



Hello teens!

We hope that you are as excited as we are here at River Discovery to have you attend the Teen Adventure Program in 2010. Don't be put off by the size of this application packet - it is very important to ensure that you have an incredible experience from start to finish.

Below is a checklist for you to review before returning your application:

- Copies of health insurance cards, front and back
- Copy of immunization records
- Personal info and emergency contact page completed (p. 2)
- Medical questionnaire completed and signed (p.3-4)
- Medical Evaluation Form completed and signed by appropriate medical personnel (p.5-6)
- Angel Flight medical form completed and signed by appropriate medical personnel (p.7)
- Consent for Emergency Medical Care Form completed and signed (p.8)
- Permission to administer medications completed and signed (p.9)
- Transportation section filled out completely (p.10)
- Consent and Release section filled out completely (p.11)
- Wilderness River Outfitters Release section filled out completely (p.13)
- Angel Flight Release section filled out completely (p. 15-16)
- Completed pre-program survey (p.17-20)
- Check made out to River Discovery for \$50 application fee (*no program fee!*)

Email or call me if you would like me to email the Medical forms directly to your doctor - I will be happy to do so!

Included in this packet is a detailed gear list - keep it to use as you pack for your adventure.

Do not hesitate to call me at (208) 303-0040 with any questions you may have about the program or this application.

I look forward to meeting you in July!

Executive Director
River Discovery

RIVER DISCOVERY

Teen Adventure Application Form

Please return with your \$50 application fee to:

River Discovery
P.O. Box 712
Salmon, ID 83467
Fax: 208.756.3708

Personal Information:

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Male _____ Female _____ Grade in school next fall: _____

Diagnosis (if applicable): _____ Date diagnosed: _____

How did you hear about program Discovery? _____

T-Shirt Size: Youth Size: L -or- Adult Size: S M L XL XXL

Mother's Name: _____ Phone: (____) _____ Cell:

(____) _____ Work: (____) _____

Address (if different than child's): _____

City _____ State _____ Zip _____

Father's Name: _____ Phone: (____) _____ Cell: (____)

_____ Work: (____) _____

Address (if different than child's): _____

City _____ State _____ Zip _____

EMERGENCY CONTACT (if parent / guardian cannot be reached)

Name: _____ Phone: _____ Cell: _____

Relationship to child: _____ Work: (____) _____

River Discovery does not tolerate:

- Marijuana
• Drugs (unless prescribed by your physician and listed on this application)
• Alcohol
• Cigarettes

Any violation of these rules will result in expulsion from the program.

River Discovery's Adventure programs are provided cost-free to all participants. The cost per camper is \$1350. River Discovery accepts and appreciates any donations towards program costs. Thank you.

RIVER DISCOVERY

PROGRAM MEMBER'S RESPONSIBILITY

I acknowledge that the personnel of River Discovery and Wilderness River Outfitters are happy to discuss with me any and all aspects of the program my child is about to attend if I have any further questions or concerns. I acknowledge that I have the responsibility to select a program appropriate to my child's abilities and interest, and I agree that I am responsible for my child being in sufficient good health to undertake the trip. I acknowledge that I am responsible for studying all pre-departure information and ensuring my child brings the appropriate clothing and equipment as advised therein. If my child has any medical problems that may impede his/her participation in this trip or increase the risk of his/her participation, I have consulted his/her physician and obtained his/her approval and I have advised River Discovery and Wilderness River Outfitters of this condition.

MEDICAL QUESTIONNAIRE

This information will be kept confidential. *Parent or legal guardian should fill out this information for minors under 18.*

Participant (print): _____

Male _____ Female _____ Height: _____ Weight: _____ Birth Date: _____

Family Physician: _____ Emergency Phone: _____

Specialist: _____ Emergency Phone: _____

Any other physicians or health care providers we should be aware of: _____

Has your doctor advised your child against taking or participating in any aspect of this trip? Yes _____ No _____

General Physical Condition:

- Have **daily aerobic exercise** routine. **Do not** get winded walking up 3 flights of stairs. Participate in active sports.
- Have irregular exercise routine. **Slightly** winded after walking up 3 flights of stairs.
- Do not do any regular exercise.
- No regular Exercise. Some medical problems.

