



Dear 9th grade families,

Can you believe it is time to start preparing for our Spring Into The Woods adventures? I am excited to send information about the 9th grade camping trip to the **Nantahala Outdoor Center** in Bryson City, NC on **April 10-12, 2024**. Participants will experience a high adventure camping trip including **Whitewater Rafting** on the Nantahala River, a **Zipline Park**, and a **Team Building Adventure** class. **The trip includes lodging in raised platform tents, classes taught by professional instructors, and 5 meals.**

If you wish for your student to participate, please complete the attached permission/health forms and return it to the school no later than **February 15, 2024**.

*The trip is paid for by your student's Adventure Fees. If you paid the initial \$50 Fall fee, your remaining balance is \$200. **The remaining balance is due no later than February 15, 2024.** If you have any questions as to the amount you owe, please contact Mr. Chris at [chriss@pioneersprings.org](mailto:chriss@pioneersprings.org)*

Chaperones needed!

We will need a few chaperones for this trip as we will be carpooling to the camp. Parent chaperones will be asked to have 3 to 4 students carpool with them. Although I wish everyone could chaperone these events, it is not possible. Applications of volunteers not selected will be saved to use in the event a chaperone can no longer attend or doesn't meet the requirements.

**If you wish to be considered as a chaperone, please complete the attached chaperone application and return by February 15, 2024.**

- **All selected chaperones must complete volunteer training. Parent chaperones must pass a background check.**
- **All chaperones need to bring a copy of their insurance and driver's license to the office by March 1, 2022.**
- **The \$150 parent chaperone fee is due by April 1, 2024**
- **We will have a Chaperone Orientation prior to the camping trip (date to be announced).**

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Simeral", written over a white background.

Chris Simeral  
Dean of CTE & Nature Education

## PSCS Spring Into The Woods Health History Form

The following information must be filled out by a parent/guardian/adult camper. The information is required by PSCS in order to provide appropriate care at camp. Keep a copy of the completed form for your records. Any changes to this form should be provided to school personnel prior to arrival at camp. Please provide complete information.

Dates Attending: \_\_\_\_\_

Return to PSCS at least 2 weeks prior to the beginning of Spring Into The Woods.

Camper's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Custodial Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address:  Same as Above (or) \_\_\_\_\_

Second Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**Allergies:**  No known allergies  This camper is allergic to:  Food  Medicine  The environment (insect stings, hay fever, etc.)  Other

**For each Allergy, please indicate what the camper is allergic to, the reaction seen, and action to take in the event allergen is accidentally consumed.**

**Diet & Nutrition:**  This camper eats a regular diet.  This camper eats a regular vegetarian diet.  This camper eats a vegan diet.  This camper has special food needs (Please describe below)

**Restrictions**  I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.  I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations. (Please describe below)

**Insurance Information:** Is participant covered by family medical/hospital insurance?  Yes  No

If so, indicate carrier or plan number \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_

Name of Insured \_\_\_\_\_ Relationship to participant \_\_\_\_\_

**Health-Care Providers:**

Primary Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of orthodontist: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

The following non-prescription medications are commonly stocked in camp infirmaries and are used on an as needed basis to manage illness and injury. **Cross out those items the camper should not be given.**

Acetaminophen (Tylenol)

Calamine Lotion

Ibuprofen (Advil, Motrin)

Bismuth subsalicylate (Pepto-Bismol)

Chlorpheniramine maleate (Antihistamine)

Hydrocortisone 1% cream

Dextromethorphan (Cough Suppressant)

Topical antibiotic cream

Diphenhydramine (Benadryl)

Generic cough drops

**General Questions (Explain yes answers below)**

Has/does the participant:	Y	N	Has/does the participant:	Y	N
Have a chronic or recurring illness/condition?			Ever had problems with joints (knees, ankles)?		
Have frequent headaches?			Have diabetes?		
Ever had a head injury?			Have any skin problems (itching, rash)?		
Ever been knocked unconscious?			Have asthma?		
Ever had high blood pressure?			Had mononucleosis in the past 12 months?		
Had any recent injury, illness or infectious disease?			Will your child need any prescription medications at camp?		
Ever had seizures?			Had any recent surgery?		
Ever had chest pain after exercise?			Had an anaphylactic reaction?		
Ever had back problems?			Ever had ear infections?		

