



## Adult Volunteer Vacation Trail Crew Registration Packet



Please fill out all forms thoroughly to register for this crew and allow us to plan for your stay.

Please keep a copy for your records.

We will contact you by email when we have received and reviewed your registration.

*We treat any information you give us as confidential unless otherwise noted.*

### FORMS TO BE FILLED OUT AND SENT BACK:

- Confidential Health Questionnaire
- Participant Acknowledgement and Assumption of Risks Form
- AMC Trip Policies Form
- Photo Release, Travel Info, and Food Preferences

### SEND ALL COMPLETED FORMS TO:

**Email:** [amcvolprojects@outdoors.org](mailto:amcvolprojects@outdoors.org)

**Fax:** (603) 466-2822

**Mail:** Appalachian Mountain Club Volunteer Trail Programs, P.O. Box 298, Gorham, NH 03581

**Questions? Call:** (603) 466-8156

### DUE DATE:

These forms are due no later than **3 weeks** before the start date of the crew.

### DISCLAIMER:

June-August are our busiest months with very high phone and email volume. Please have patience if we don't return a call or email immediately, and know that we will get back to you as soon as possible.

You can assist us during this busy time by making sure your forms are complete, signed, and on-time.

*Thank you!*

## Appalachian Mountain Club Confidential Health Questionnaire

Participant Name: \_\_\_\_\_ Course Start Date: \_\_\_\_\_

Appalachian Mountain Club Program Name: \_\_\_\_\_

Age at Course Start: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ (eve): \_\_\_\_\_ (cell): \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_

Primary Emergency Phone Number: (day) \_\_\_\_\_ (eve): \_\_\_\_\_

Emergency (cell): \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

### SEVEN-QUESTION HEALTH QUESTIONNAIRE

	Yes	No
<b>1. Have you experienced an asthma attack at any time in your life?</b> (Asthma can potentially be affected by exercising at altitude, in dry air, extreme cold, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Have you ever been diagnosed with type I or type II diabetes?</b> (A diabetic can easily become dehydrated in backcountry environments. Further, long, arduous days/hikes can lead to hypoglycemia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?</b> (Some people are allergic to stinging insects; nut products or other food products which a co-participant might be carrying or may be included in a meal prepared by AMC staff ; iodine, which might be used to treat drinking water and/or clean wounds, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Have you ever received medical treatment for angina, a heart attack, or any type of heart disorder/disease?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Have you ever been diagnosed with or are you currently being treated for high blood pressure?</b> (The environment and workload associated with AMC courses can sometimes affect BP and/or the efficiency of some BP medications.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?</b> (Some seizures are triggered by fatigue and dehydration [which can occur following a long hike], significant change in diet, stress, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Is there anything else you think we should know about your medical background?</b> (I.e., anything that could affect your safety or ability to participate fully?)	<input type="checkbox"/>	<input type="checkbox"/>

**DIETARY RESTRICTIONS:** Please be specific (vegetarian, no red meat, vegan, lactose intolerant, **food allergies**, strong food dislikes, etc.):

If you answered **YES** to **Any** of the above questions please answer the following as well:

- I was diagnosed with \_\_\_\_\_ in the last year.
- I have visited the emergency room in the last year due to \_\_\_\_\_.
- I have had to use epinephrine following an asthma attack/allergies or anaphylaxis in the last year?  
Yes \_\_\_ No \_\_\_
  - Will you be bringing/carrying epinephrine on the outing? Yes \_\_\_ No \_\_\_
  - What are you allergic to? \_\_\_\_\_
- How often do you use your inhaler to treat your asthma or wheezing? \_\_\_\_\_
  - Do you have poor circulation due to your diabetes? Yes \_\_\_ No \_\_\_
  - Will you be carrying insulin or wearing an insulin pump during your outing? Yes \_\_\_ No \_\_\_
  - Are you able to exert yourself for more than 30 minutes without experiencing angina (chest) pain?  
Yes \_\_\_ No \_\_\_
- Are you currently taking medication for your seizures? Yes \_\_\_ No \_\_\_
- Have you experienced a seizure within the past year? Yes \_\_\_ No \_\_\_
- Is your blood pressure currently under control (i.e., systolic under 140 and diastolic between 60 and 100)? Yes \_\_\_ No \_\_\_

Please tell us anything additional you think we should know about your medical background. Attach a separate sheet if necessary:

**PLEASE READ CAREFULLY! Participants must read and sign below:**

**Participant acknowledgement of accuracy and understanding.** By signing this form, I am declaring that, to the best of my knowledge, I have completed the questionnaire accurately. I also understand that by knowingly filling out the form inaccurately, or by withholding pertinent information about my health, I could potentially be increasing the risk to myself or others.