Health Insurance:

Carrier _____ Group # _____ Policy # _____

Phone _____ Covered individual name _____

Health History: *(Use back of page for additional information if needed)*

Cancer diagnosis: _____ Medications: _____

Type of Medication storage needed: _____

Date of Last Tetanus Shot: _____ Date of Last Physical Exam: _____

Recent Exposure to Contagious Disease: *(What disease\when)* _____

Restricted activities: _____ None: _____

Additional information or concerns: _____

RIVER DISCOVERY

MEDICAL EVALUATION

To be completed by your Licensed Healthcare Practitioner

If the participant has had a medical evaluation within the prior 12 months by a licensed health care practitioner, you may attach a copy in lieu of this medical evaluation. The evaluation must include the practitioner’s signature and date. A recent examination within the past 6 months is required of any participant who is currently under medical care, requires a medically prescribed diet, has had an injury or illness during the past 6 months that limited activity for a week or more, has ever lost consciousness during physical activity, or has suffered a concussion from head injury.

Name _____ DOB ____/____/____ Age _____

NOTE TO LICENSED HEALTH CARE PRACTITIONERS: The person being evaluated will be attending one week of an adventure program that includes whitewater rafting, camping and participating in strenuous activities such as hiking and vigorous group games. Please review the health history with the participant for any interim changes. Explain any “abnormal” evaluations.

PHYSICAL EXAMINATION: (to be completed by a licensed health-care practitioner)

Height _____ Weight _____ BP _____ / _____ Pulse _____

Oncology Diagnosis: _____ Date: _____

Other Medical Conditions/Diagnosis: _____

Medication: _____ Dose: _____

Route: _____ Frequency: _____

VISION: Normal _____ Glasses _____ Contacts _____

HEARING: Normal _____ Abnormal _____ Explain _____

URINALYSIS: (when indicated) Albumin _____ Sugar _____

Check Box:	Norm	Abn		Norm	Abn		Norm	Abn
Growth development	<input type="checkbox"/>	<input type="checkbox"/>	Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/>	<input type="checkbox"/>
Skin	<input type="checkbox"/>	<input type="checkbox"/>	Cardiopulmonary	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Neurobehavioral	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	Integument	<input type="checkbox"/>	<input type="checkbox"/>

Explain any abnormal finding: _____

Approved for all activities? (hiking, camping, whitewater rafting, and vigorous sports) Yes ___ No ___ (list below)

Allergies: _____

Diet restrictions _____

Healthcare Professional Name (print) _____ Phone _____

Signature _____ M.D./D.O./N.P/PA-C Date _____

Address _____

City, State, Zip _____

Fax evaluation to (208) 756-3708

Medical Evaluation page 1 of 2

RIVER DISCOVERY

MEDICAL EVALUATION *(continued)*

To be completed by your Licensed Healthcare Practitioner

Record of findings, diagnoses, treatment, instructions or dispositions since evaluation:

Date/Place	Action	By

Fax evaluation to (208) 756-3708

Medical Evaluation page 2 of 2

RIVER DISCOVERY



To be completed by your Licensed Healthcare Practitioner

Medical Release for Angel Flight program Flight

Your patient, _____, has requested assistance with transportation for his/her medical needs. In order for this to occur, please print your name and sign the following to confirm that this patient may safely fly in a small non-pressurized aircraft. If you have any questions, please call us at: (310) 390-2958. Thanks for your cooperation in assisting this patient.

_____, is medically stable and able to fly in a non-pressurized small aircraft.

In addition, I confirm that the patient does not have any medical/psychiatric conditions that could affect the safety of the flight.

Such conditions could be (but are not limited to): seizures, psychiatric conditions, and/or conditions that require the use of medical equipment in flight.