Please explain any "yes" answers, noting the number of question(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Permission to Provide Necessary Treatment for Emergency Care:** I hereby give my permission to the PSCS staff or any competent medical authority to provide, seek, and consent to routine health care, administration of medications, and emergency treatment for me/my child as may be necessary, including but not limited to x rays, routine tests and treatment and/or hospitalization. The health history is correct and complete as far as I know, and the person herein described has permission to engage in all camp activities except as noted.

Signature of parent or guardian of camper \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<i>For NOC use only</i>	
Activity Date:	Rsv Party Name:
Activity Time:	Rsv #:
Activity Type:	# in Party:

**RELEASE OF LIABILITY/LIABILITY WAIVER FORM**

FULL LEGAL NAME of PARTICIPANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRINT Full Name of Emergency Contact: \_\_\_\_\_

Relationship of emergency contact: \_\_\_\_\_ Phone(s) of Contact Person: \_\_\_\_\_

Activity Participation Acknowledgement

I, \_\_\_\_\_, the adult participant ("Participant") and/or parent/guardian on behalf of a minor participant, if any,

\_\_\_\_\_, ("Minor Participant"), hereby acknowledge that I am participating in an activity for which **Nantahala Outdoor Center, LLC, a Georgia limited liability company or one of its subsidiaries** (individually and collectively, "NOC") is furnishing equipment or services and which requires physical exercise, including, without limitation, rafting, kayaking, swimming, stand-up paddle boarding, rock climbing, hiking, rappelling, zip-lining, ropes course navigating, or cycling (the "Activity"). I hereby acknowledge and accept that the Activity and undertakings associated therewith, may be physically and emotionally challenging, and that my participation in the Activity may involve physical contact with others, use of and proximity to equipment and other dangerous apparatus, and exposure to risk of accident, injury, death, damage to personal property and/or mental distress. I acknowledge and agree that the Activity may involve certain inherent risks associated with the location, nature, and terrain, including, but not limited to, forces of nature, including high winds, lightning, and rapid weather changes; adverse weather; changing visibility; falls from significant heights; the hazards of being struck by the equipment; unexpected equipment failures; slips and falls; the risk of exposure to insects and encounters with wildlife; drowning; strong current; the negligence of participants, or other persons who may be present; travel over extreme mountainous or alpine terrain; travel on highways and back-country roads; transportation in vehicles; exposure to and contracting communicable diseases and viruses, and illnesses; becoming lost or separated from other NOC employees, organizers, guides, instructors, or other participants; accidents or illnesses occurring in remote places without medical facilities; failing to act safely or within one's own ability; Participant(s) own physical condition; and the physical exertion associated with this Activity, and I expressly acknowledge that I am participating in the Activity at my own risk. I also agree to abide by any decision of any NOC employees, organizers, volunteers, directors, representatives, agents, and officers (collectively, the "NOC Parties") regarding my ability to safely participate in the Activity. I further acknowledge and agree that my participating in any Activity may be terminated immediately if any of the NOC Parties believe, in their sole discretion that I am unable to safely complete the Activity for any reason or that I am under the influence of alcohol or drugs. By participating in the Activity and executing this Release of Liability, I represent that I am in good health and physical condition and do not suffer from any disability which would prevent my safe participation in the Activity.