**Consent to accept aid.** By signing this form, I am giving consent and permission for AMC staff, volunteers, representatives, or contractors to provide medical care to me or to my child, to transport me or my child to a medical facility, or to seek the aid of emergency medical services as deemed appropriate. I further authorize AMC staff, volunteers, representatives, or contractors to render whatever treatment they consider necessary for my or my child's health, and I agree to pay all costs associated with that care and transportation.

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

**APPALACHIAN MOUNTAIN CLUB PARTICIPANT  
ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT**

**INTRODUCTION: PLEASE READ THIS ENTIRE TWO-PAGE DOCUMENT** (hereafter 'Document') **CAREFULLY BEFORE SIGNING. All participants must sign this Document. For participants under 18 yrs. of age (hereafter sometimes 'minor' or 'child'), one or both parent/s or guardian/s (hereafter collectively 'parent/s') must also sign.** In consideration of the services of the Appalachian Mountain Club, Inc., a charitable, not-for-profit corporation, organized and existing under the laws of Massachusetts, and its chapters, including all officers, directors, employees, representatives, agents, independent contractors, volunteers (including leaders and co-leaders), members and all other persons or entities associated with it (collectively referred to in this Document as 'AMC'), **I (participant and parent/s of a minor participant), acknowledge and agree as follows:**

Appalachian Mountain Club contracts with individuals or organizations that are independent contractors (not employees or agents of Appalachian Mountain Club) to conduct some of the activities participants may engage in. Although the Appalachian Mountain Club has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not responsible for their conduct. Participant (and parent/s) acknowledge that they may independently investigate and assess these organizations and activities, if they choose to do so. **Further, Appalachian Mountain Club uses volunteers to assist with, and sometimes lead activities, workshops or programs. These individuals are not paid professional guides or leaders. In all activities, all participants share in the responsibility for their own safety and the safety of the group.**

**ACKNOWLEDGMENT & ASSUMPTION OF RISKS**

AMC instructional, educational and/or adventure activities (which may be scheduled or unscheduled, supervised or unsupervised and/or occur during free time) include, but are not limited to hiking, backpacking, camping, biking, skiing, snowboarding, snowshoeing, high and low ropes courses, trail work, maintenance of facilities, mountaineering, rock and ice climbing, canoeing, kayaking, sailing, swimming, environmental education, wilderness emergency medical training, first aid and rescue, participation in volunteer service projects, use of AMC huts or other facilities and transportation or travel to and from activities (referred to in this Document as 'activities' or 'these activities'). **These activities include inherent and other risks, hazards and dangers** (referred to in this Document as 'risks') **that can cause or lead to injury, damage, death or other loss to participant or others. The following includes some, but not all of those risks:**

**Risks present in an outdoor, mountainous or wilderness environment on land or water, both on and off trail.** Travel can be subject to storms, strong winds, avalanches, currents, waves, whitewater, lightning, rapidly moving rivers or other water bodies, difficult stream crossings, snow or ice, extremely hot, humid or cold weather or water, steep terrain, falling rock, stinging or disease carrying animals or insects, wild animals and other natural or human-made hazards and dangers. Hazards may not be marked and weather is unpredictable year-round.

**Risks in decision making**, including, without limitation, the risk that AMC may misjudge a participant's capabilities, health or fitness level, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, or route location.

**Personal health and participation risks.** The risk that a participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss.

**The risk that equipment used** in an activity may be misused, or may break, fail or malfunction.

**AMC activities may take place in remote places**, several hours or days from any medical facility, causing potential delays or difficulties with communication, transportation, evacuation and medical care.

**Risks connected with meals and/or cooking and camping chores.** Meals may include exposure to food allergens. Risks also include gas explosion, scalding or other burns associated with cooking over a gas stove or open fire, and water contamination from natural water sources. All water may be contaminated and should be disinfected, filtered or boiled before use.

