

Complete Application for Summer Programs

Intro letter, timeline, checklist, questionnaire, health history form, physician form, general waiver, liability waiver (22 pages)



Urban Wilderness Project  
P.O. Box 18874  
Seattle, WA 98118  
206-464-8364  
[www.urbanwildernessproject.org](http://www.urbanwildernessproject.org)  
[urbanwildernessproject@yahoo.com](mailto:urbanwildernessproject@yahoo.com)

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Urban Wilderness Project

**WILDERNESS WORKS™ SUMMER IN THE NORTH CASCADES**

Dear Youth Applicant:

Congratulations on taking the first step towards a wonderful summer experience that will empower you for the future! The WILDERNESS WORKS™ summer program. You can **earn up to 60 Service-learning hours** this summer by **learning the job skills** that all employers are looking for. You will begin by doing trail work for the National Park Service at Ross Lake in the North Cascades National Park.

This special wilderness trip offers **all 60 of the community-service learning hours that you need to graduate from high school on time.** Trail restoration is the focus the work portion of the program. It will be hard work, lots of fun and an exciting, challenging and beautiful experience! We will spend 7-10 days helping the Park and then go on the backpacking trip.

Living outdoors in the wilderness for 17 days offers you the experience of a lifetime. You will live, work, eat and camp with 7 other people (5 high school students and two adults) for 17 days, depending which trip you choose. We will cook our own food, sleep in tents, carry backpacks for the last seven days with all of our food and clothing, and see the Cascade Mountains and wildlife up-close. You will explore the creative arts of photography, drawing, and creative writing. The trip will culminate with an extended backpacking trip that begins after the work project is completed.

**FOLLOW THESE EASY STEPS TO APPLY!**

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**#1) the first step is: Show this information to the adult who is responsible for you and let them know you want to go.** Call Jourdan you have any questions at all. 206-464-8364.

**#2) the second step: Attend one of the orientations and set-up your interview.** We will talk about why you want to go and I will answer questions for you and the adult responsible for you. We can meet at your house, our office or at a local coffee shop.

**#3) the third step is accepting the offer to be on the crew.** After accepting the offer we will be in constant contact to make sure you have the gear and the support you need for a wonderful trip. **YOU MUST COMPLETE STEP FOUR TO GO ON THE TRIP!**

**#4) The FOURTH STEP REQUIRES sending in your application materials on time.** You must send your medical permission forms and your participant waiver in **before June 15<sup>th</sup>.**  
**1) CALL YOUR DOCTOR NOW FOR AN APPOINTMENT TO EXAM YOU AND YOUR FORMS.** Your school medical office can sign it IF you've had an examine for sports in the last year. **2) Have your guardian or parent fill out the medical form 3) Take it to your medical provider to sign it 4) Turn in the form so our staff can review it and discuss any medical needs. Call if this is a problem for any reason.**

### GETTING IN SHAPE!

- Start a regular exercise routine now. Walk for an hour. Ride your bike. Get in shape. We will be bending over, standing up, and carrying heavy gear over uneven terrain.

Thank you for your interest in this wonderful program. I look forward to spending-August working and having fun with you and the rest of our incredible crew!

Sincerely,

Jourdan I Keith  
Founder and Director  
[www.urbanwildernessproject.org](http://www.urbanwildernessproject.org)  
[admin@urbanwildernessproject.org](mailto:admin@urbanwildernessproject.org)

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**URBAN WILDERNESS PROJECT TRIPS**  
**Wilderness Works™ Application Checklist**

1. **Complete interview** with UWP staff  
(This interview must include you parent or guardian)
2. **Mail or Bring the completed questionnaire to your interview.** Tell us why you want to participate. (*The white form*)
3. **Fill out and return participant waivers. Bring to interview.** Your guardian or parent must sign it. (*The yellow form*)
4. Have the adult responsible for you fill out Health History Form. (*The green form*)
5. Only YOUR DOCTOR can complete and sign MEDICAL FORM (*The pink form*)
6. **Return ALL your forms by June 15th.** ALWAYS Call if there is any problem.
7. Accept offer for a position on the crew. **Get in shape by walking up hills, riding your bike, swimming, walking some more (about 1 hour a day).**
8. Attend the mandatory packing day. Bring ALL your gear.
9. Depart **EARLY** the following morning for your trip.
10. Return to Seattle from Ross Lake. Student pick up is at 6 PM We will call if we are going to be early or late. Please check your voicemail more than once during the day.

