



## EASTERN SIERRA YOUTH OUTDOOR PROGRAM APPLICATION

### Instructions:

- Applications can be completed on a computer or by hand, printed and signed by a parent/guardian and the applicant.
- Incomplete applications will not be considered **PLEASE MAKE SURE TO COMPLETE AND SIGN THE RELEASE FORM**
- Applications should be turned in as soon as possible. We expect the program to fill up.
- Applications may be e mailed to [esyouthoutdoors@gmail.com](mailto:esyouthoutdoors@gmail.com) or mailed or dropped off Attention Todd Vogel, 224 North Main St. Bishop, CA 93514
- Questions: e mail [esyouthoutdoors@gmail.com](mailto:esyouthoutdoors@gmail.com) or call 760-920-0774 and ask for Todd
- *All information gathered is kept strictly confidential and is used only for the purpose of selecting candidates for the program.*

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Applicant First Name:

Last Name:

Street Address:

City:

State:

Zip:

Applicant phone:

Applicant email:

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Parent/guardian first and last name:

Parent/guardian phone:

Parent/guardian email:

Please describe your experience with rock climbing, hiking or backpacking. No prior experience is required.

Why should you be selected to participate in this program?

## DONATIONS ARE REQUESTED

There is no cost to participate in this program. However the full value of the program per participant is \$750. If your family is able to make a donation it will help us continue the program. Donations may be made out to the Eastern Sierra Interpretive Association and will be accepted with your application or any time prior to the beginning of the program.

Because each and every spot is valuable we want to ensure that everyone who signs up actually shows up. So a deposit of \$100 is required with each application.

The deposit will be held by the program and will be refunded at the conclusion of the program. If you sign up but do not show up **FOR ANY REASON** your deposit is forfeited. Cancellations are allowed with a full refund with thirty days notice.

If the deposit requirement would cause a financial hardship, or prevent you from participating in the program, a waiver is available. Contact us for more info.

## Certification and conditions

By signing below you certify that the information you have provided on this form and the medical information form is true and accurate to the best of your knowledge. You further agree that if you need to cancel your participation in the program you will provide at least thirty days notice. You agree that if you are selected to participate in the program you will attend each of the required pre trip meetings and will inform the program director of any equipment needs based on the equipment list that is provided at those meetings. If selected you agree that you will attend the program in full, arrive on time on the first day, and participate in the offered activities to the best of your abilities. You acknowledge that if you miss any pretrip meetings without having made arrangements with the program director to do so that you will be dropped from the program roster and an alternate will be given your place.

By signing below you further agree that the participant is participating in the program of their own desire to do so and not because a parent or guardian is forcing them to participate.

Parents and guardians: In signing below you further agree that if your child needs to be removed from the program, for instance for health or behavioral issues, that upon the request of the program director you will come promptly to pick up your child. You further acknowledge that you or a LEGAL guardian will be available by phone 24/7 during the program.

Participant Signature:

Date:

Parent or Guardian Signature:

Date:

# PARTICIPANT MEDICAL INFORMATION FORM

This form may be completed by hand or by using Acrobat or Preview.  
Digital signatures are OK.

The Eastern Sierra Youth Outdoor program takes place in a remote settings where rescue is difficult and definitive medical care is several hours away. Experienced wilderness guides with emergency medical training help coach and lead the way but you are the best judge of your ability to participate on the program. During the program you will be staying at a campground and in the adjacent backcountry. Elevations range from 7,000' to as high as 11,000' in the backcountry. Every activity we will be doing involves options - you get to choose what you do and do not do, within a framework of required hiking and carrying of a pack. Options include hiking, beginner-level rock climbing, a 3 - 5 mile hike to our base camp and more.

We use the information on this form to help you make good decisions regarding your participation on the program, and to facilitate treatment should a problem arise. Thank you for taking the time to thoroughly answer all questions on this form. If we have any question about your ability to safely participate in the program we will discuss the issue with you, and if you have any questions we invite you to contact us. You may be asked to consult a physician. **All information on this form is kept confidential.**

Participant Name:	
Height and weight:	Date of birth:
E-mail address:	
Day telephone:	Mobile phone:
Street Address:	
City:	Zip code:
Emergency contact name:	
Their day phone #:	Alternate phone #:
Your health insurance company and policy #:	

Please describe your level of physical conditioning:

Please describe your physical conditioning program, if any:

Important! Please note any dietary needs or preferences:

**Medical History:** do you now have, or have you had within the past two years, any of the following conditions: If you answer "yes" to any of the questions below please explain on the back of the page.

Condition:	Yes	No	Condition:	Yes	No
Altitude Illness	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosed mental illness	<input type="checkbox"/>	<input type="checkbox"/>
Broken Bones	<input type="checkbox"/>	<input type="checkbox"/>	Severe Anxiety or depression	<input type="checkbox"/>	<input type="checkbox"/>
Severe Sprains	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder or neck problem	<input type="checkbox"/>	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Back problem	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Foot or ankle problem	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Leg or knee problem	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Arm/wrist/hand problem	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
Intestinal/digestive problem	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Heat or cold intolerance	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
Uncorrected vision impairment	<input type="checkbox"/>	<input type="checkbox"/>	Hospitalization ≤ last year	<input type="checkbox"/>	<input type="checkbox"/>
Uncorrected hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	Are you Covid Vaccinated?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any known allergies? If you answer yes, please elaborate on the other side of this page.

Are you currently taking any prescription medications: If yes, please list all medications and dosages on the other side of this page.

Please elaborate to any "Yes" responses on the other side of this page

Please use this area to elaborate on any yes responses to the other side of the form.

**Allergies:** please let us know what you are allergic to, when is the last time you had a serious reaction, what is the reaction and what is the treatment.

If you would like to mention any concerns or possible physical limitations please either give us a call (Todd Vogel, 760-920-0774), or note them here.

**Medications:** Please list all prescription medications you currently take. Please mention the dose and the name of the medication.

# PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of the Eastern Sierra Youth Outdoors program, Eastern Sierra Interpretive Association, Eastside Sports, Inc, Sierra Mountain Center and their agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as ESYO), I hereby agree to release, indemnify, and discharge ESYO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, backpacking, and rock climbing entail 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:** accidents involving the hazards of walking on uneven terrain; collision with fixed or movable objects; weather conditions; head injuries can occur; slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illness), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; pinches, scrapes, twists and jolts, scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; equipment failure; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the condition of roads, terrain, or highways and accidents connected with their use.

Furthermore, ESYO staff 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.

2. 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.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ESYO 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 ESYO's equipment or facilities, **including any such claims which allege negligent acts or omissions of ESYO (but not gross negligence or willful, wanton or criminal misconduct).**

4. Should ESYO 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.

5. 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.

6. In the event that I file a lawsuit against ESYO I agree to do so solely in the state of California, and I further agree that the substantive law of California 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 ESYO on the basis of any claim from which I have released 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 (Must be completed for participants under the age of 18)

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