Parent(s)/Guardian(s)	hereby give permission	for my child
	, a student at Chapin School, to p	participate in:
Project U.S.E. the details of which are:		
Trip date: Tuesday - Friday, May 28 - 3	31, 2019	
Destination: Project U.S.E., Wildcat Mou	ntain Wilderness Center	
Departure time: 8:00 a.m., May 28		
Arrival time at Chapin: 3:00 p.m., May 31		
Transportation: Chartered Coach		
Trip activities: Outdoor education experier	nce	
Other important information: <i>Information att</i>		
outer important morniation. The orination acc		
I/(we) understand that there are risks associated	with participation in the program, as	with all such
activities, and that there are additional risks to c	onsider including: N/A	
Knowing those risks I/(we) sign this Release and	<del>-</del>	rs:
Medical Release and Waiver of Liability:	-	
I/(we) hereby grant permission to Chapin School to	deal with any medical emergencies in	the event that
I/(we) cannot first be contacted. I/(we) authorize th	ne teacher or staff member in attendan	ce at any
Chapin School activity to select and secure such m	edical attention as they may reasonabl	y believe
necessary for my child as a result of injuries or othe	er events requiring emergency care if no	either
parent/guardian is in attendance at such event or u	until parent(s)/guardian(s) can be conta	cted. Further,
as noted above, <mark>I am aware of the risks to which m</mark>	y child may be exposed on this trip; and	d <mark>, Thereby</mark>
release Chapin School, its Trustees, employees, an	d contractors from any and all liability	<mark>on account of</mark>
such participation and I release them from any liab	ility on account of such selection or au	<mark>thorization of</mark>
medical attention and for any and all damages whi	ich occur on account thereof.	
Medications:		
Students who normally receive medication during	the class day/class event should receive	e the same
medication on a school field trip or event. I/(we) ac	knowledge that I/(we) are responsible f	or making
arrangements with the Nurse's Office for medicati	ons normally administered during the o	day or during
the event. I/(we) acknowledge that this location is	NOT a "nut safe" environment. Further	, l/(we) give
permission for my child to receive emergency med needed.	lical treatment by a first aid squad and/	or hospital, if
Parent's Signature Date	Parent's Signature	 Date

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

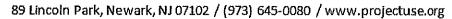
Cell Phone:

## PROJECT U.S.E. - URBAN SUBURBAN ENVIRONMENTS CONFIDENTIAL MEDICAL HISTORY

SCHOOL / PROGRAM/ ORGANIZATION N	VAME	PROGRAM DATE(S)		
<ul> <li>ANY STUDENT WITHOUT A COMPLE PROGRAM AND MAY BE ASKED TO</li> </ul>	ETED AND SIGNED MEDICAL FORM LEAVE THE PROGRAM SITE, ' RELEVANT PREEXISTING MEDICA LESULT,	OUT AND SIGNED (BY A PRENT/GUARDIAN IF UNDER 18) CAL FORM WILL NOT BE PERMITTED TO PARTICIPATE IN OUR TE. G MEDICAL CONDITIONS, WE WILL NOT BE RESPONSIBLE FOR ANY		
PART I	PLEASE PRINT CLE	EARLY		
NAME		AGE	S MALE IS FERANTE	
ADDRESS		•		
STATE ZIP_	PHONE ()	PHONE ()	**************************************	
INSURANCE CO.	PHONE ()	ID#	······································	
PERSON TO BE NOTIFIED IN CASE OF A	N EMERGENCY:			
1) NAME		RFI ATTONSHIP		
WORK ()				
2) NAME				
WORK ()	HOME ()	CELL () _	*	
DIZZY SPELLS MOTION SICKNESS THROAT INFECTION FREQUENT NAUSEA DIARRHEA / BLOOD IN STOOL SEVERE MENSTRUAL CRAMPS ASTHMA / BREATING DIFFICULTIES ALLERGY TO BEE/ INSECT BITES PHYSICAL LIMITATIONS	NO D YES D DEPRESSION NO D YES D DIABETES / T NO D YES D CURRENT ME NO D YES D SPECIAL DIE NO D YES D FOOD ALLER	HIA / ACROPHOBIA I / HYSTERICS / NERVOUSNESS THYROID PROBLEMS EDICATION T GIES	NO B YES B NO C YES B NO C YES B NO C YES B	
CHEST PAINS IRREGULAR HEART BEAT LOW OR HIGH BLOOD PRESSURE YOU HAVE CHECKED YES TO ANY OF THE		NES / SERIOUS SPRAIN URY TO HEAD CONSULT YOUR PHYSICIAN BEF		
PINION, WILL ANY OF THESE CONDITION: IN THE EVENT THAT I CANNOT BE REACH ANESTHESIA AND/OR OPERATION. WHICH JNDERSTAND THAT THE PROGRAM IS PH	ED IN AN EMERGENCY, PERMISSION HAIGHT BE NECESSARY. I HAVE	ON IS HEREBY GRANTED FOR AN READ THE DESCRIPTION OF PRO	DJECT U.S.E. AND	
PATE	SIGNATURE (IF UNDER	R 18, PARENT OR GUARDIAN MUS	T SIGN)	

