2nd ANNUAL CROSS-COUNTRY TEAM BUILDING TRIP

WHEN: **Aug 14 – 16, 2026**

WHERE: **Pine Springs Church Camp**

371 Pine Springs Camp Road
PO Box 186
Jennerstown, PA 15547

(814) 629-9834 – (office) Contact Person – Ellie Davis

www.pinesprings.org

COST: **$200.00 (per athlete)**

Please pay through this Cheddar Up link:

https://annual-svxc-team-weekend.cheddarup.com/

Includes transportation, lodging, food, and use of swimming pool, all co-operative team building adventure activities that includes a high ropes course along with running workouts.

TRANSPORTATION:

The Parent/Booster Association will provide bus transportation for the trip.

CHAPERONES:

Coaching Staff and any parents who would like a weekend in the Laurel Highlands.

- **All chaperones will be required to have their clearances on file with the school district administrative office**

QUESTIONS: **Coach Wess Brahler**

School email: wbrahler77@gmail.com

BOOSTER CONTACT: **TBD**

TENTATIVE SCHEDULE:

Friday -	**Noon**	**Depart Seneca Valley HS**
	2 pm	**Check in and tour of camp**
	4 pm	**Evening workout and pool use**
	7 pm	**Dinner**
	8 pm	**Ultimate Frisbee – Glow in the Dark**
	10 pm	**Lights out**
Saturday -	**7 am**	**Morning workout**
	8:30 am	**Breakfast**
	9 am - noon	**Team building activities**
	Noon	**Lunch**
	1 pm – 4pm	**High ropes course**
	6 pm	**Dinner**
	7 pm - 9pm	**Pool use – Kick Ball**
	10 pm	**Lights out**
Sunday -	**8 am**	**Morning workout**
	9:30 am	**Breakfast**
	10 am	**Clean-up, showers room inspection**
	11am	**Depart for home**
	1 pm	**Return to Seneca Valley**

- **Required School Emergency Form will need to be completed and any other necessary forms**

Suggested Packing List
For Cross Country Week-end

Clothes that can get dirty
T-shirts & shorts
Running clothes & shoes
Socks & underwear
Swimsuit & towel
Pajamas
Sweatshirt and/or jacket
Sneakers
Flip flops (for the showers)
Raincoat/poncho

Other Items
Notebook & pen
Water Bottle
Flashlight
Camera & film
Medication – requires documentation
Bug Spray
Sunscreen
Sunglasses

Toiletries & Bedding
Towel & washcloth
Soap
Shampoo
Hairbrush/comb
Toothbrush/toothpaste
Sleeping Bag (MUST)
Pillow
Fitted sheet (optional but good to cover the mattress on the bunk bed)
Blanket

Be advised all bags will be searched before departure by coaches and chaperones.

We will be staying in cabins that have bunk beds. The restroom and showers are in a building next to the cabins. There is also a meeting room and kitchen in the building next to the cabins that we will be using. If you have special dietary needs, please feel free to bring a small cooler with you. We will have access to a refrigerator and freezer.

You will need to complete the attached liability forms to participate in the climbing activities and to attend the trip. Bring them with you; I will be collecting them prior to leaving. Your check can be made out to: Seneca Valley Cross-Country Boosters and given to Coach Brahler by August 1.

- **Each athlete must complete the attached emergency, permission and waiver forms.**
- **Be advised this is a school approved, Booster sponsored trip – all school, athletic and team rules must be followed at all times. This includes such things as smoking, drinking, the use of illegal drugs, possession of any item, which can be used as a weapon, and any form of misbehavior (all school policies).**
- **This trip is voluntary and is not mandatory as a member of the cross-country team.**

SENECA VALLEY SCHOOL DISTRICT

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

I/We, as parent(s) or legal guardian(s) of _____, hereby release and hold harmless the Seneca Valley School District, its Directors, Administrators, and employees, from any and all liability related to my/our child's voluntary participation in the trip to _____ which has been organized and sponsored by the _____. I/We understand, acknowledge and agree that this trip is not a School District sponsored trip; that the School District makes no representations regarding the purpose or appropriateness of the trip; that there are inherent risks associated with the trip; that I/we have investigated, fully understand and assume the risks associated with my/our child's participation on the trip; that my/our child's participation on the trip is completely voluntary; that my/our child's failure to participate on the trip will not limit his or her right to participate in school sponsored activities; and, that I/we are under no obligation to consent to my/our child's participation on the trip.