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A complete UWP Summer crew application includes the following:

- \_ A Crew Member Application and questionnaire (*white form*);
- \_ A completed interview with both the student and guardian(s)/ parent(s) (*white form*);
- \_ A General Waiver signed by both the student and parent(s)/ guardian(s) (*yellow form*);
- \_ An Accident Waiver and Release of Liability signed by both the student and parent(s)/guardian(s) (*yellow form*);
- \_ A Health History Form (complete and signed by you and your parent(s)/guardian(s));(*green form*)
- \_ A Physician Recommendation Form (signed by your doctor).(*pink form*)
- \_ An All Programs Waiver

To SPEED UP your application, DO NOT TO WAIT to send in your forms. SEND your application (white) and waivers(yellow) health history (green) form the day you get them. MAKE YOUR DOCTOR'S APPOINTMENT AND SENDTHE PHYSICIAN WAIVER (PINK) IN IMMEDIATELY AFTER YOUR APPOINTMENT.

Once your application is complete, our Staff will read and review it. We may call you, your parent(s)/guardian(s), or your doctor if we have questions. **Submit your application RIGHT AWAY (call if after the deadline to check for openings).** We will continue to accept applications until all positions are filled. If approved for participation, you may be put on a wait list. You will be notified by phone, email and/or mail. If you do not contact us in three days time, your position will be given to an applicant on the wait list. If you handwrite this application, please print clearly. Use white 8  $\frac{1}{2}$  x 11 paper only.

Due to the short timeframe you may want to **schedule a physical with your doctor now.** If you have participated on an organized sports team (e.g., your school's or community soccer team, basketball team), you were probably required to have a physical. Many school districts also now require students to have a physical prior to enrolling for the academic year. If that physical was performed within the past 12 months and your physical condition has not changed, your doctor may forgo another examination. He/she must complete all other sections of the UWP Physician Recommendation Form.

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Please send your completed Urban Wilderness Project Summer application to:

Attn: UWP Summer Crew  
Urban Wilderness Project  
P.O. Box 18874  
Seattle, WA 98118  
206-464-8364  
[urbanwilderessproject@yahoo.com](mailto:urbanwilderessproject@yahoo.com)

1. Name: \_\_\_\_\_

Last First Middle

2. Address:

\_\_\_\_\_

City: \_\_\_\_\_ State:

\_\_\_\_\_ Zip: \_\_\_\_\_

3. Phone: (\_\_\_\_\_) \_\_\_\_\_ Best time to call:

\_\_\_\_\_ Do you have voice mail?  Yes  No

4. E-mail Address:

\_\_\_\_\_

5. Age: \_\_\_\_\_ 6. Date of Birth: \_\_\_\_\_ 7. Gender:  Male  Female  
(mo/day/year)

8. School year completed as of this June (Circle Year): High School: 1 2 3 4  
Graduate, Year \_\_\_\_\_

Name of High School:

\_\_\_\_\_

You must be available for the entire time period. If your availability changes after you have submitted this application, please notify UWP IMMEDIATELY by calling 206-464-8364.

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**URBAN WILDERNESS PROJECT**

**A complete UWP Crew Member application includes the following:**

**\_ A Crew Member Application and questionnaire (*white form*);**

Once your application is complete, our Staff will read and review it. We may call you, your parent(s)/guardian(s), or your doctor if we have questions. We will continue to accept applications until all positions are filled. If approved for participation, you may be put on a wait list. You will be notified by phone, email and/or mail. If you do not contact us in three days time, your position will be given to an applicant on the wait list. If you handwrite this application, please print clearly.