The cabin of a small aircraft can be smaller than the inside of a vehicle. Please be sure that any condition would not interfere with the ability of the pilot to fly the aircraft. This would include physical interference, or the emotional interference that something such as a seizure could cause.

Print Physician Name: _____

Physician Signature: _____

Physician Phone #: _____ **Fax:** _____

Date: _____

FAX OR MAIL TO: River Discovery
Fax: (208) 756-3708
P.O. Box 712, Salmon, ID 83467

Angel Flight West
Phone: (310) 390-2958 www.angelflightwest.org

Please do not fax this directly to Angel Flight! Please return to your patient or to the program facility requesting this document. They will return all participant's releases at one time to us.

RIVER DISCOVERY

Consent for Emergency Medical Treatment

Please attach a copy of your insurance card.

Child's full name: _____ Telephone: (____) _____

Date of Birth: _____ Male _____ Female

In presenting my child for diagnosis and treatment I _____,
_____ mother _____ father _____ legal guardian

as the parent/legal guardian of the above named child, give full authorization to the River Discovery staff or agents to secure medical care or treatment for said youth. This treatment may include assistance from the nearest physician, medical clinic, hospital, trained nurse or EMT in the event of illness or injury that requires immediate attention, as determined by the River Discovery staff. In the event that I cannot be contacted, and an emergency has occurred, I give permission to the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child.

My child has the following health issues and/or problems:

My child takes the following prescription and/or non-prescription medications:

My child has the following allergies (including food, medication and all other allergies):

My child does not have health insurance coverage: _____ (please initial)

Name of health insurance carrier: _____

Address: _____ City: _____ State: _____

Zip code: _____ Telephone: (____) _____

Name of policy holder: _____

Policy number: _____ Group number: _____

Parent/guardian printed name

Parent/guardian signature

Date

RIVER DISCOVERY

Permission to Treat and Administer Medications

Child's name: _____

Age: _____ Date of birth: _____

The undersigned hereby grants permission to the medical staff or consulting physicians with the River Discovery Teen Adventure Program to provide routine health care; to administer medications; to order x-rays and other diagnostic tests; treatment and to release any records necessary for insurance purposes.

Medications to be Administered at River Discovery

Medication and strength:	Route:	Dose:	Time:	Special instructions:

List allergies and reactions:

- Medication must be in its **original container with appropriate label intact.**
- Medication will be stored by our medical staff.
- Parent/guardian must sign this form granting permission to administer medication.

The medical staff or consulting physicians with the River Discovery Teen Adventure Program has my permission to administer the above medication(s) to my child as prescribed. I also give my permission for the prescribing physician/dentist to be contacted, if necessary, regarding the medication(s) or health concerns.

I also hereby give permission for River Discovery to administer over-the-counter medications if deemed necessary by the medical staff. Dosages will be administered according to directions on the bottle unless a physician or nurse directs otherwise.

River Discovery will also have the prescription medication epinephrine available to be administered for life-threatening allergic reactions.

Signature of parent/guardian

Date

Daytime telephone number

RIVER DISCOVERY

Additional Information

Does your child experience challenges:

In a group? _____ Following instructions? _____ Paying attention? _____

What helps your child when faced with these kinds of challenges?

Is there anything else we should know about your child that will help him/her adjust?

Please describe any personality issues and/or parental concerns. Include any recommendations:

Transportation to/from River Discovery

Child's name: _____ Age during camp: _____

My child will arrive in Salmon via:

____ Personal vehicle
____ Angel Flight Home Airport _____

Special Needs on flight: _____
____ Other Details _____

My child will be departing from McCall via:

____ Personal vehicle
Name of driver: _____

____ Angel Flight
____ Other Details _____

Your child will be released only to one of the individuals listed below, upon proof of identity (i.e., valid driver's license or government issued picture identification). This includes parent(s) and/or guardian(s).

Name Telephone

Name Telephone

Parent/legal guardian signature Date

RIVER DISCOVERY

Consents and Release

I hereby request and consent that my child or ward named below be permitted to travel to and from and participate in the River Discovery Teen Adventure Program on the dates of July 7 through July 13, 2010.

