure Migraines Nervous Conditions Stroke Tuberculosis

If immediate family members are not living, give cause of death and age: _____



5. Medical Examination

Dates of Internship _____

Student's Name _____

This examination must be performed within 12 months of arrival for your internship. A copy of a medical exam for some other purpose within this period is acceptable.

The following is to be reviewed and completed by a licensed physician.

Height _____ Weight _____ Pulse _____ Blood Pressure _____

For Women Only:

Has this woman menstruated? _____

If so, is her menstrual history normal? _____

The person being examined is enrolled in an internship with Summit Adventure during the dates given above. This person may engage in one or more of the following activities.

- Backpacking on and off trails at elevations of 4,000'-15,000' with a 25-60+ pound pack. The backpacking may be exceptionally strenuous and involve steep, uneven, and unmaintained mountain terrain.
- Rock climbing and rappelling on natural rock faces.
- Mountaineering, including snow climbing, rock scrambling and hiking on loose and uneven terrain at elevations of 4,000'-19,000+'.
- Swimming in mountain lakes and crossing swift and deep streams with possibly very cold water temperatures.
- Strenuous physical exertion and multiple days living in an extreme range of weather conditions and temperatures.
- Optional fasting for the purpose of personal and spiritual reflection.
- Drinking water from streams and lakes that is disinfected either with a tincture of iodine, a water filter or by boiling. These methods are not guaranteed to eliminate all health risks from consuming water extracted from streams, lakes, etc.

Please comment on the general health of this person: _____

Please note any special recommendations and/or restrictions for this person while on course.

Review the following criteria to determine whether this person is required to have a Stress ECG.

A Stress ECG is required if the person is either:

- 35+ years of age and has 2+ Cardiac Risk Factors
- 45+ years of age and has 1 Cardiac Risk Factor
- Any age with a known heart condition

Cardiac Risk Factors include:

- Currently taking cardiac medication or medication for high blood pressure
- Diabetic requiring medication
- Overweight
- Regular smoker
- Personal or family history of heart disease

Please note your recommendation for this person, according to the above criteria:

_____ Required to have a Stress ECG

_____ Not required to have a Stress ECG

If the person examined is required to have a Stress ECG, they must provide to Summit Adventure the results of the Stress ECG, the date of the test, and the doctor's signature.

Please note any further comments that may be relevant to this person's participation in an adventure course with Summit Adventure. _____

I have examined this person and have reviewed his/her health and health history. It is my opinion that he/she is physically able to engage in the described activities, with any previously mentioned recommendations and/or restrictions.

Signature of Licensed Physician _____ Date _____

Name of Licensed Physician (please print) _____

Address _____

Telephone _____

6. Important Notes

Addresses & Contacts

This is the Summit street address. We do not receive mail at this address.

Summit Adventure
54055 North Shore Drive
Bass Lake, CA 93604

Mailing address:
PO Box 498
Bass Lake, CA 93604

Phone: (559) 642-3899

www.summitadventure.com

admin@summitadventure.com

Additional Expenses

Airfare/transportation to and from Summit
Eating out and personal purchases

Mail

Seasonal employees and interns may want to set up their own post office box at the Bass Lake post office. You may share boxes to decrease the fee per box.

What to Bring

Each student is responsible for bringing their own clothing, boots and personal items. See the "Clothing and Equipment List" to determine what items to bring. Summit will not provide outdoor equipment such as backpacks, sleeping bags, etc. but does have the capacity to rent some items. Inquire before coming unprepared. Summit's accommodations for students are limited in personal storage space so pack efficiently.

What NOT to Bring

Please leave your extensive collection of electronics at home. iPods, cell phones, digital cameras, and laptops are the extent of electronics that you should consider bringing.

Guest Policy

Visitation by guests will be by **community permission only**. There are platforms behind Base for male staff members and guests as well as platforms in front of Base for female staff members and guests. There are fees for staying at Base, including shower and kitchen usage.

7. Clothing & Equipment List

- 1 pair **HIKING BOOTS** (see “Notes on Equipment”)
- 1 pair closed toe **RIVER CROSSING SHOES** these can be water shoes and/or used for wearing around camp
- 1 pair **TENNIS SHOES** for walking around town and exercising
- 4 pairs of **SOCKS** (wool or synthetic)
- 2 pairs of **LINER SOCKS** (wool or synthetic)
- 2 **T-SHIRTS** and 1 pair of **SHORTS** for hiking and/or exercising
- 1 pair Synthetic **LONG PANTS** lightweight fleece/wool or ‘softshell’
- 1 pair **HIKING SHORTS** (not jeans or the like)
- LONG UNDERWEAR**, top & bottoms (wool or synthetic)
- 1 **LIGHT INSULATING LAYER** (light fleece jacket, light wool sweater or vest)
- 1 **HEAVY INSULATING LAYER** (down jacket)
- RAIN GEAR**, jacket/pants (waterproof/breathable material is best)
- 1 **WARM HAT** (wool or synthetic)
- 1 **HAT** with brim or **VISOR** for sun protection
- 1 pair **LIGHTWEIGHT GLOVES**
- 1 pair **HEAVY GLOVES**
- 1 pair **WATERPROOF OVER GLOVES** (some glove system to ensure dryness and warmth)
- 1 pair **GAITERS**
- 1 **SWIMSUIT**
- 2 **BANDANAS**
- UNDERWEAR**
- SUNSCREEN** (at least SPF 30)
- LIP SALVE WITH SUNSCREEN**
- SUNGLASSES**
- HEADLAMP** with extra batteries
- DAY PACK**
- Plastic/unbreakable **FOOD DISH & SPOON**, should hold 16-32oz, **MUG** for hot drinks
- PEN** or **PENCIL** and **SMALL NOTEBOOK** (for the backcountry)
- TOILETRY KIT** toothbrush, toothpaste, shampoo, soap, comb, optional earplugs
- SMALL BIBLE**
- CASUAL STREET CLOTHES** (with the seasons in mind that you’ll encounter in California)
- WORK PROJECT CLOTHES** (including work gloves)
- AQUAMIRA WATER TREATMENT DROPS** (used to purify water if you can’t use iodine)
- POCKET KNIFE W/CAN OPENER** (no sheath knives)
- 2 1 liter **WATER BOTTLES**

