

High Ropes Challenge Course Confirmation Packet

CHECKLIST:

- Read through the entire confirmation packet.
- Complete the [Needs Assessment](#) online, at least one week before your session date. Each session is tailored to the needs and goals of the participating group and the information collected is given to the facilitators to help them plan the best possible program for each group.
- Go over “What to Expect from the High Ropes Challenge Course” with all adults attending.
- Go over “Challenge Course Participant Information” with all participants attending.
- Distribute and collect paperwork for each participant:
 - Participant Release of Liability
 - Health History
 - Permission Slip (for all participants under 18).

Leader/Adult Information

What is the High Ropes Challenge Course? Physically, the course is made up of several distinct elements involving cables, logs, platforms, ropes and objects. The aim of many of the activities is to allow the individual to see themselves and their team as increasingly capable and competent when faced with challenges. Each high ropes session is tailored to the needs of the group participating; however, all sessions are designed with close attention to progression. By beginning with ground games and initiatives, groups and individuals feel confident graduating to activities which involve some physical or emotional risk. The course offers a chance for participants to share individual successes and setbacks with a supportive team, building self-esteem and group skills along the way.

Time Commitment: Plan on arriving at Camp Whispering Oaks 30 minutes early to park and make your way to the course. The facilitators will already be at the course when you arrive, ready to collect all required paperwork and get started promptly at your scheduled time. Each participant should plan on staying for the entire length of the program.

Cancellations and Refunds: Groups can cancel or make changes to their reservation up until 30 days prior to the session. All cancellations/changes must be received in writing.

In the event that no facilitator staff is available to run the program, sessions may be canceled by the challenge course specialist. This will occur no later than two weeks in advance of the session date. In this instance, the session will be moved to another date, or fully refunded at the determination of the troop leader.

In the event that weather makes it impossible or unsafe to use the high ropes challenge course (as determined by the facilitators), alternate ground-based teambuilding activities will be provided in an appropriate, covered area. Sessions will be refunded **only** in the event that the facilitators are unable to provide an alternate teambuilding session.

The High Ropes Challenge Course is NOT:

A jungle gym or obstacle course: The goal of this course is to have participants challenge themselves with the support of their team. Expect participants to spend much of their time on the ground, participating in teambuilding initiatives, working through low challenge elements and cheering on their team.

A guaranteed set of activities: The facilitator’s ultimate responsibility is the emotional and physical safety of the group. If they make the call that any element of activity is unsafe, for any reason, that element of activity will not be used. Due to time constraints, participants can expect to use a few of the high elements during the course of the session, but not all. No specific elements are guaranteed to be used for your session; the facilitators will be responsible for determining which elements are used. Participants are encouraged to return to the course to experience the many different elements.

Competitive: Once at the course, we will work hard to create an environment of support and trust. Each participant will be encouraged to challenge herself to 100% of her comfort level, set goals for herself and support her fellow participants as they achieve their personal goals.

Self-led: Two or more facilitators will be leading your group through the high ropes challenge course. The adults present are responsible for assisting as directed and closely following the instructions of the facilitator.

Challenge Course Participant Information

The challenge course is a space where participants and their group will challenge themselves mentally and physically. Although some of these activities can be physically demanding, they are designed to be within the capability of any participant who is in reasonably good health. Please make sure the health history form is completed with the most up-to-date information on the participant's medical needs.

Paperwork to complete and bring with you on the day of the course:

- Participant Release of Liability
- Permission Slip (if under the age of 18)
- Health History form

What to wear:

- Long pants (loose and comfortable; shorts or capris are not permitted)
- T-shirt (loose and comfortable)
- Lace-up athletic shoes (no slip-ons please)
- Warm layers (The weather in the mountains can vary greatly and be unpredictable even on seemingly warm days. Please dress in warm layers and bring a waterproof layer.)

What to bring:

- Water bottle
- Sunscreen
- Snacks (optional, but recommended)
- Hat and/or sunglasses
- Completed paperwork (see above)

Before your adventure:

1. Get plenty of rest the night before.
2. Eat a wholesome breakfast in the morning before you go.

Questions?