Child's full name: _____ Phone: (____) _____

Media Consent

I give River Discovery, Inc. and Wilderness River Outfitters permission for the above named child to appear in photographs, pictures and visual and audio tapes for TV, radio, print media, newsletter, brochure, press release, program album or website resulting from attending the Teen Adventure Program.

Consent for Roster

I give _____ do not give _____ River Discovery, Inc. permission to publish the contact information for the child named above in a roster that will be released to all campers and volunteers at the Teen Adventure Program.

Release of Liability

I agree to and understand the following: my child or ward may be accompanied and transported by River Discovery, Inc. (River Discovery) and/or officials sponsoring the Teen Adventure Program to and from activities. I agree and acknowledge, however, that neither River Discovery, nor its program officers, trustees, board members, employees and volunteers assume any liability whatsoever by such accompaniment or transportation.

I agree that neither River Discovery, nor its employees, agents, or volunteers associated with the River Discovery Teen Adventure Program activities shall be held responsible for any injuries or damages that occur while my child is traveling to or from such River Discovery Teen Adventure Program activities or during the time my child is in attendance at or is participating in the River Discovery Teen Adventure Program activities. I do hereby hold harmless River Discovery, its program officers, trustees, board members, employees, and volunteers against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's travel to and from, attendance at or participation in the River Discovery Teen Adventure Program.

I hereby authorize any River Discovery program officers, trustees, board members, employees or volunteers to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no River Discovery program officer, trustees, board member, employee or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I also authorize the treating medical institution and/or medical providers to hospitalize and administer the appropriate treatment deemed medically necessary for my child. I do hereby agree to indemnify and hold harmless River Discovery and any program Discovery program officer, trustees, board member, employee or volunteer from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorneys' fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Parent/guardian printed name

Parent/guardian signature:

Date

RIVER DISCOVERY

Gear List

What is included?

- All camping equipment: tents, sleeping bags, sleeping pads, ground cloth
- Coast Guard approved life jackets
- 2 Waterproof river bags (*One for sleeping bag, pad and ground cloth and one for clothing*)
- Small waterproof day bag (*for items you would like accessible during the day - dry shirt, sunscreen, etc.*)

Please NO....

- Ipods, Zunes or MP3 players
- Stereos
- Radios
- Cell phones, Blackberries
- Watches

You should bring....

- Good quality rain jacket and rain pants (*avoid cheap plastic, vinyl or poncho style*)
- Lightweight shirts (*one long sleeved for sun protection*)
- 1 pair of long pants
- Long underwear...synthetic, no cotton!
- Shorts...lighter material dries fast, good to wear over swimsuit
- Swimsuit...nylon is best because it dries fast.
- Cap & warm wool or synthetic hat & bandanas ...a must for everyone. In case of wind, attach with clip or a shoe string.
- Warm jacket...some evenings are cool. Synthetic piles are popular because they are warm even when damp.
- Socks, 3-4 pair...one heavy (wool) for hiking.
- Thin liner socks...nylon or synthetic, no cotton for hiking
- Running shoes or heavy walking shoes...2 pairs recommended-one to wear on the river (wet) and one dry.
- River sandals or aqua socks (*no Crocs!!*)
- Sunglasses, ties for glasses, *an extra pair of prescription glasses even if you wear contacts*
- Sunscreen ... Sun block of maximum strength and moisturizing lotion.
- Small day pack or fanny pack... Nice for side excursions.
- 1 liter water bottle
- Pocket knife
- Chapstick
- Biodegradable soap (if possible), towel and shampoo
- Insect repellent
- Flashlight...small one works fine. Headlamps work great.
- Toothbrush and toothpaste

Optional items to bring.....

- Fishing license
- Fishing gear
- Camera and film...bring more than you think you will need, just in case.
- Small pillow

Wilderness River Outfitters provides a Major First Aid Kit, however we do recommend you bring your own preferred personal medications and accessories: Advil, Tylenol, Aspirin, Band-Aids and cold medicine.