# PROJECT U.S.E – URBAN SUBURBAN ENVIRONMENTS CONFIDENTIAL MEDICAL HISTORY

CURRENT CONDITIONS:			
**************************************	***************************************		
DO ANY OF THESE MEDICA COURSE? IF YES, PLEASE E		ADMINISTERED	WHILE ON OUR
MEDICATIONS COND	ITIONS FOR USE	DOSAGE	FREQUENCY
		···	
THE PARENT / GUARDIAN AU MEDICATIONS TO THEIR CH			MINISTER THESE
ARENT OR GUARDIAN		DATE	
It is common practice for staff, te In occasion people will forward som thers what a Project USE program	e of their photos to us, a is like. By signing below	nd we enjoy the oppo: you authorize Projec	rtunity to use them to show t USE the use, for
romotional purposes, of your likene iken during these activities. Usage r ublic displays in perpetuity.	ss or tost of the minor cl may include, but is not li	nuo tor wnom you sig mited to, websites, pu	n in protographs and videos blications, signage, and other
ignature:		Date:	





#### **ASSUMPTION OF RISK AND RELEASE**

I hereby acknowledge, for myself or on behalf of the minor child for whom I sign (hereinafter "my child"), that I /my child will be participating in certain activities offered by Project U.S.E. at Wildcat Mountain Wilderness Center in Wawayanda State Park, Hewitt, New Jersey and/or other locations and facilities (hereinafter the "Program").

I understand and acknowledge that the Program will include some or all of the following activities: teambuilding, group games, hiking, backpacking, rock climbing, rappelling, low and high challenge courses (which are a series of rope and cable obstacles ascending from group level to 30' to 40' high), map and compass land navigation, canoeing, basic outdoor living skills such as fires, cooking, shelters, first aid and health, basic survival skills, and environmental awareness. Some teambuilding group games and low challenge course activities are off the ground, require team effort and may involve close personal contact with other participants. All such activities shall be at a level commensurate with the age and skill level of the participants as determined by Project U.S.E. at its sole and absolute discretion. The philosophy of Project U.S.E. activities includes a commitment to "Challenge by Choice," whereby each participant decides at what level he or she will participate in the activity presented.

I understand and acknowledge that there are risks, perils and hazards involved in the activities that comprise the Program. I understand that those risks are too numerous to identify specifically. I do hereby assume those risks, however, on behalf of myself/my child except in the event that any loss or injury is due to the gross negligence or willful misconduct of Project U.S.E., its Board of Trustees, officers, agents or employees.

I do hereby release Project U.S.E., its Board of Trustees, officers, agents and employees from any and all claims for loss or injury arising out of, in any way related, to my/my child's participation in the Program, except in the event that the loss or injury is due to the gross negligence or willful misconduct of Project U.S.E. All claims arising out of my/my child's participation in the Program shall be governed by the laws of the State of New Jersey.