Further, I/we understand, acknowledge and agree that the School District has no financial obligation with respect to any aspect of this trip, that I/we are solely responsible for all costs associated with my/our child's participation in the trip, including, but not limited to, medical, emergency and unanticipated expenses; that my/our child's fees/costs are not to be used to compensate any sponsor/advisor/chaperone or to pay for any of the sponsor's/advisor's/chaperone's trip related expenses; that I/we have been advised that the School District is not responsible for any aspect of the trip, including, but not limited to, the safety or security of the participants while on the trip in question; that while not a school sponsored or funded trip, all school rules and policies are in effect and must be adhered to by all participants; and, that it is my/our responsibility to investigate all aspects of the trip, including, but not limited to matters related to the safety and security of the child.

I/We understand and agree that by signing this Agreement, I/we are legally bound by the terms of this Agreement; and, that the School District may rely upon my/our representations as contained herein.

_____ _____

Parent Date

_____ _____

Parent Date

_____ _____

Student (if 18 years of age or older) Date



PINE SPRINGS CAMP

PO BOX 186, JENNERSTOWN, PA 15547 PH: 814-629-9834 FAX: 814-629-6520
WEB: www.pinesprings.org

RELEASE OF LIABILITY

Warning: There are significant elements of risk in any adventure, sport, activity, or training associated with a climbing wall, ropes course, or other summer camp programming (referred to herin as "activities"), and the use of any equipment. Activities include, but are not limited to; mountain biking, archery, canoeing, swimming, low and high ropes course elements, climbing tower, caving, and zip line. Activities take place on and off Pine Springs Camp's facility.

Acknowledgement of Risks: I/my child recognize the fact that there is an inherent danger in these types of activities, even though safety systems are provided. These risks may result in serious injury or death, and include but are not limited to: 1) Falls; 2) Risk associated with climbing or down climbing; 3) Equipment failure; 4) I/my child's and or other children's physical condition, sense of balance, decision making, and the ability to follow or give directions; 5) Failure on my/my child's part to disclose a medical condition and/or physical activity concern that my child may have. I/my child also acknowledge that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity, such that personal property may be damaged or lost, and that wearing appropriate clothing and footwear are basic safety precautions; 6) Risk associated with transportation to off-site activities; 7) Risk associated with participating in aquatic activities.

Express Assumption of Risk Responsibility: In recognition of the inherent risks of the activity that I/my child will engage in, I affirm that I/my child is physically and mentally capable of participating in the activity and/or using equipment. I realize it is my/ my child's responsibility to inform the camp staff of any and all medical conditions and/or physical activity concerns I/my child may have, and to limit my/my child's participation in any way I/my child deem appropriate. I/my child participates willingly and voluntarily and I/my child assume full responsibility for personal injury, accidents or illness, including death, and any expenses because of any accident that may occur. I/my child voluntarily and knowingly assume the risk(s) of personal injury, accidents and/or illnesses, including, but not limited to sprains, torn muscles and/or ligaments; fracture or broken bones; eye damage; cuts; punctures, wounds, scrapes, and abrasions; spinal injuries; animal bite or attack; insect bite or allergic reaction; shock; paralysis and/or death; and acknowledge that during the activity I/my child may experience fatigue, chill and/or dizziness that my diminish my/my child's reaction time and increase the risk of an accident.

Covenant of Good Faith: I/my child recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature; medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable or meeting the rigors or requirements of participating in the activity. I/my child accept your right to take such actions for the safety of me/my child and/or other participants. I/my child acknowledge that no guarantees have been made with respect to activity objectives.

Authorization: I hereby authorize any medical treatment deemed necessary for me/my child in the event of any injury or illness while participating in the activity. I/my child either have appropriate insurance or in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/my child's behalf.

Release: In consideration of services or property provided, I, as legal guardian, my child, any heirs, personal representatives or assigns, do herby release: Pine Springs Camp Inc. its principles, directors, officers, agents, employees, and volunteers, and each and every land owner, municipal and/or government agency upon whose property an activity is conducted, from all liability.

I have read and understand the foregoing acknowledgement of risk, express assumption of risk responsibility, and covenant of good faith and release of liability. I/My child and I understand that by signing below I may be waiving valuable legal rights. By signing below it is intended also to bind our heirs, representatives, executors, administrators, successors and assigns. I also give permission for me/my child to participate in the entire camp program; to travel in camp vehicles for off camp property trips.

Participant's name:_____ Signature:_____ Date:_____

Parent/Guardian:_____ Signature:_____ Date:_____

Home Address:_____ City:_____ State:_____ Zip:_____

It is the policy of Pine Springs Camp, INC. not to give camper information to the general public. There are times when pastors, or youth directors from churches request information about campers in their area. It is our desire and mission to work with churches in your area. If you do not want your child's information given out to theses churches please initial here. _____