Release, Waiver of Liability, and Indemnity Provisions

In consideration of my participation in the Activity, I, Participant and/or parent/guardian of Minor Participant, agree on behalf of myself, my heirs, executors, administrators, and personal representatives and those of Minor Participant ("Releasing Parties") to hereby irrevocably, unconditionally, and forever release, acquit, discharge, hold harmless, and indemnify (i.e., defend and pay any judgment and costs, including attorneys' fees and related expenses) the NOC Parties, as well as, where applicable, the Tennessee Valley Authority, Ocoee River Outfitters Association, the state of Tennessee, the U.S. Forest Service, the City of Roswell, GA, the United States of America and any other governmental agency, whether federal or state, or other entities who may have an interest in any river, lake, or other real property or waterway on which the Activity takes place, along with any and all directors, officers, trustees, members, managers, staff, employees, volunteers, agents, personal representatives, heirs, attorneys, successors and assigns thereof, including all affiliated entities or subsidiaries, and all other persons and entities connected with such entities, whether herein named or not ("Released Parties") from any and all charges, actions, complaints, causes of action, claims, liabilities, obligations, promises, controversies, damages, suits, proceedings, expenses, attorney fees, and demands of any kind or nature whatsoever, known or unknown, suspected or unsuspected, whether arising out of contract, tort, strict liability, or otherwise, whether currently existing or arising, occurring or accruing in the future, based upon, arising out of, related to, or connected in any way to the Activity.

I further acknowledge and agree that the Released Parties shall have no liability or obligation to Releasing Parties with respect to, arising from, related to, or in connection with Releasing Parties participation in the Activity. I represent and warrant that I am eighteen (18) years of age or older, or if a Minor Participant, have obtained my parent or guardian's written consent to participate in the Activity and execute this Agreement, am under no legal incapacity to execute this Agreement and intend to be bound by its terms, and that I have read this Agreement and fully understand the terms and provisions hereof (including, without limitation, that this is a release of liability and indemnity agreement), and that I intend to be bound by this Agreement. I agree that, notwithstanding the principles of conflicts of law, the internal laws of the State of Georgia shall govern and control the validity, interpretation, performance, and enforcement of this Agreement, and I further expressly agree that the foregoing Agreement is intended to be as broad and inclusive as is permitted by applicable law and that if any portion hereof is held void or unenforceable, it is agreed that, notwithstanding any such invalidity, the remainder of this Agreement shall continue in full legal force and effect.

Media Release

I, Participant and/or parent/guardian of Minor Participant, agree on behalf of myself or on behalf of Minor Participant, to hereby irrevocably give NOC and its respective licensees, agents, affiliates, successors, and assigns and/or others working on its behalf my permission and grant to NOC the right, to film, record, and photograph me and/or Minor Participant according to the terms and conditions set forth in this Agreement. I hereby grant and license to NOC a perpetual, worldwide, irrevocable, non-exclusive, freely assignable with the right to sublicense (by NOC), royalty-free, and paid-up right to use, reproduce, duplicate, integrate, publish, exhibit, sell, or sublicense, (collectively, "Use") my and/or Minor Participant's image, portrait, picture, likeness, voice, statements (including extractions thereof), and/or performance, (as applicable), including any derivatives, modifications, alterations, or edits thereto (collectively, Participant's or Minor Participant's "Likeness") and all materials created by or on behalf of NOC that incorporate any of the foregoing (the "Materials"), including video, photographs, negatives, positives, prints, digital reproductions, audio recordings, or other manifestations thereof and on, or in connection with any media, including the Internet, NOC's, or other relevant websites, social media sites, blogs, and any and all digital and new media along with any activating or subscription-based technical components or features provided thereon, whether now existing or hereinafter developed. NOC's use of the Materials shall be solely for the purpose of advertising and promoting NOC and any of its outdoor recreation and associated services and without any additional notice to, consent by, approval by, or compensation to me or Minor Participant.

I agree that all right, title, and interest in and to the Materials are exclusively owned by NOC, including all copyrights and other intellectual property rights therein, and I hereby release any rights, title, or interest I may have to, or in connection with the Materials. I agree that the results of my or Minor Participant's participation in connection with the Materials will be considered work made for hire as defined in Section 101 of the Copyright Act of 1976. To the extent that the Materials, or any part thereof, fails to be considered a work made for hire (or for any other reason does not automatically inure to NOC), I hereby permanently and irrevocably assign to NOC all rights, title, and interest in and to, if any, the Materials. I hereby waive the benefit of any moral rights and of any similar law anywhere in the world. I will not authorize any other individual or entity to Use the Materials.

