



Upper School Mountain Madness Trip

Wednesday, August 23 - Friday, August 25, 2023

My child, _____

_____ will participate in the Mountain Madness trip

_____ will not participate in the Mountain Madness trip*

T-Shirt Size (Circle one): Small Medium Large X-Large 2X - Large

Dietary restrictions: _____

This form, along with the YMCA Informed Consent and Liability Release Form, is due to the school by **Wednesday, June 28th, 2023**. You can mail or deliver the forms to the APC office or you can email an electronic version to ltucker@meadhallschool.org.

The trip will include a college tour, team building games, a high and low ropes course, archery, worship/learning time, and more at the YMCA Blue Ridge Assembly in Black Mountain, NC.

The cost of the trip is \$400.00 and it will be billed via FACTS in early July with a due date of **July 31, 2023**. Your signature on this form acknowledges responsibility for billing and payment of the trip. All billing is final. No refunds.

*We encourage all students to participate in the trip as it is designed to build community and encourage teamwork within the Upper School.

Parent/Guardian signature

Date



Informed Consent and Liability Release

YMCA Blue Ridge Assembly (Assembly) is located in a natural mountainous terrain. All guests must be aware that there are inherent risks while engaging in activities in a natural setting, both self-guided and Assembly led. The Assembly offers adventure and outdoor activities led by our staff. Stringent safety precautions and operational procedures are enforced. However, as with any adventure activity, there is potential for injury. The Assembly requires that all participants sign the informed consent and liability release below indicating that they understand potential risks. **Parents must co-sign for all participants under the age of 18.**

1. I acknowledge that my participation in recreational activities, both self-guided and staff-led, involves unknown and unanticipated risks which could result in personal injury. I understand that such risks simply cannot be eliminated due to the environment and/or nature of the adventure activities.
2. I understand that adventure activities supervised by trained Blue Ridge staff may include outdoor and indoor climbing facilities, high swing, high and low ropes courses, mountain biking, hiking, swimming and other challenging activities. Self-guided recreational activities may include hiking, sports activities and activities designated by the conference group leader.
3. I agree that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware of and understand that all of my program activities are strictly voluntary; it is my own choice to participate in each activity to whatever degree I deem appropriate. I am willing to assume the risk of any medical or physical condition I may have.
4. I accept and assume all of the risks existing in chosen activities. These include activities led by Blue Ridge staff, activities led by the conference group and individual recreation activities. During any activity, there may be contact with plants, animals or insects that could create hazards such as stings, allergies and associated diseases. During adventure activities, risks include the potential for: slips, trips, falls and falling, rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions or even more severe life-threatening hazards.
5. I certify that I have adequate insurance to cover any injury or damage I may suffer or cause while participating, and/or I agree to bear the costs of such injury or damage myself. YMCA Blue Ridge Assembly does not provide health or accident insurance for participants.
6. I willingly and knowingly assume for myself all the risk of physical injury and emotional upset that may occur during or after participating in any aspect of any program and hereby agree to hold YMCA Blue Ridge Assembly, its employees, instructors, facilitators and agents harmless for any liability arising out of my participation in the program.

Health Care Needs:

1. Do you have allergies (food, bees, insects, medicines)? _____
2. To better serve you, do you have any physical, intellectual, or emotional condition we should be aware of?
Please explain _____

Participant Name _____ Mead Hall School _____
 Group Name

Emergency Contact _____ Emergency Telephone _____

Participate Signature and Parent Signature (if under 18) _____ Date _____