Optional

- CAMERA** **DOWN BOOTIES** **EXERCISE NECESSITIES**
- INSTRUMENTS** **WHISTLE** **COMPASS**

This list is built for a Spring/Summer Sierra Nevada backpacking course. Coming prepared for this will set you up for success throughout our courses this summer. Women and men be respectful in your clothing choices and come efficiently prepared!

8. Notes on Equipment

Boots

If you do not already own a pair, your feet are worth the extra effort in choosing a pair of quality boots. Here is some information to help you decide.

Medium to heavyweight leather-based or GoreTex-based boots: These are 3-4lbs and are more **waterproof, warmer and durable** as well as providing stronger ankle support. These must be well-broken in prior to your course and are a good option for courses of 7 or more days of which you will be participating.

Note: Use Nik-Wax or a similar product to waterproof the boots before arriving.

Clothing

You'll bring normal everyday attire for your time in the Bass Lake.

Cotton is a poor material outdoors because it readily absorbs moisture and holds it next to the skin, transferring body heat into the environment. It also takes a long time to dry. Generally, you should avoid cotton clothing on course, with the possible exception being a T-shirt that would be worn during the day.

Synthetic (fleece/polypro), wool, spandex and/or nylon clothing does not absorb much moisture, dries fast and keeps you warm even when wet.

Down is by far the best choice for the heavy insulating layer. It is incredibly warm for its weight and will serve as a crucial layer for the summit attempts in Ecuador and the Sierra Expedition.

Raingear

Summer storms in the High Sierra are infrequent, but can be severe. You must have waterproof gear in the form of a hooded jacket with pants. The best raingear is durable and has a waterproof/breathable coating like GoreTex. These fabrics are usually quite expensive. Coated nylon is second best. It is durable and less expensive, but not breathable. Cheap plastic or vinyl ponchos and raincoats will not hold up, are not worth buying and should be avoided. A sales person at an outdoor store can help you make a decision based on your budget. For long courses, the better raingear will greatly improve your semester experience.

Equipment

Please bring all personal equipment such as a backpack, sleeping bag, foam pad, rock climbing gear, cooking utensils, etc. because these cannot necessarily be provided by Summit. You can inquire about rental before arriving.

Glasses/Contacts

We recommend bringing an extra pair of contacts or eye glasses. Contacts are easily lost outdoors and may cause eye trouble due to changes in climate, altitude and activities. We also recommend bringing eye glass holders.

Women

Changes in altitude and activities can cause irregular menstruation. In the backcountry should bring a supply of baby wipes and a few small Ziplock bags. All of these items will be packed out of the backcountry. We provide baking soda for this purpose and instruct you on proper disposal.

9. Transportation & Lodging

For arriving at Summit you have two options. If driving to Summit refer to the enclosed map for directions. If flying, Summit provides an airport shuttle ONLY from Fresno International Airport (FAT). If you require an airport shuttle please fill in your flight information and return this page to Summit.

Flight Information: **Departure City** _____

Date of Arrival _____ **Arrival Time** _____

Flight Carrier & Number _____

Date of Departure _____ **Departure Time** _____

Flight Carrier & Number _____

Lodging

For parents or visitors, lodging options in the area are listed below. Fresno is one hour from Summit. Oakhurst is 15 minutes from Summit. The Pines Resort is just down the road.

Best Western	40530 Highway 41, Oakhurst	(800) 528-1234 and (559) 683-2378
Comfort Inn	40489 Highway 41, Oakhurst	(888) 742-4371 and (559) 683-8282
*Holiday Inn	5090 E. Clinton Way, Fresno	(800) 465-4329 and (559) 252 3611
*Marriott Courtyard	1551 N. Peach Ave., Fresno	(800) 321-2211 and (559) 251-5200
The Pines Resort	54432 Road 432, Bass Lake	(800) 350-7463 and (559) 642-3121

**Provides transportation to and from Fresno International Airport*

10. Directions & Map

Northbound: Take Hwy 99 North. Turn on Hwy 41 North in Fresno and follow this to Oakhurst. From Oakhurst follow the directions and map below to Summit.

Southbound: Take Hwy 99 South. Turn on Hwy 140 East in Merced. Turn on Hwy 49 South in Mariposa and follow this to Oakhurst. From Oakhurst follow the directions and map below to Summit Adventure.

Oakhurst: Follow Hwy 41 North. After 2.7 miles, turn right at Road 222 towards Bass Lake. Travel approximately 3.4 miles on Road 222 to where the road forks. Take the left hand fork (Road 274) towards the Pines Village. It will seem as though you are going straight even though the road name changes. Be aware of this and review the map. It can seem tricky, but is quite simple.

Travel another 2.2 miles. Turn right towards Bass Lake and the Pines Village. At the bottom of the hill, turn right on Road 432. In about ¼ mile you will see the Summit Adventure sign on your right hand side.

If you get lost, feel free to call. (559) 642-3899