To the fullest extent permitted by applicable law, I hereby irrevocably waive all legal and equitable rights relating to all liabilities, claims, demands, actions, damages, and expenses arising directly or indirectly from NOC's use of the Materials in accordance with the terms hereof, including what might be deemed misrepresentation due to editing, alteration, distortion, optical illusion or faulty processing or reproduction which may occur in the finished Materials or any claims of defamation, disparagement, slander, libel, false light invasion of privacy or publicity, intellectual property infringement or the like in any jurisdiction throughout the world. Nothing herein shall constitute any obligation on NOC to make any use of the license granted by me or Minor Participant as set forth herein. NOC's use is completely at its own discretion.

Medical Emergencies

I hereby give permission to the NOC Parties to contact emergency services for help or provide me with emergency medical treatment or First Aid, whether or not the NOC Parties have contacted my emergency contact and give permission to a licensed physician or other licensed medical provider or first responder to provide proper treatment, including but not limited to emergency transportation, treatment, hospitalization, injection, anesthesia and/or surgery. I hereby RELEASE, WAIVE AND FOREVER DISCHARGE the NOC Parties from any and all claims, liabilities, causes of action, damages, demands, judgments, executions, liens and costs whatsoever in law or equity, including, without limitation, liability for death or bodily injuries to any person or damage to any property resulting from any (i) claims made against medical providers of emergency services under this authorization, or (ii) against the NOC Parties for obtaining or administering First Aid or emergency medical services for me pursuant to this authorization and waiver.

**I AM AWARE THAT THE ACTIVITY MAY BE DANGEROUS AND THAT I COULD SUSTAIN SERIOUS INJURY, DEATH, OR EXPOSURE TO A COMMUNICABLE DISEASE, VIRUS, BACTERIA OR ILLNESS. I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE THAT THIS PROVISION CONCERNS A SUBSTANTIAL RIGHT. I FURTHER AGREE TO ASSUME ANY AND ALL RISKS OF ACCIDENT, BODILY INJURY, DEATH, EXPOSURE TO A COMMUNICABLE DISEASE, VIRUS, BACTERIA OR ILLNESS OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN, AND EVEN IF ARISING FROM THE NEGLIGENCE OF THOSE PERSONS RELEASED FROM LIABILITY ABOVE, WITH THE EXCEPTION OF GROSS NEGLIGENCE OR WILLFUL MISCONDUCT, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.**

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THE TERMS OF THE AGREEMENT ARE CONTRACTUAL AND NOT A MERE RECITAL, AND SIGN IT OF MY OWN FREE WILL. I ACKNOWLEDGE THAT THIS AGREEMENT SHALL BE EFFECTIVE AND BINDING UPON THE PARTICIPANT AND MINOR PARTICIPANT.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Minor Participant's Signature

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Print Parent/Guardian's Name

Parent Volunteer/Chaperone Application



To chaperone on a Pioneer Springs Community School field trip,  
you must have attended a school volunteer orientation.

\_\_\_ Yes, I have attended volunteer orientation.

***Pioneer Springs Community School reserves the right to request a criminal background check on all school volunteers.***

Personal Information :

Last, First, and Middle Name: \_\_\_\_\_

\* DOB: (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_ \*Gender: \_\_M \_\_F

E-mail Address:

\_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alternative Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

***(Please provide insurance information if you will be driving students for field trips.)***

Vehicle Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Date Issued: \_\_\_/\_\_\_/\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

***(Please attach a copy of your driver's license and current vehicle insurance.)***

**Field Trip Information:**

I would like to serve as a chaperone for \_\_\_\_\_ field trip.

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Teacher: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_