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General Questions (Attach additional sheets of plain 8 1/2 x 11 Paper)

- 1 Describe the longest time away from home (And, please describe how you've dealt with homesickness, if it was an issue for you.)
2. Do you have any experience hiking, backpacking or camping? Describe your longest or most challenging experience.
3. What do you do in your free time? Activities such as employment/volunteer service, clubs, sports or hobbies.
4. Participating on a UWP summer crew is **physically demanding**, including living and working outdoors for the expedition days of the program. You will be working on a restoration service project for approximately 8 hours every day.  
**Your work duties may include:** weeding, collecting seed, shoveling, raking, digging, sawing, pruning, hammering and many other physical tasks. Please describe how you plan to prepare physically for the program.
5. What do you consider to be your greatest strengths?
6. What is the hardest thing you've had to deal with or overcome? How did you do it?
7. What are some of the political, environmental or social issues that concern you most? How do think you can make a difference?
8. What do you think will be the most challenging thing for you this summer?
9. You will be asked to be a leader for at least one day. Please describe when you have been a leader or responsible for others. What did you do?

*IF FOR SOME REASON IT BECOMES NECESSARY FOR ME TO WITHDRAW MY APPLICATION, I AGREE TO CALL UWP IMMEDIATELY SO THAT I WILL NOT DEPRIVE SOMEONE ELSE OF THE CHANCE TO PARTICIPATE.*

I understand that my participation in this crew requires my agreement that I will abstain from the use of tobacco, alcohol, illegal drugs, or from engaging in sexual activities for the duration of my participation with UWP. I also understand that the living and working conditions will be outdoors and I will work hard, often for long hours. I certify that I filled out this application in my own words, and that all of the statements made in this application are true to the best of my knowledge. I certify that all of the statements made in this application are true to the best of my knowledge and I may be dismissed if false information is presented.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Photo and Quote Release: In consideration of submitting this application, I recognize that by applying to UWP programs, I grant UWP freedom to use my name, likeness and/or words in the production of publicity, educational and promotional materials. I understand that I will not receive compensation for the use of my name, likeness or words.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**QUESTIONS BELOW ARE FOR APPLICANTS UNDER 18 YEARS OF AGE**

Check here if the applicant's parents maintain separate households but share joint legal custody of the applicant. *(Please note if you checked the box at left the signatures of both parents are required below before we can review this application.)*

I have read the attached information describing the Urban Wilderness Project's summer program. Having discussed the program with the applicant, I authorize him/her to apply for and to participate in the program.

First Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

E mail: \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

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HEALTH HISTORY AND PHYSICIAN RECOMMENDATION FORM  
Important Information for Applicants and Parents (Fill out pages 10-12  
bring all pages to the doctor. ONLY the doctor can fill out pages 14-16)

The Urban Wilderness Project was founded to offer as many youth as possible the opportunity to enjoy the natural environment as possible. Safety first is critical to enjoying the wilderness and so careful medical screening is the first step. In order to help us avoid serious medical situations in the field and to enhance the experience, applicants are required to complete the enclosed medical screening documents.

Some individuals should not attempt some of our activities. The UWP summer program is physically and mentally challenging, therefore we suggest that our applicants begin a daily aerobic exercise routine before the program starts. People participating on a UWP crew will probably use heavy cutting tools, perform strenuous lifting and stand for long periods. UWP courses may be required to hike over rugged terrain, sometimes for long distances. The program may operate in remote areas far from hospital-based medical support services.