**Risks associated with AMC facilities and premises**, including boulders, ruts, slippery walkways, ponds or other water sources, uneven ground or other conditions.

**Risks associated with transportation.** Travel can be on foot or by vehicle, bicycle, boat or other means and can be over rough and unpredictable terrain or via oceans or rivers, with wind, rain, or other adverse weather conditions.

**Volunteer community service.** Risks associated with activities such as (but not limited to) building, digging and trail maintenance, painting, construction and clean-up projects. Projects can include the use of tools and equipment (i.e. drills, saws, power tools) that can cause injury resulting from use, misuse or malfunction.

**Risks regarding conduct**, including the potential that the participant, or other participants or third parties (e.g. general public, rescue squad, medical facility) may act carelessly or recklessly.

**Participants may have limited, unsupervised time** during, before or after the start of an AMC program. This may include periods of free time, or periods of time alone while engaged in backcountry travel. **During both supervised and unsupervised activities, all participants share in the responsibility for their own safety and the safety of the group.**

**Other risks** that are generally associated with instructional, educational and/or adventure activities.

**These and other risks may result in participants falling, being struck, colliding with objects or people, experiencing vehicle or boat collision or capsize, drowning, reacting to weather conditions or increased exertion, suffering gastro-intestinal complications or allergic reactions, becoming lost or disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, frostbite, dehydration, burns, heart or lung complications, broken bones, concussions, paralysis, mental or emotional trauma, or other injury, damage, death or loss.**

**I (participant and parent/s of a minor participant) agree:**

- To accurately complete all required forms (which may include, but is not limited to the AMC application, registration and medical forms), abide by the terms of those documents, and obey all AMC rules, regulations and policies;
- If participant has any mental, physical or emotional conditions or limitations that might affect his/her ability to participate I agree to disclose those to AMC, and represent that participant is fully capable of participating without causing harm to him/herself or others;
- AMC is, and has been available, should I have further questions about these activities and the associated risks;
- AMC cannot assure participant's safety or eliminate any of these risks.

**Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and parent/s of minors) assume and accept full responsibility for the inherent and other risks (both known and unknown) of these activities, and for any injury, damage, death or other loss suffered by participant (and parent/s of minors), resulting from those risks and/or resulting from participant's negligence or other misconduct.**

**RELEASE AND INDEMNITY AGREEMENT**

**Please read carefully. This Release and Indemnity agreement contains a surrender of certain legal rights. I (adult participant, or parent/s for themselves and for and on behalf of their participating minor child) agree as follows:**

- (1) to release and agree not to sue AMC**, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claim/s') for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities, or use of AMC equipment, facilities or premises. **I understand I agree here to waive all claim/s I or my child may have against AMC, and agree that neither I, my child, or anyone acting on my or my child's behalf, will make a claim against AMC, as a result of any injury, damage, death or other loss suffered by me or my child;**
- (2) to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) **AMC** with respect to any and all claim/s brought by or on behalf of me, my child or a family member for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in these activities or use of AMC equipment, facilities or premises.

**This Release and Indemnity Agreement includes claim/s resulting from AMC's negligence (but not its gross negligence or intentional or reckless misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment), property damage, breach of contract or any other claim.**

**CONCLUSION**

I (participant and parent/s of a minor participant) agree that the substantive laws of Massachusetts govern this Document, any dispute I have with AMC and all other aspects of my relationship with AMC, and that any mediation, suit, or other proceeding must be filed or entered into only in Massachusetts.

AMC reserves the right to remove any participant from the program who staff or leaders believe, in their discretion, presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If participant is dismissed or departs for any reason, participant (and his/her family) are responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies or otherwise. These costs include, but are not limited to medical evacuation and costs, plane, train or taxi fare, accommodations, and costs and compensation for staff accompanying participant.

**This Document is intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.**

**Participant and parent/s of a minor participant agree: I have carefully read, understand and voluntarily sign this two-page Document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate. *One or both parent/s must sign below for any participating minor (those under 18 years of age).***

_____	_____	_____
Participant Signature	Date	Print name here
_____	_____	_____
Parent or Guardian Signature	Date	Print name here
_____	_____	_____
Parent or Guardian Signature	Date	Print name here



*Prior to the start of the program, participants must understand and agree to abide by the following policies and regulations which are for the safety of the individual, the group, and the organization:*

**Use Of Tobacco Products** –The use of tobacco products by those 18 or older is allowed only in designated smoking areas. These areas can be pointed out by your crew leader upon request. Smoking is not allowed indoors or around any crew members, leaders, or staff. Please be respectful of those with sensitivities.