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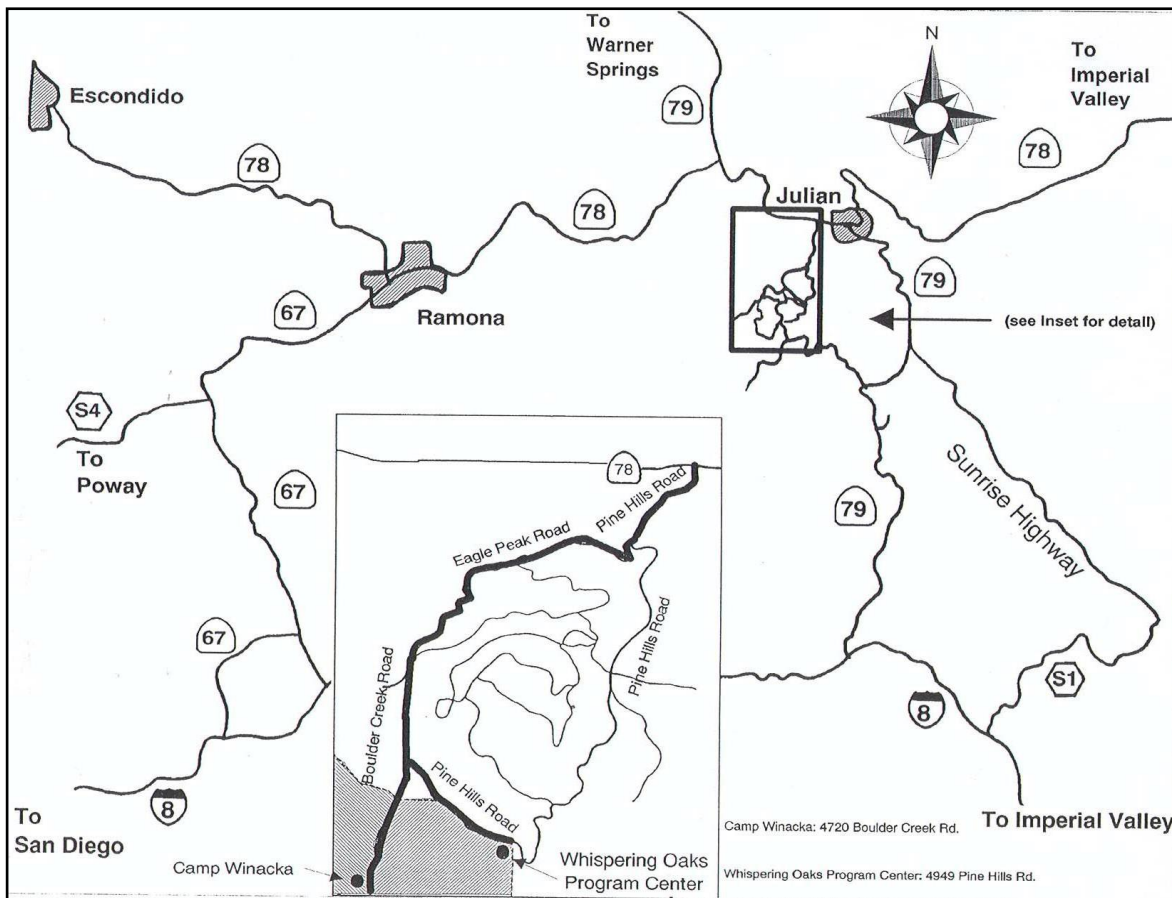


WHERE DO WE GO?

To reach Camp Whispering Oaks:

From highway 78/79 take **PINE HILLS RD.** turnoff 1 mile west of Julian. Drive 1½ miles; turn **RIGHT** on **EAGLE PEAK RD.** Follow **EAGLE PEAK RD.** 1½ miles to the junction with **BOULDER CREEK Rd** and bear left. Stay leftwards and continue onto **PINE HILLS RD.** Continue ½ mile to the entrance to Camp Whispering Oaks on the right. **Once you enter the camp driveway, turn left and followed the paved road down to the roundabout loop. Please park in marked spaces.**

#1 Tip for driving to camp: When you turn off the main highway, **SLOW DOWN!** At each intersection there will be a small brown sign with white writing that says “GS Camp” or “Whispering Oaks.” If you *drive slowly and keep a look out*, these will guide you to camp.



GPS mapping software and in-car navigation systems often give incorrect or incomplete directions to camp, and send vans full of Brownies and their leaders on harrowing off-road adventures. For your own sake, please use our map/directions to camp!

