



adventure risk challenge

a leadership and literacy program

University of California, Berkeley | Sagehen Creek Field Station, Truckee CA

2012 ARC APPLICATION

GENERAL CONTACT INFORMATION

Name _____

Grade and School Name _____

Parent/Guardian Names _____

Home Phone _____

Parent's Cell Phone _____

Student's Cell Phone _____

Mailing Address _____

Physical Address _____

Student's E-Mail Address _____

Do you qualify for free and reduced lunch? Yes No

Emergency Contact Information (in case parents are not available)

Emergency Contact Name:	Relation to Student:
Phone(s):	Address:

Insurance Information

Students' families are responsible for medical expenses. Sickness and accident insurance is recommended.	
Do you have hospitalization or medical insurance (circle one)? YES NO	
Name of person on the insurance plan (usually a parent):	
Insurance Company:	Policy or ID#:
Group #:	Phone Number:

Medical History

1. List medications you currently take and describe the reason:		
2. Do you have asthma, diabetes, or dietary restrictions? If yes, please describe:		
3. Below, list all allergies, allergic reactions and required medication for each allergy:		
Allergies	Reactions	Medications
• •	• •	• •
4. Below, list conditions for which you have received treatment during the last five years:		
Condition(s)	Name(s) of Hospital and Location	Date and Treatment(s)
•	•	•

SCHEDULE AND COST

Please do not apply for any retreats that you cannot attend because of sports, clubs, vacation, or other commitments.

Rank the retreats in order of preference: 1 is your first choice, 2 is your second choice, and 3 is your third choice.

_____ February 10-12, Lake Tahoe area -- visit to Sierra Nevada College and downhill skiing

_____ March 23-25, Lake Tahoe area – possible college visit and downhill skiing

_____ April 20-22, Yosemite National Park – visit to UC Merced and hiking to a waterfall in Yosemite Valley

*****All weekend retreats cost \$25.00*****

STUDENT CONTRACT

I understand the following are ARC non-negotiable rules and accept that if I break one, I risk being removed from the program:

- No exclusive relationships (romantic, kissing, or sex; this includes exclusive friendships)
- No drugs, alcohol, or tobacco
- No violence (verbal or physical)

I understand that if ARC staff confront me about any behavioral issues, including the following, I may have to agree to a verbal contract, sign a written contract, call my parents, and/or be removed from the program:

- Negative attitude or influence on other students
- Lack of participation in activities or group work/responsibilities
- Lack of participation during academic tutoring and/or workshops

I understand and commit to living and working in a community that lives the following values:

- | | |
|--------------|-----------------|
| • Compassion | • Integrity |
| • Service | • Determination |

Signature of Applicant

Date

I give my child permission to participate in ARC Activities. I give permission for ARC staff or volunteers permission to treat my child and/or bring my child to the hospital in case of emergency. I give permission for ARC staff to access my child’s educational files/transcripts.

Signature of Parent/Guardian of Minor

Date

Participants Name: _____

Please Print

UNIVERSITY OF CALIFORNIA, BERKELEY – SAGEHEN CREEK FIELD STATION

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any way in [_____ *Adventure Risk Challenge (ARC)* _____], I, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including negligence of the Regents of the University of California, its officers, employees and agents**, resulting personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in [_____ *ARC* _____].

Signature of Parent/Guardian of Minor Date

Signature of Participant Date

Assumption of Risks: Participation in [_____ *ARC* _____] carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in [_____ *ARC* _____]. I Hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys fees brought as a result of my involvement in [_____ *ARC* _____] and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor Date
Participant's Age (if minor) _____

Signature of Participant Date