**The Possession and/or use of Illegal Drugs** – Illegal drugs are not part of any of our programs and should not be brought. If individuals are found to be in possession of any illegal drugs upon arrival and at any time during the program, the individual will be asked to leave immediately and/or turned over to legal authorities.

**Consumption of Alcohol** – For those 21 or older, the possession or use of alcohol products are allowed if consumed responsibly and in moderation, after all volunteer activities are complete for the day. Please monitor your intake so as not to be harmful or disruptive to others. Those who don't drink responsibly will be asked to leave. Additionally, in some locations where teen trail crews are present you must pour the alcoholic drink into an opaque vessel and not consume it in the original container. Please be discreet.

**Disruptive Behavior & Acceptance of Others** – Volunteers that promote disruptive behavior which gets out of hand or affects an individual or group situation is grounds for a volunteer to be asked to leave immediately. We expect program participants to respect others in the group, hold a sense of community, an appreciation for the environment, be enthusiastic in the program's activities, be willing to contribute to the whole group and on an individual basis, and have an acceptance of individual differences.

**The Possession And/or Use Of Firearms** – The possession or use of firearms are not permitted on any AMC Adult Volunteer Vacation program or at any AMC facility. If individuals are found to be in possession of a firearm, outside the limits of state and/or Federal laws and permits held, at any time during the program, the individual will be asked to leave immediately.

**Cell Phones and other Electronic Devices** – The use of cell phones, mobile web devices, iPads, portable gaming devices, or other entertainment-related devices are permitted, but it is advised that they be left at home and requested that if necessary, that they be used discreetly and quietly. While staying connected is a priority for some, others use the wilderness as a means of unplugging and getting away from technology. Please be considerate of the many reasons individuals turn to nature and do your best to give everyone the opportunity to take away what they intend from their experience. Additionally in some locations you will be volunteering simultaneously with teen trail crews who are NOT allowed to use ANY of these devices. Please do not use or talk about using them in common areas and around these teen participants. If you have questions or concerns, we encourage you to call the office: 603-466-8156. Digital cameras ARE allowed and encouraged!

**If a volunteer has been caught violating any of the above stated policies/guidelines, AMC Staff has the authority to remove the volunteer from the program/trip, which will result in a forfeit of the course fee without refund.**

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## AMC PHOTO RELEASE:

Your consent is greatly appreciated as it allows photos taken during this program to be used by the AMC in the future, but it is not required.

I hereby authorize the Appalachian Mountain Club (AMC) and/or parties designated by the AMC (including periodicals other printed matter, or electronic media and their editors) to use my photograph for sale to or reproduction in any medium the AMC or its designees see fit for purposes of advertising, display, exhibition, or editorial use.

\_\_\_\_\_  
Print Name

\_\_\_ I do not want my photo to be used (No signature required)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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## TRAVEL INFORMATION:

Complete as much of this travel information as possible –  
please forward details when plans are confirmed or if they change.

### Arriving by:

Car  Bus  Other \_\_\_\_\_, on: \_\_\_\_\_ at about \_\_\_\_\_ a.m. /p.m.  
DATE TIME

### Departing by:

Car  Bus  Other \_\_\_\_\_, on: \_\_\_\_\_ at about \_\_\_\_\_ a.m. /p.m.  
DATE TIME

To facilitate carpooling, we will send an email to all participants who are interested in arranging a carpool. **Are you interested in carpooling with other participants?** \_\_\_ Yes \_\_\_ No

### Notes:

\_\_\_\_\_

## FOOD PREFERENCES:

We can guarantee accommodating any dietary restrictions based on medical reasons, and we easily accommodate vegetarian, vegan, and gluten-free diets. Beyond that, we can only do our best to accommodate the appetites of everyone on the crew, realizing everyone has different preferences. To help us accommodate as many crew members as possible we would like to know the following:

3 Favorite Vegetables	3 Favorite Fruits	3 Favorite Proteins	3 Favorite Grains