9<sup>th</sup> Grade Retreat: August 21-23, 2019

Location: Mother Lode River Center

P.O. Box 456 Coloma, CA 95613 www.malode.com

Dear 9<sup>th</sup> Grade International High School Families and Students,

Our annual 9<sup>th</sup> grade Retreat will take place again this year at the Mother Lode River Center in Coloma, California, on the South Fork of the American River. This community-building event is a three-day, two-night outdoor educational experience. The retreat is a wonderful opportunity for students to bond with each other and their advisors and build community. It fosters teamwork, trust, communication, problem-solving and leadership through the means of outdoor activities such as camping (with campfire and s'mores), ropes courses, hiking, role-playing, yoga, team games – and rafting! The experienced staff at Mother Lode organizes and supervises the activities, supported by International High School faculty members and 12<sup>th</sup> grade student leaders.

The retreat will take place from Wednesday through Friday, August 21-23.

We will meet at school at 7:00 a.m. on Wednesday.

We will return back to school at approximately 6:00 p.m. on Friday.

There is no additional charge to families for this activity.

We do expect all students to participate.

Please find enclosed a medical release form and a liability waiver for each student. Please return these forms by <u>Friday, May 24<sup>th</sup></u> to Jesse Wagner. They must be returned in order for students to participate. You can scan and email them to Jesse at <u>jessew@frenchamericansf.org</u> or mail them to: c/o Jesse Wagner
150 Oak Street
San Francisco, CA 94102

Please note that the retreat is viewed as part of the core curriculum and all students are required to participate, except in the event of injury or illness. Elections for 9<sup>th</sup> grade class representatives will also take place during the retreat. Lastly, please note that school rules apply during the retreat!

If you have any questions, please do not hesitate to contact me at <a href="mailto:jessew@frenchamericansf.org">jessew@frenchamericansf.org</a> or by phone at 415-558-2089.

We look forward to a stimulating, enriching and fun time! Thank you in advance for your support.

Sincerely,

Jesse Wagner
Dean of Students / Retreat Coordinator



www.MaLode.com

Dear Parent/Guardian/Caregiver,

We are pleased that your 9<sup>th</sup> grader has the opportunity to participate in an experiential learning program with Mother Lode River Center. The purpose of this letter is to provide information about our program, enabling your child to get the most out of this experience.

Children are the most important people in our lives; please be assured that we take great care in hiring staff with experience in education and safety skills training. When your student arrives he/she will participate in a comprehensive orientation which will cover safety and behavior expectations.

All of our experiential programs are in an outdoor setting and students should come prepared with the clothing and items that reflect this environment. The following list will help you in packing; feel free to add items (within reason) that will make your child more comfortable. Students sleep in tents and it can get chilly at night so please pack accordingly.

P.O. Box 456 Colom	a, CA 95613	(800) 427-2387	
Sincerely, Mother Lode River Center			
Please visit our website, www.MaLode.com, if y offerings or call us at 1-800-427-2387.	ou have any questions al	oout our program	
<u>It is important that you fill out the medical and release forms.</u> Please include any food allergies or special food requirements (vegetarian, wheat allergy, etc.), medications that must be taken, etc.			
**First lunch is A BROWN BAG that students be Lode for the reminder of the program.	oring with them. Food is p	provided by Mother	
□ playing cards and/or board games for free time			
☐ any necessary medications (in pharmacy container)	☐ sunglasses + hat of waterproof camer		
sunscreen		s + bag for wet suit	
☐ dry shoes and extra socks☐ WATER BOTTLE	☐ change of clothes☐ insect repellant		
lace up shoes that can get wet	☐ toiletries and tow		
☐ flip flops	$\square$ sleeping bag + <b>pa</b>	_	
□ appropriate seasonal clothing	☐ FLASHLIGHT!		
WHAT TO BRING:			

## Mother Lode River Center/State of California RELEASE OF LIABILITY READ CAREFULLY

In consideration of Mother Lode River Trips, Ltd. a California Corporation also d.b.a. Mother Lode River Center and Chili Bar Outdoor Center (CBOC) Whitewater Adventures herein referred to as "Permittee", furnishing services and/or equipment to enable me to participate in whitewater rafting, kayaking, hiking, ropes challenge course, zip line, outdoor educational or other outdoor activities.

I understand and acknowledge that there are risks of personal injury, death, and property damage while participating in river trips offered by persons permitted to operate such trips ("Permittee") by the State of California Department of Parks and Recreation. Some risks are intrinsic to whitewater river running or water sports generally; other risks are inherent in outdoor activities, wilderness travel, camping or picnicking; still other risks may arise from conditions, situations, or activities of which I am presently unaware. My participation is voluntary and based on my independent assessment of the risks, without reliance on representations or advice by employees of the Permittee, the State of California Department of Parks and Recreation, or any other person.