Once you have parked in the loop:

Make sure you have everything and everyone with you! Bring your paperwork, snacks, water bottles, extra clothing layers and any other necessary items. It is a 15-20 minute walk to the course. At one end of the paved loop there is a wide woodchip/dirt road. Follow the signs to the challenge course. If you stay on the wide dirt service road, you will dead end at the high ropes course.



**PARTICIPANT RELEASE OF LIABILITY
ASSUMPTION OF RISK AGREEMENT
READ BEFORE SIGNING**

CHALLENGE COURSE PROGRAM

Organization Name: **GIRL SCOUTS, SAN DIEGO-IMPERIAL COUNCIL, INC. ("GIRL SCOUTS SAN DIEGO")
1231 Upas Street
San Diego, CA 92103**

Participant Name: _____
Print Name

In consideration of being allowed to participate in any way in the program, related events and activities and use of equipment, I the undersigned, acknowledge, appreciate and agree that:

1. I recognize that although the program has been carefully designed and will be operated by trained staff and volunteers, the risk of injury, disability or death from the activities cannot be totally eliminated. I understand that participation in this program is entirely **VOLUNTARY** and I have freely chosen to participate.

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others and assume full responsibility for my participation.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS GIRL SCOUTS SAN DIEGO**, its officers, Board of Directors, officials, agents and/or employees, volunteers, other participants, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), from any and all claims, demands, losses and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)



Adventure Zone and Challenge Course Permission and Participant Health History

Only participants with a signed permission and health history forms may participate.

My child _____ has permission to participate
in _____ Date _____

The following information is provided so that the adult in charge may contact a responsible person in case of illness or accident during the activity.

_____	(_____)
Parent/guardian	Phone(s)
_____	(_____)
Parent/guardian	Phone(s)
_____	(_____)
Responsible person other than the above/relationship	Phone(s)
_____	(_____)
Doctor	Phone

My child is in good health and may engage in all activities [] yes [] no. If no, list any exceptions _____

In an emergency situation, an emergency medical technician may need to know the following information regarding my child's health (e.g., allergies, chronic illnesses, seizures, etc.) _____

Date of last tetanus shot _____

I give my permission for the adult in charge to take my child to a medical facility, if necessary. In case of emergency, if none of the above can be contacted, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent or guardian's signature _____ Date _____

Participant Health History Record

This health history is to be completed and signed by parents/guardians of participant or adult participant.

Participant's name:	Phone:	Name of family physician:
Family medical/hospital insurance carrier:	Policy or group no.	Physician phone: (_____)

- Illnesses and injuries:** (Check those that apply.)
- | | | | | |
|---|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Ear infection | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Musculo-skeletal disorders | <input type="checkbox"/> Seizures | <input type="checkbox"/> Diabetes | |

- Other health conditions: (Check those that apply.)
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Emotional disturbances | <input type="checkbox"/> Constipation | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Menstrual cramps | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Motion sickness | <input type="checkbox"/> Sickle cell trait or disease |
| <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Special dietary regimen | <input type="checkbox"/> Sleep disturbances | <input type="checkbox"/> Wears corrective eyewear |
| <input type="checkbox"/> Other (specify) _____ | | | |

Are immunizations up to date? Yes No
 Is the participant currently taking prescription/over the counter medicine? Yes No
 Is the participant currently: Under a physician's care Yes No
 Receiving psychological counseling Yes No
 Restricted in physical activity Yes No

Please explain any items that are checked. Indicate any information useful to the adult in charge in relation to any of these health conditions. Also, indicate any activities to be encouraged or restricted.

Date of last health examination: _____ Were any complicating medical problems noted in last health examination? _____

List past medical treatments such as operations, treatment for serious injuries, diseases or disabilities, hospitalizations and dates:

List all allergies (food, medication, environmental, etc.), what reaction or symptoms, and what management treatment:

This health history is complete and accurate. I know of no reason(s), other than the information indicated on this form, why my minor child/I should not participate in prescribed activities except as noted.

I give my permission for the adult in charge to take my child to a medical facility for treatment. As an adult participant, I give my permission to be taken to a medical facility for treatment. In case of emergency, if none of the above can be contacted, I, the undersigned, consent to allowing treatment under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil Code.

Parent of minor/Adult Participant Signature _____ Date _____