In the interest of safety for the applicant and the other members of the crew, full disclosure of medical history is required. Urban Wilderness Project is committed to ensuring member's safety while in our care and the Medical Health History and the Physician Recommendation Forms are reviewed to assist us in identifying appropriate care. Please complete this form as thoroughly and as accurately as possible. Medical conditions will not

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necessarily exclude a prospective applicant from participating in a crew as long as the condition can be appropriately managed. If we have questions regarding the applicant's capacity to successfully participate on a crew we will contact you to discuss it. **The Medical Health History form is to be filled out by the applicant's parent/guardian (pgs.11-15)**

The Physician Recommendation Form must be completed by a licensed physician, pgs 16-18.

**Getting a Physical**

*Use of a physical examination that was done earlier in the year for school, sports, etc. may be possible under the following conditions:*

- 1) The physical must have been completed within one calendar year of the date on your application.
- 2) You must attached a copy of the physical form to the enclosed *Physician Recommendation Form*
- 3) Your physician must be willing to complete the entire *Physician Health Recommendation Form*.

**URBAN WILDERNESS PROJECT  
MEDICAL HEALTH HISTORY FORM**

The majority of this form is to be filled out by the applicant's parent/guardian. The "Physician Health Recommendation Form" (Pink pages 7-9) must be completed by a licensed physician.

**Applicant's Information** Gender:  Male  Female

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Last	First	Middle
- -		
Social Security Number	Age	Date of Birth
Home Address		
City	State	Zip Code
( )	( )	
Daytime Phone	Evening Phone	

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**Insurance Information**

Is the individual covered by medical/hospital insurance?  No  Yes, carrier name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Social Security Number of policyholder or Insurance ID Number: \_\_\_\_\_

If your company is an HMO or Managed Care Company, please attach copy of prior notification policies.

If your HMO allows blanket permission of another doctor to treat your child while away from home, please attach blanket permission.

**Health History**

The following information must be filled in by the parent/guardian, or adult applicant. This background information is essential to UWP staff so that they may provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be conveyed to UWP staff prior to the participant's start date.

**Allergies to Medications, Foods, or Environment** (insect stings, hay fever, asthma, animal dander, etc.).

Please list all allergies.

**MEDICAL HEALTH HISTORY FORM AND ALLERGIES**

Applicant's Name:

Please list all known allergies:

Date of Last Reaction:

Qualify Severity:

Description of Reaction Allergies

Has the participant ever been hospitalized: Yes / No

If yes please explain \_\_\_\_\_

Treatment Rx Epinephrine: Yes / No

Date of last known tetanus shot: \_\_\_\_\_

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Medications Being Taken

   This person takes NO medications ( natural, over the counter or prescription) on a routine basis.

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time away from home and confirm it will sustain in the outdoors. Keep it in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency.

Participants

   I take medication(s) as follows (Attach additional pages for more medications):

List all medications taken during the year even if you do not take them during the summer:

**Medication #1:** \_\_\_\_\_ Dosage:  
\_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking:

\_\_\_\_\_  
\_\_\_\_\_

**Medication #2:** \_\_\_\_\_ Dosage:  
\_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking:

\_\_\_\_\_  
\_\_\_\_\_

**Medication #3:** \_\_\_\_\_ Dosage:  
\_\_\_\_\_ Specific times each day: \_\_\_\_\_

Reason for taking:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant had ANY injury (i.e., sprain or strain) to back, ankles, or knees, within the past 12 months? If YES, please explain:

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1. Back pain/problems \_\_ \_\_
2. Injuries/Problems with joints (knees, ankles, etc.) \_\_ \_\_
3. Ever been diagnosed with a heart condition? \_\_ \_\_
4. Do you have diabetes? \_\_ \_\_
5. Ever had asthma? \_\_ \_\_
6. Ever had mononucleosis? \_\_ \_\_
7. Ever had hepatitis? \_\_ \_\_
8. Ever been diagnosed with an eating disorder? \_\_ \_\_
9. Ever been diagnosed with depression? \_\_ \_\_
10. Ever been diagnosed with ADHD/ADD? \_\_ \_\_
11. Do you smoke cigarettes, a pipe or chew tobacco? \_\_ \_\_

**Parent/Guardian Authorizations:** The information provided is correct and complete to the best of my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to UWP to provide routine health care, dispense prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to UWP to arrange necessary transportation for me/my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by UWP to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for use out of the office by UWP staff.