Since all river trips are dangerous, and in consideration of being allowed to participate in the park and whitewater activities, I HEREBY RELEASE, WAIVE, AND RELINQUISH ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, WRONGFUL DEATH, OR PROPERTY DAMAGE AGAINST THE STATE OF CALIFORNIA, ITS DEPARTMENT OF PARKS AND RECREATION ("STATE") OR ITS PERMITTEES ARISING AS A RESULT OF MY PARTICIPATION IN THE WHITEWATER RIVER TRIPS AND RELATED ACTIVITIES DESCRIBED HEREIN, MY USE OF PERMITTEE'S EQUIPMENT, OR ANY ACTIVITIES INCIDENTAL THERETO INCLUDING RESCUE ACTIVITIES; THIS RELEASE APPLIES EVEN IF PERMITEE AND/OR STATE ARE NEGLIGENT OR OTHERWISE AT FAULT. I ALSO AGREE TO PROTECT, HOLD HARMLESS, DEFEND AND INDEMNIFY PERMITTEE AND STATE AND HOLD THEM HARMLESS FROM ALL CLAIMS AND LEGAL ACTIONS FOR PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE ARISING FROM MY CONDUCT; THESE INDEMNITIES APPLY EVEN IF PERMITTEE AND STATE ARE NEGLIGENT OR OTHERWISE AT FAULT.

I understand the effect of my signing this document is that I (1) acknowledge and assume all risk of injury, death, or property damage I might suffer while participating in the whitewater activity or trip, even if it occurs as a result of the negligence of Permittee or State or defects in equipment, (2) absolve and release Permittee and State from the consequences of their negligence, including without limit, rescue efforts, and defects in equipment, and (3) will protect, hold harmless, indemnify and defend Permittee and State against any legal actions or other claims for damages arising from my actions. I UNDERSTAND THAT I AM FORFEITING IMPORTANT LEGAL RIGHTS AND INCURRING IMPORTANT LEGAL RESPONSIBILITIES.

I understand that certain minimum skills, capabilities, and physical and mental health and fitness are required in order to participate in dangerous activities like river running; I warrant that I possess these. I agree to wear a properly fastened personal flotation device (life jacket) at all times while on or in a boat, scouting rapids, or on or in the water, and to wear such other safety equipment as may be provided to me by Permittee. I understand and agree that should emergency rescue evacuation become necessary, the expenses are my sole responsibility and not those of Permittee or State or any other public or private entity.

Mother Lode River Trips, Ltd also d.b.a. Mother Lode River Center and CBOC Whitewater Adventures reserves the right to accept or deny service to any person. I hereby agree to follow all rules, regulations and instructions of Mother Lode River Trips while on this trip. I also certify that I, and any other minor, on whose behalf I am signing, is physically and mentally capable of participating in these activities. I hereby agree that Mother Lode River Trips, Ltd may use film or photographic records of this activity for promotional and/or commercial purposes.

I warrant that I am executing this agreement voluntarily and that neither Permittee or State has made representations to induce or coerce me to sign this document. I agree that the terms of this document bind me, my heirs, assigns, executors, and administrators, and expressly and specifically protect Permittee and State including, as applicable, their agents, employees, officers, directors, and shareholders.

LAST NAME		FIRST NAME
STREET ADDRESS		
CITY CITY CITY CITY CITY CITY CITY CITY		STATE
DAY PHONE	EVE PHONE	
PARTICIPANT SIGNATURE	DATE	EMAIL ADDRESS
UNDER 18, NAME OF GUARDIAN		
SIGNATURE OF PARENT OR GUARDIAN		
JESSE WAGNER		
NAME OF YOUR GROUP ORGANIZER		

## **Medical Release Form**

Participant Name:	Age:
	nergency Medical Information
All items must be filled out of	or the person listed above will not be allowed to participate.
1. List allergies, if any: ( i.e. bee sting times.)	s not apply to you (do not leave blank): s, drugs, food etc. Note that counteractive medication should be carried at all
List any medications currently taken:_	
	gery occuring in the past three years:
4. List any current medical conditions: (	(i.e. asthma, diabetes, epilepsy, heart conditions, etc.)
	re? If so for what?
6. List any other conditions that may affect	ect your ability to participate:
Your Doctor:	
Medical Insurance:	Policy #:
In	Case of Emergency Contact:
Name:	Relationship:
Phone: (day)	Alternate Number:
(require	THORIZATION TO TREAT A MINOR ed for all participants under 18 years of age)
supervision of any member of the medical service. Act or a dentist licensed under the hospital holding a current license to operate is given in advance of any specific diagnosis and power to render care which the aforement	of
This consent shall remain effective through	n, 200 (date of Outdoor Education or Ropes Program)
Parent or Guardian (printed name)	Parent or Guardian Signature Date