I authorize Project U.S.E. to provide and/or arrange for me/my child such medical care as it considers necessary and appropriate. I authorize any third person medical care provider to exchange pertinent medical information about me/my child with Project U.S.E. I agree to pay all costs associated with such care and related transportation.

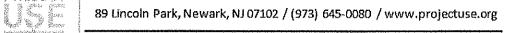
This agreement cannot be supplemented or emended, except in writing signed by both parties. I understand that this agreement is binding upon myself, my child, our heirs, executors, administrators and family members.

Participant's Name (print)

Parent/Guardian (print)

Date

Participant's Signature Parent/Guardian Signature



"Dress Like an Onion"

your program.

### Wildcat Mountain Wilderness Center **Overnight Course Gear List**

Wondering what to bring with you on your overnight at Wildcat? Read

	on to find out. If you have any questions, please let us know and we'll	
	be happy to help you.	When you're spending some time outdoors, layering is the
Þ	What should I bring with me?	way to go. Clothing layers trap
	All participants must bring:	air between them and help
	☐ Completed and signed Project U.S.E. waiver, medical form &	keep you warm. A good layering system will keep you
	immunization record	comfortable whether it's hot or
	☐ A large, refillable & reusable bottle for water	cold outside. Remove layers to
	☐ Bowl and durable spoon	cool off or add layers to warm upi
	☐ Toothbrush and toothpaste (please do not bring mouthwash)	
	☐ Flashlight or headlamp with working batteries	Please leave the following items
	☐ Sunscreen (if course is in the summer)	at home:
	☐ Medication that may be necessary during the day (i.e.,	
	inhalers, Epi-Pens)	* <u>Cell phones</u>
		* Knives
>	What should I wear?	* Watches
	Keep in mind that it can be 5-10 degrees cooler at Wildcat than it is in	<ul><li>Baby wipes</li><li>Matches/lighters</li></ul>
other parts of the state. Please wear*:		<ul><li>Matches/lighters</li><li>  * Money</li></ul>
	☐ Comfortable clothes that can get dirty	<b>✗</b> iPods/headphones
	☐ Hiking boots or sturdy sneakers—all footwear <u>must</u> be	★ Sandals/flip flops
	closed-toed	* Jewelry
	☐ 2 t-shirts	➤ Perfume/body spray
	☐ Warm upper layer if cold (fleece or down jacket, etc.)	Cigarettes/tobacco
	☐ Rain jacket	products
	Baseball cap (if weather is warm), wool hat and gloves (if	★ Candy/gum
	weather is cold)	Perfumes, baby wipes and sugary
	☐ 1 pair of pants	foods attract bugs or animals.
	☐ 2 pairs of socks	Electronic devices can become
	☐ 1 long-sleeved shirt or sweater	wet, get ruined, screens could get
	☐ 2 pair of underwear	cracked. Valuables (jewelry,
	☐ 1 pair of shorts (if weather is warm)	money, etc.) can break or be lost
	*Try to avoid wearing cotton clothing. Cotton does not dry quickly	during the day. It's best to leave these items at home on the day of
	THY TO GROTH MEDITING COLLOTH CLOTHING, COLLOTH GOES HOLDING GLOCKLY	these items at nome on the day of

when wet, and does not keep the body as warm or cool as other fabrics do. Fabrics such as wool, nylon, polypropylene, silk, and acrylic

dry quickly and regulate body temperature well. Please do the best you can with what you have; work-out clothes or gym clothes are great.

### > What else do I need for the overnight?

Project U.S.E. provides all gear listed below. If you want to use your own, it is at the instructor's discretion as to whether it will be suitable for the course.

1 sleeping bag & stuff sack - 1 backpack (3,500 cu. in. or larger) - 1 Ensolite foam pad or Therm-a-rest