Signature of Parent/Guardian or adult applicant:

\_\_\_\_\_  
Printed Name: \_\_\_\_\_

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

I also understand and agree to abide by any restrictions placed on my participation in program activities.

Signature of Minor or Individual:

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

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**Additional Comments or Medical Concerns:**

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## Physician Health Recommendation Form (pink form)

### Important Note to Medical Personnel

The Urban Wilderness Project was founded to offer as many youth as possible the opportunity to enjoy the natural environment as possible. Safety first is critical to enjoying the wilderness and so careful medical screening is the first step. In order to help us avoid serious medical situations in the field and to enhance the experience, applicants are required to complete the enclosed medical screening documents.

Some individuals should not attempt some of our activities. The UWP summer program is physically and mentally challenging, therefore we suggest that our applicants begin a daily aerobic exercise and conditioning routine before the program starts. People participating on a UWP crew will probably use heavy cutting tools, perform strenuous lifting and stand for long periods. UWP courses may be required to hike over rugged terrain, sometimes for long distances, while carrying a large backpack. The program may operate in remote areas far from hospital-based medical support services.

In the interest of safety for the applicant and the other members of the crew, full disclosure of medical history is required. **We need your help in the screening process.** The medical history section has been carefully developed for the applicant (and their family) to complete. Please review it for clues to potential problems and the possible need for further evaluation. In addition, please identify conditions (e.g., heat, humidity) and/or environments (e.g., altitude) that may affect the applicant's ability to successfully participate. UWP staff will provide information about course specifics that your patient may be involved in. Thank you very much for your help.

ATTENTION:

**For signature verification, please attach physician-signed office letterhead or voided prescription form.**

Thank you.



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**General Health Questions (Explain "Yes" answers below)**

**Applicant's Information** Gender:  Male  Female

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Last  First  Middle

--  
Social Security Number Age  Date of Birth

---

Home Address

City State Zip Code  
() ()

Daytime Phone  Evening Phone

Indicate if individual has/had the following:

1. Chronic or recurring illness/condition \_\_ \_\_
2. Hospitalized for any reason \_\_ \_\_
3. Any type of surgery \_\_ \_\_
4. Frequent headaches \_\_ \_\_
5. Any type of head injury (consc./unconsc.) \_\_ \_\_
6. Glasses, contacts, or protective eyewear \_\_ \_\_
7. Frequent ear infections \_\_ \_\_
8. Experience with dizziness or fainting \_\_ \_\_
9. Chest pains \_\_ \_\_
10. Seizures \_\_ \_\_
11. High blood pressure \_\_ \_\_

Please explain any "YES" answers (note the identifying number of the question):

Please use this space to provide any additional information about the physical, emotional, or mental health of the applicant that we should be aware of.

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**Examination**

I examined: \_\_\_\_\_ on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Resting HR: \_\_\_\_\_

The applicant is under the care of a physician for the following conditions:

\_\_\_\_ None

Please list any medications that are taken during the year that will **NOT** be taken while on this program:

Current treatment at the time of this report includes:

Medications to be administered while in UWP (name, dosage, frequency-- please attach additional pages):

Treatment to be continued while in UWP:

Any medically prescribed meal plan or dietary restrictions:

\*Limitations or restrictions while in UWP:

Additional information for UWP staff:

In my opinion, the above participant:

\_ may participate \_ may not participate \_ may participate with special considerations\*

Signature of Licensed Medical Personnel \_\_\_\_\_

**For signature verification, please attach physician-signed office letterhead or voided prescription form. Thank you.**

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

Title: \_\_\_\_\_

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

\_\_\_\_\_

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206-760-1367(fax)  
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**GENERAL PARTICIPATION WAIVER**

