



Hello!

We hope that you are as excited as we are here at River Discovery to have you attend the Adult 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
- Personal information and emergency contact page completed and signed (p.2)
- Medical questionnaire completed and signed (p.3-4)
- Medical Evaluation Form completed and signed by appropriate medical personnel (p.5-6) (*this form is required for all participants who have been diagnosed with cancer*)
- Angel Flight medical form completed and signed by appropriate medical personnel (p.7)
- Consent for Emergency Medical Care Form completed and signed (p.8)
- Transportation section filled out completely (p.8)
- Consent and Release section filled out completely (p.9)
- Wilderness River Outfitters Release section filled out completely (p.11)
- Angel Flight Release section filled out completely (p.13-14)
- Completed and signed pre-program survey (p.15-18)
- Check made out to Camp Discovery Idaho for \$50 application fee (*no program fee for cancer survivors!*)

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 September!

A handwritten signature in cursive script that reads "Mary Wright".

Executive Director  
River Discovery

RIVER DISCOVERY

**Adult Adventure Application Form**

*Please return with your \$50 application fee to:*

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

*Each participant completes an entire packet*

**Personal Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Diagnosis (if applicable): \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Spouse /caregiver /survivor attending with you: \_\_\_\_\_

How did you hear about Program Discovery? \_\_\_\_\_

**T-Shirt Size:** S M L XL XXL

**Spouse / Parent Contact Information** *(in the event we can not get in touch with you)*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

***River Discovery does not tolerate:***

- ***Marijuana***
- ***Drugs (unless prescribed by your physician and listed on this application)***
- ***Alcohol use by anyone under 21***

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

*River Discovery's Adventure programs are provided cost-free to cancer survivors. The cost per participant is over \$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 trip I am about to take if I have any further questions or concerns. I acknowledge that I have the responsibility to select a program appropriate to my abilities and interest, and I agree that I am responsible for being in sufficient good health to undertake the trip. I acknowledge that I am responsible for studying all pre-departure information and bringing the appropriate clothing and equipment as advised therein. If I have any medical problems that may impede my participation in this trip or increase the risk of my participation, I have consulted my 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.*

***PLEASE CONSULT YOUR PHYSICIAN for any physical or medical conditions which may affect your participation before attending this program!***

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 you 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: \_\_\_\_\_

Restricted activities: \_\_\_\_\_ None: \_\_\_\_\_

Additional information or concerns: \_\_\_\_\_



RIVER DISCOVERY

MEDICAL EVALUATION

To be completed by a Licensed Healthcare Practitioner

Required for each participant diagnosed with cancer

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 a whitewater adventure program for a week that includes hiking, rafting, camping and vigorous group activities. 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: \_\_\_\_\_

Other Medical Conditions/Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Hemophilia Factor Emergency Dose: \_\_\_\_\_

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, water activities, 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)*

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*



*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](http://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.

Participant's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female

In presenting myself for diagnosis and treatment, I \_\_\_\_\_, give full authorization to the River Discovery staff or agents to secure medical care or treatment for me. 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 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 me.

I have the following health issues and/or problems:

I take the following prescription and/or non-prescription medications:

I have the following allergies (including food, medication and all other allergies):

I do 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: \_\_\_\_\_

\_\_\_\_\_  
Participant's printed name

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

Transportation to/from River Discovery

I will arrive in Salmon on September 1st via:

\_\_\_\_ Personal vehicle

\_\_\_\_ Angel Flight Home Airport \_\_\_\_\_

Special Needs on flight: \_\_\_\_\_

\_\_\_\_ Other Details \_\_\_\_\_

At the end of the program, all participants will be flown from Mackay Bar Ranch to Boise.

# RIVER DISCOVERY

## Consents and Release

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Media Consent

I give River Discovery, Inc. and Wilderness River Outfitters permission to use any media including my image or voice 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 Adult Adventure Program.

### Consent for Roster

I give \_\_\_\_\_ do not give \_\_\_\_\_ River Discovery, Inc. permission to publish my contact information in a roster that will be released to all participants and volunteers at the Adult Adventure Program.

### Release of Liability

I agree to and understand the following: I will be accompanied and transported by River Discovery, Inc. ( River Discovery ) and/or officials sponsoring the Adult 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 Adult Adventure Program activities shall be held responsible for any injuries or damages that occur while I travel to or from such River Discovery Adult Adventure Program activities or during the time I am in attendance at or participating in the River Discovery Adult 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 my travel to and from, attendance at or participation in the River Discovery Adult 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 my health and safety. 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 me. 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.

\_\_\_\_\_  
Participant printed name

\_\_\_\_\_  
Participant 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, satellite phones
- 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 is much better than 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, not 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 (these are optional)
- 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 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 – 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](mailto: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 Adult 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 Adult Pre-Program Survey

<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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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 \_\_\_\_\_

<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
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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 Adult 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 spouse 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 Adult Pre-Program Survey

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

Friends				
Playing sports				
Work				
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 live with your parents?    Yes \_\_\_\_\_    No \_\_\_\_\_
- Do you live with a:
- roommate    Yes \_\_\_\_\_    No \_\_\_\_\_
- spouse    Yes \_\_\_\_\_    No \_\_\_\_\_
- neither    Yes \_\_\_\_\_    No \_\_\_\_\_
- Do you support yourself?    Yes \_\_\_\_\_    No \_\_\_\_\_
- Do you work full-time?    Yes \_\_\_\_\_    No \_\_\_\_\_
- Do you work part-time?    Yes \_\_\_\_\_    No \_\_\_\_\_
- Are you a full-time student?    Yes \_\_\_\_\_    No \_\_\_\_\_
- Are you on disability?    Yes \_\_\_\_\_    No \_\_\_\_\_