

THE NH CHAPTER AMC EXCURSIONS ANNUAL SPRING SCHOOL

APRIL _____ write in date

APPLICATION FORM

NAME: _____ **PHONE #:()** _____
(only one name per application)

STREET ADDRESS: _____ **E-MAIL:** _____
(please print clearly)

TOWN, CITY, STATE, & ZIP: _____
(don't forget the ZIP code!)

VEHICLE LICENSE PLATE NUMBER AND STATE: _____

AMC MEMBER (yes / no) Membership #: _____ **AGE:** _____ (must be 18 or older)

CHECK # AND \$ AMOUNT: _____

May we share your info with other participants for car pooling Yes _____ No _____



| WHAT GROUP WOULD YOU LIKE TO BE IN? (Choose only one) | | Check Here |
|---|---|------------|
| A | BASICS OF OUTDOOR SAFETY/HIKING: BEGINNER | |
| B | BASICS OF OUTDOOR SAFETY/HIKING MOUNTAIN TRAVEL : INTERMEDIATE | |
| C | EVERYTHING YOU ALWAYS WANTED TO KNOW ABOUT MAP AND COMPASS BUT WERE AFRAID TO ASK | |
| D | STAY OUT OVER NIGHT WITH JUST YOUR DAY PACK | |
| E | BACKPACKING BEGINNER | |
| F | BACKPACKING INTERMEDIATE | |
| G | LEADERSHIP AND MOUNTAIN SKILLS | |

IMPORTANT! Please Read This Before Proceeding

Please answer the following questions as completely and honestly as you can. Your answers are important to us as they help us to ensure that you are placed in a group that is right for you. They also help us in tailoring our instruction to your needs. However you answer the questions, they will not disqualify you from attending the workshop, but again, it is very important that you do answer them.

This is not a test. You need only answer the questions that apply to the group that you wish to be in. Don't be afraid to elaborate in answering the questions (use the margins if you like). If you don't know the answer to a question it's OK to say, "I don't know". Remember, this workshop is for you.

Reminder! You need only answer questions in the areas applicable to your group.

Experience Quick Check - Please mark the boxes next to all statements that apply to you

| | X | | X | | X | |
|---------------------------------|--------------------------|---|--------------------------|--|--------------------------|--|
| Map and compass ALL | <input type="checkbox"/> | Can read and understand symbols on a topographic map | <input type="checkbox"/> | Use map and compass together to find basic bearings on the map | <input type="checkbox"/> | Can lay out and follow a bushwhack route. |
| | <input type="checkbox"/> | Can find your elevation on topo map | <input type="checkbox"/> | Be able to take a bearing from map, transfer to compass and follow that bearing in the woods | | |
| | <input type="checkbox"/> | Identify the cardinal directions | <input type="checkbox"/> | Can take back bearings | | |
| | <input type="checkbox"/> | Can pick an object and determine what direction it is from you. | | | | |
| Hiking ALL | <input type="checkbox"/> | Occasionally go for short walks around town or in the woods | <input type="checkbox"/> | Hike three to five miles on moderate to hilly terrain at a moderate pace. | <input type="checkbox"/> | Hike six or more miles at a moderate/fast pace with sustained steep uphill climbs and significant exposure to wind |
| Backpacking BACKPACKING ONLY | <input type="checkbox"/> | Never backpacked | <input type="checkbox"/> | Three to four nights in three season going 5-10 miles per day over moderate to steep terrain | <input type="checkbox"/> | Trips of five nights or more in three seasons, mileage could exceed 10 miles over moderate to steep terrain |
| | <input type="checkbox"/> | One or two night trips on trail | | | | |

ALL GROUPS

Give some examples of relevant hiking, or backpacking experience that you have had within the last three years.

Describe what you do regularly for exercise?

Describe your hiking boots

Describe your rain gear.

What are you hoping to get out of this workshop?

BACK PACKERS ONLY

What Special Backpacking equipment will you be bringing?

LEADERSHIP GROUP ONLY

Have you had any previous leadership experience?(outdoors or otherwise)_____

GENERAL INFORMATION ALL GROUPS

Do you have any medical problems or physical limitations that the staff should be aware of for your safety? Yes? _____ No? _____

If yes, please explain. _____

List a person to contact in case of an emergency; you may list more than one if necessary.

Name: _____

Street Address: _____ City: _____

State: _____ ZIP code: _____ Telephone #(s): (____) _____

Please list dietary limitations or concerns below. We will try to accommodate you, but we may ask you to bring any special foods that you would require. *Include food allergies.*

Do want your contact information shared with other workshop participants for carpooling purposes? _____

Would you want your contact information put on a handout to share with participants at this workshop? _____

Please mail completed registration forms and payment to:

Registrar:

Larry Yetter 15 Westgate Rd, Mont Vernon, NH 03057-1900. Please make all checks payable to "AMC NH Chapter Excursions".

"AMC policy requires that participants in all activities sign a liability release agreement. You can find the release form on the opposite side of the page. Please read it over carefully, fill out and sign on the first line, and return it with your completed application form. Please include the dates for the workshop you plan to attend in the Trip Date Line on the top of the form. Completion of the form is mandatory for participation in this workshop. Thank you for your understanding."

Activity: NH Chapter Workshop **Leader:** Rick Silverberg **Workshop Date(s):** April _____

AMC VOLUNTEER-LED ACTIVITIES

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AGREEMENT

PLEASE READ THIS ENTIRE DOCUMENT (hereafter 'Document') CAREFULLY BEFORE SIGNING. All participants must sign this Document.

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 acknowledge and agree as follows:**

AMC volunteer-led educational and/or adventure activities may include, but are not limited to hiking, backpacking, camping, biking, skiing, maintenance of trails and facilities, mountaineering, rock and ice climbing, canoeing, kayaking, sailing, 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'). **The leaders of these activities are volunteers. They 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.** Participants take responsibility for having appropriate skills, physical conditioning, equipment and supplies for 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, property damage, illness, mental or emotional trauma, paralysis, disability or death to participant or others.** Some, but not all of these risks include: hazardous and unpredictable ground, water or weather conditions; misjudgments made by leaders, co-leaders, participants or others; travel in remote areas that can cause potential delays or difficulties with transportation, evacuation and medical care; equipment that can fail or malfunction; the potential that the participant or others (e.g. co-participant, driver, medical and rescue personnel) may act carelessly or recklessly. I understand that AMC staff, leaders or other personnel cannot assure participant's safety or eliminate any of these risks. **Participant is voluntarily participating with knowledge of the risks. Therefore, participant 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, resulting from those risks, and/or resulting from participant's negligence or other misconduct.**

I agree to release and not to sue AMC (as AMC is defined above) in regard to any and all claims, liabilities, suits, or expenses (including reasonable costs and attorneys' fees) (hereafter collectively 'claim' or 'claim/s'), **including claim/s resulting from AMC's negligence (but not its gross negligence or intentional or reckless misconduct),** for any injury, damage, death or other loss to me or my child, in any way connected with my or my child's enrollment or participation in these activities, or my 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.

I agree that the substantive laws of Massachusetts govern this Document 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. **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 AGREES: I HAVE CAREFULLY READ, UNDERSTAND AND VOLUNTARILY SIGN THIS 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.

Name
Contact Phone #

Signature

Date

Emergency

Please return this form when you mail in your payment for the training session registration materials.