WILDERNESS RIVER OUTFITTERS
PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Wilderness River Outfitters & Trail Expeditions, 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 "WRO&TE"), I hereby agree to release, indemnify, and discharge WRO&TE, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as river trips and fishing, rock climbing, mountain biking, hiking, camping, backpacking, backcountry skiing and horseback pack trips 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. Furthermore, WRO&TE 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, the elements, or the terrain. They may give inadequate 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 WRO&TE 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 WRO&TE's equipment or facilities, **including any such claims which allege negligent acts or omissions of WRO&TE.**
4. Should WRO&TE 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 WRO&TE, I agree to do so solely in the state of Idaho, 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 WRO&TE 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
(Must be completed for participants under the age of 18)

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

Please read, sign and return this form to River Discovery and Wilderness River Outfitters – Thank you!



Dear Camper and Family,

We are pleased to be able to arrange air transportation to your camp. In order to make your trip a success, we would like you to be aware of the following things.

Angel Flight West arranges transportation in small private aircraft. While most of our flights are able to take off as scheduled, occasionally weather or some other issue may postpone a trip. We will do everything possible to assist in transporting the camper as soon as weather permits. It is wise to have a back-up plan in place.

Please notify us immediately of any changes in your camper's information. This should include contact phone numbers, airport changes, cancellations (in either direction), medical information etc. This will prevent any last minute problems from occurring.

Good communication is imperative to allow for smooth coordination of your trip. Please keep us informed and reply to all communications from camp, our office or the pilot.

If you have an e-mail address, please send us an e-mail with the subject line reading: "program Name" (name of your camp) – Camper Name (your camper's name) to: coordination@angelflightwest.org This will truly make communication easier. If you have already provided us with one, please do not send a new e-mail, unless you have a new e-mail address.

Please be prompt in dropping your camper off at the designated airport and at picking them up on the return date. Angel Flight pilots are volunteers and may have other activities scheduled, therefore we like to eliminate any unnecessary delays.

Due to the constraints of a small aircraft, it is **IMPERATIVE** that the camper keeps their luggage to **NO MORE THAN 40 LBS. OF SOFT SIDED LUGGAGE + 1 SLEEPING BAG**. Large hard sided suitcases often times will not fit in a small plane. Therefore, please use 2 smaller bags as opposed to one large one. Campers not following these guidelines may have to leave luggage behind. In addition, please remember that the pilot taking your child TO program may be able to accommodate a larger bag, but it is quite possible that they will be returning in a smaller plane that can not accommodate the larger bag. Your cooperation on this issue is greatly appreciated.

Please feel free to contact our office at 888 426-2643 during regular business hours if you have any questions or concerns. If a cancellation or other urgent matter occurs during the evening or on a weekend, please contact us at 800 413-1360. It is our hope that this airplane ride will be just be one great addition to your camper's experience. Please let us know if there is anything we can do to help.

Sincerely,

Cheri Cimmarrusti
Director of Mission Operations
Angel Flight West



WAIVER OF LIABILITY
BY SIGNING THIS WAIVER, YOU ARE GIVING UP ANY RIGHTS YOU MIGHT OTHERWISE HAVE TO SUE THE PILOT, MISSION ASSISTANT OR ANGEL FLIGHT WEST IN THE EVENT OF AN ACCIDENT

Name of Camp:

1. Angel Flight West, a non-commercial, non-profit, volunteer public service organization, has arranged for me,

_____ and _____
Camper #1 Camper #2

to be provided with nonessential, non-emergency air transportation and if necessary, local ground transportation (collectively, “Angel Flight Transportation”) by the Angel Flight West volunteer members named hereafter, free of charge, for my convenience in obtaining medical treatment or for such other purpose as has been determined appropriate for the receipt of Angel Flight Transportation:

_____ and _____ (collectively, “Pilot”).
Pilot-in-Command Mission Assistant

2. I understand that Pilot is not employed or controlled by Angel Flight West, but rather is a volunteer member of Angel Flight West who has agreed to donate an aircraft (“AIRCRAFT”) and his/her piloting services for Angel Flight Transportation. Although Angel Flight West is deeply concerned about the safety of passengers receiving Angel Flight Transportation, Angel Flight West has no practical means of directly assessing and monitoring the competence, proficiency or safety of member pilots or the safety of their aircraft. In an effort to optimize safety, Angel Flight West has a system of ensuring, to the extent feasible, that each member pilot meets basic minimum experience standards, and holds the appropriate Federal Aviation Administration licenses for a given flight and aircraft. Angel Flight West relies on the Federal Aviation Regulations, a pilot’s devotion to complying with those regulations, and each pilot’s affirmation to Angel Flight West that he or she will observe specified precautions on all missions, to achieve safety.

3. I understand that Angel Flight West is a charitable organization and that Pilot is donating the Angel Flight Transportation without any financial reimbursement for that service or for the expenses of agreeing to provide Angel Flight Transportation. As such, Pilot, Angel Flight West, and those persons acting on Angel Flight West’s behalf, including mission coordinators, referring agencies, board members, and all others associated with Angel Flight West who have assisted in arranging Angel Flight Transportation (“RELEASEES”) are relying upon the signing of this Waiver and Release in return for their providing charitable services. I also acknowledge that there exist other means of transportation available to me, including commercial air transportation and ground transportation, and that I choose to receive Angel Flight Transportation for its convenience and/or cost savings relative to other means.

4. **WAIVER AND RELEASE:**

In consideration for receiving Angel Flight Transportation free of charge, I agree that neither I nor my assignees, heirs, distributees, executors, guardians or legal representatives (“RELEASORS”) will make a claim or assert any causes of action (known or unknown) against, or sue, RELEASEES for death, bodily injury, property damage or any other liability of any sort (“HARM”) arising from the Angel Flight Transportation, including but not limited to HARM resulting from the active or passive negligence, including gross negligence, or other acts or omissions of RELEASEES. I hereby WAIVE, and RELEASE RELEASEES from liability for, all such claims, causes of action and suits which RELEASORS or any of them now have or may hereafter have. This Waiver and Release includes, without limitation, HARM which results from (a) my being in the AIRCRAFT, which could itself cause injury; (b) improper maintenance of or defects in the AIRCRAFT, whether hidden, latent or obvious, which could cause an accident; (c) negligent or grossly negligent piloting or other operation of the AIRCRAFT, which could cause an accident; and (d) my slipping, falling or otherwise becoming injured on and about the AIRCRAFT. **THIS MEANS THAT, EXCEPT AS EXPRESSLY PERMITTED BELOW, NEITHER I NOR MY HEIRS OR ESTATE MAY CLAIM AGAINST RELEASEES ANY DAMAGES ARISING OUT OF ANGEL FLIGHT WEST TRANSPORTATION.**

5. **Recurring Nature of Waiver and Release:** This Waiver and Release may be used, and is deemed valid, as to all Angel Flight Transportation on which the undersigned, or the minor(s)/mentally incompetent(s) on whose behalf this Waiver and Release is being signed, is a passenger or mission assistant.

6. I understand it is my sole responsibility to purchase any flight or accident insurance should I desire to be insured on this flight.

7. In the event any portion of this contract is held invalid, the remaining portions shall remain in full force and effect.

DO NOT SIGN THIS WAIVER AND RELEASE BEFORE YOU HAVE CAREFULLY READ IT AND UNDERSTAND THAT IT IS A RELEASE OF LEGAL LIABILITY. IT IS A LEGALLY BINDING CONTRACT BY WHICH YOU AND YOUR HEIRS WILL BE BOUND, PREVENTING YOU AND YOUR HEIRS FROM BRINGING ANY LEGAL ACTION TO ASSERT A CLAIM AGAINST PILOT, ANGEL FLIGHT WEST OR ANY RELEASEES FOR THEIR NEGLIGENCE EXCEPT TO THE LIMITED EXTENT PERMITTED HEREIN.