**WHAT:** Urban Wilderness Project (UWP) activities, including but not exclusively limited to the UWP programs known as, **Griot Works™**, **Adventure Works™**, **Restoration Works™**, **Wilderness Works™**, **BOUNCE™**, **Haiku Hikes™** and program field trips. Trips may include, urban activities, frontcountry activities and backcountry or wilderness trips, as related to the program, such as hiking, biking, indoor rock climbing or games. Participants may read and tell stories at cafes, emergency housing for families, hospitals or other locations. Participants may use tools for removing weeds, planting and building trails in local parks (urban/frontcountry) or on public lands (frontcountry/backcountry) and/or carry heavy items. Participants may work inside or outside and be exposed to changing weather conditions. All participants are required to dress appropriately for the activities they will be engaging in on various days.

**ASSUMPTION OF RISK AND RELEASE:**

We release and agree to hold harmless the Urban Wilderness Project and its owner, Jourdan I Keith, and/or UWP's partners, affiliates, contractors, employees, volunteers, officers and directors from all claims for injury, death, property damage and expenses, including attorney's fees arising from participation in the Urban Wilderness Project. This release and agreement is made in exchange for participation in Urban Wilderness Project programs and the use of UWP's facilities and transportation and the facilities, equipment, and transportation of its affiliates, partners or volunteers. Initial \_\_\_\_\_

**PARTICIPATION:**

I hereby give permission for my child to participate in the Urban Wilderness Project program/activities. I also give permission for my child to travel in vehicles operated by Urban Wilderness Project staff and volunteers, Seattle METRO Transit system and/or private transportation companies if needed. I hereby waive the Urban Wilderness Project and its staff and volunteers of any liability regarding injuries and/or accident due to my child's participation in its programs. Initial \_\_\_\_\_.

**MEDICAL & DENTAL TREATMENT:**

I hereby give permission that my child may be given emergency treatment including First Aid, CPR and Wilderness First Aid (backcountry only) by a qualified staff member of the Urban

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Wilderness Project staff or the qualified staff of its affiliates or partners. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, dental, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary by the physician to safeguard my child's health. I waive my right of informed consent to such treatment. I certify (or declare) that I am the parent or legal guardian of the child named below and that I have the authority to authorize such activities and actions. I certify that the information is true and correct. Initials \_\_\_\_\_

**PUBLICITY:**

I hereby give permission for my child to be recorded or photographed while participating in Urban Wilderness Project activities with the understanding that those photos, recordings and images will be used for promotional and outreach purposes, such as informational slide shows, power point presentations, DVD's, recordings, or any other media, including websites. Initials \_\_\_\_\_

**Parent or Guardian Information**

Name: (Print) \_\_\_\_\_

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

Phone: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Name and Number (Print): \_\_\_\_\_

Relationship: \_\_\_\_\_

Participant's Age: \_\_\_\_\_

**Participant Information**

Name (Print): \_\_\_\_\_

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

Middle or High School \_\_\_\_\_

Yr. of H.S. Graduation \_\_\_\_\_

Employer \_\_\_\_\_

Emergency Contact Name and Number (print): \_\_\_\_\_

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

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### ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that Adventure Works and Wilderness Works programs are athletic events and each trip \_\_\_\_\_ is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, trip leaders, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS:

Complete Application for Summer Programs

Intro letter, timeline, checklist, questionnaire, health history form, physician form, general waiver, liability waiver (22 pages)

Urban Wilderness Project and its owner, or staff including Jourdan I Keith, and its volunteers, including but not limited to, Felicia Gonzalez, Fran Lo, Onion Carillo, Su Theida, Amber Campbell, Heather Francis their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

*I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.*

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

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	Date
Print Participant's Name Age    Signature (If under 18 years old, Parent or guardian must also sign)	

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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Print Participant's Name	Age	Signature of Parent or Guardian	Date
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