



Trip Coordinator/Volunteer Application to Participate

Full Name: _____

Mailing Address: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Gender: Female Male **Email:** _____

Current Occupation: _____ **How Long:** _____

Education Completed: High School Currently at University Bachelors Masters PhD

Major/Minor: _____

Have You Ever Been Arrested: Yes No

If yes, please explain: _____

Emergency Contact: *(please confirm this person will be available while you are on the river)*

Name: _____ (_____) _____ *home*

Relationship: _____ (_____) _____ *cell*

(_____) _____ *work*

Character References:

Full Name:

Phone:

	()
	()
	()

Hobbies & Skills:

Experience with Youth:

How did you hear about Grand Canyon Youth?

Volunteer Policy

Grand Canyon Youth is a nonprofit program designed to provide youth with an experiential education along the rivers and in the canyons of the Colorado Plateau in an effort to promote environmental awareness, community involvement, personal growth and teamwork among people of diverse backgrounds.

As a GCY Trip Coordinator, you will be working directly with a group of youth in a river setting. In determining whether a volunteer applicant will be considered for an on-river placement, due consideration will be given to past and present factors in health, personality and availability which Grand Canyon Youth Board Members & personnel will deem appropriate. The information you have provided in this application will remain confidential within the Board & personnel at GCY.

Trip Coordinators are expected to help facilitate some pre-trip, on-river and post-river activities as well as act in the role of chaperone for the youth on the river working in conjunction with the professional guides and other teacher/sponsors and volunteers. Trip Coordinators can expect to have support from the GCY staff in the execution of these expectations.

I do herein affirm that all the foregoing answers are true and complete to the best of my knowledge. I hereby authorize Grand Canyon Youth to contact my references and to further ask questions concerning my criminal history as necessary.

Signature: _____ Date: _____

Health Information Form

The information provided in this form is shared only with our staff and the Trip Coordinator(s). Please fill out the form completely and advise us of any changes to your medical condition prior to their Grand Canyon Youth program.

Name: _____

Height: _____ Weight: _____ Date of Birth: _____

Have you been camping before? Never A Little A Lot

Swimming Ability: None Fair Good Excellent

Medical History:

Have you ever been diagnosed with any of the following?

Yes	No	Heart Condition	Yes	No	Depression/Anxiety
Yes	No	Diabetes/Hypoglycemia	Yes	No	Attention Deficit Disorder
Yes	No	Severe Headaches/Migraines	Yes	No	Emotional/Psychiatric Disorder
Yes	No	High or Low Blood Pressure	Yes	No	Substance Abuse Problem (drugs, alcohol, tobacco.)
Yes	No	Seizures/Epilepsy/Neurological Disorder	Yes	No	Anaphylaxis/Severe Allergic Reaction
Yes	No	Serious Head Injury	Yes	No	Food Allergy/Intolerance
Yes	No	Urinary Tract Problems/Infections	Yes	No	Hay Fever/Seasonal Allergies
Yes	No	Anemia or Blood Disorder	Yes	No	Asthma/Respiratory Condition
Yes	No	Arthritis/Musculoskeletal Disorder	Yes	No	Gastrointestinal Problems
Yes	No	Sleep Disorder/Sleep Walking	Yes	No	Pregnancy
Yes	No	Developmental Disability			

If yes, when was the condition diagnosed? _____

If the condition is chronic, how well is it controlled? Please explain: _____

Have you ever had surgery or been hospitalized overnight for illness, injury, other? Yes No

If yes, why & when: _____

Do you have any physical activity limitations?

If yes, please explain: _____

Do you have any special needs? Yes No

If yes, please explain: _____

Do you have any dietary restrictions? (ie: vegetarian): _____

Health Information Form Continued

Medications:

List ALL prescription and non-prescription medications currently being taken on a daily or regular basis.
Attach additional sheet if necessary.

Medication:	Purpose:	Dosage:	Frequency:

You must provide AN EXTRA supply of required daily prescription medications in case of loss/damage.
Anyone who has had an anaphylaxis reaction must provide their own epi-pens.

Physician Information:

Physician's Name: _____ Phone Number: (_____) _____

Insurance Information:

Medical Insurance is not required to participate. However, you are responsible for any emergency medical expenses. We recommend contacting your insurance company to ensure coverage.

Insurance Company: _____ Phone Number: (_____) _____

Policy Holder: _____ Policy Number: _____ Group Number: _____

Medical Release for: _____

Your Name

In the event of an injury or illness which requires medical care of the above listed; I hereby give permission to attending medical personnel, as well as Grand Canyon Youth's: officers, directors, employees, representative agents, volunteers, contract individuals and all other persons or entities associated with it, the full power in consent to any and all necessary treatment.



Your Signature

Date

Participant Agreement, Release & Assumption of Risk

In consideration of the services of Grand Canyon Youth, 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 "GCY"), I hereby agree to release, indemnify, and discharge GCY, 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, _____ (your name), acknowledge that going on a river trip and all other activities related to participation in a GCY program (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.

Your 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 GCY does not assume responsibility for any such injuries or loss.

Although every attempt will be made by GCY to ensure the health and safety of the participants, I understand that injuries and accidents may occur. Foreseeable risks include, among other things: whitewater rapids, turbulent water, and river currents. I can be jolted, jarred, bounced and shaken about during rides through rapids. It is possible that I could be injured if I come in contact or collide with storage containers, boat frames, oars, oarlocks or other equipment and supplies necessary to the operation of the expedition and outfitting the program. Rafts could capsize or I could be "washed" overboard into the water. Prolonged exposure to cold water can result in shock or hypothermia and in extreme cases can cause death and accidental drowning.

I can slip or fall during a hike or at camp; accidents can occur getting on and off the raft all of which can result in damage to equipment or personal injury. 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. GCY is not responsible for acts of nature, including but not limited to contact with flora & fauna. Furthermore, GCY 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, river, 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 river or other destinations, including but not limited to airplanes and ground transportation such as automobiles, bus, shuttles, and personal transport. Significant elevation changes may be experienced through participation in this program. There are risks involved in completing the pre-trip requirements such as but not limited to community service and fundraising. Further, I understand that GCY 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.

Your initials _____ ☀

3. Waiver and Release: In consideration of participation in the Event, I waive and release GCY, its employees, agents, volunteers, successors, and assigns, if any, from all claims for any liability, injury, loss, or damage in any way connected with my child's participation in the Activity, whether or not caused in whole or part by the negligence or other misconduct of any of the organizations or individuals mentioned above.

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.

Your initials _____ ☀

Participant Agreement, Release & Assumption of Risk Continued

4. **Indemnification:** I agree to indemnify and hold harmless (in other words, reimburse and be responsible for) GCY and its employees, agents, volunteers, successors, and assigns 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 organizations or individuals mentioned above. Should GCY 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.

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.

Your initials _____ ☀

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

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.

Your 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 this 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.

Your 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.

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. 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.

☀ _____
Your Signature

Your Printed Name

Date