KNOWING AND VOLUNTARY EXECUTION: I HAVE CAREFULLY READ AND UNDERSTAND THIS WAIVER AND RELEASE, AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

Camper #1 _____ Dated: _____

Printed Name: _____

Camper #2 _____ Dated: _____

Printed Name: _____

Mission Assistant: _____ Dated: _____

Printed Name: _____

Parent/Guardian Permission, Waiver and Release, and Certification of Entitlement to Transport Child Across State Lines: I certify that I am the above child's or mentally incompetent's parent or legal guardian. As such, I have carefully read and understand this document in its entirety and, on behalf of myself and the child or legally incompetent individual to be transported, and in consideration for receiving Angel Flight Transportation free of charge, I hereby (a) give the child or mentally incompetent permission to undergo Angel Flight Transportation; (b) WAIVE and RELEASE all claims, causes of action and suits against RELEASEES for HARM arising from Angel Flight Transportation; and (c) certify that I am legally entitled to take the child across a state line for the purpose to be achieved by the Angel Flight Transportation.

Parent/Legal Guardian _____ Dated: _____

Printed Name: _____

PHOTO RELEASE

I understand that in order to continue providing its free community service, Angel Flight West relies upon contributions which are in part solicited through publicity. In order to contribute to its efforts, I grant Angel Flight West permission to take and use my/my child's photograph for promotional, public relations and related uses.

Passenger #1 (initial) _____ Passenger #2 (initial) _____

Please sign this and return to your program organizer. program organizers will return all signed waivers directly to the Angel Flight West office.

Revised: 8/29/2007

2010 Teen Pre-Program Survey

Why do you want to attend River Discovery's river adventure program?

What do you expect to learn from the experience?

What physical changes if any from treatment/surgery do you experience/find hard?

What have you learned from your experience with cancer? How would you apply those lessons to other places in your life?

How do you see yourself one year from now?

2010 Teen Pre-Program Survey

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you exercise/play sports:

Daily				
Weekly				
Monthly				

What kind of exercise/sports do you do? How long do you spend each time?

Are you on any teams? Which ones?

How much time per day (*minutes or hours*) do you spend at:

Computer _____ Texting _____ TV _____ Reading _____
 Video Games _____ Exercising _____ Other _____

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
-----------------------	--------------	----------------------------------	-----------------	--------------------------

Rate any physical symptoms from cancer you still experience:

Fatigue				
Nausea				
Pain				
Diarrhea				

What helps?

What are your favorite non-junk foods?

What are your favorite junk foods?

Do you eat your favorite non-junk foods:

Daily				
Weekly				
Monthly				

Do you eat your favorite junk foods:

Daily				
Weekly				
Monthly				

2010 Teen Pre-Program Survey

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you drink pop/soda:

Daily

Weekly

Monthly

Do you eat fruit:

Daily

Weekly

Monthly

Do you eat organic fruit?

Do you eat non-organic fruit?

Do you eat fresh fruit?

Do you eat canned fruit?

Do you eat vegetables:

Daily

Weekly

Monthly

Do you eat organic vegetables?

Do you eat non-organic vegetables?

Do you eat fresh vegetables?

Do you eat canned vegetables?

Do you/your parents read food labels?

How often do you eat a meal cooked from scratch?

Daily

Weekly

Monthly

What do you consider a healthy dinner?

Do you feel comfortable in a group?

Are you comfortable in a group of people you do not know?

Do you like yourself?

When you try something new are you:

Quiet

Take Charge

Comfortable

Nervous

Scared

Excited

2010 Teen Pre-Program Survey

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
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Do you feel confident when you are with/doing/at:

Friends					
Playing sports					
School					
Strangers					
New situations					
New people					

When you think about your life after cancer, do you feel:

Hopeful					
Worried					
Excited					
Frustrated					
Excited					
Scared					
Hopeless					

Other (*explain*):

Do you ever feel:

Scared					
Frustrated					
Numb					
Down					
Angry					
Sad					
Hopeless					

What helps when you feel that way?

Do you qualify for free or reduced lunch at school? Yes _____ No _____