

**\*DUE by Friday, January 24**



inquiry • community • advocacy • reflection



**Field Trip Destination:** Advocacy training day at Grand Canyon Trust (Flagstaff)

in preparation for Environmental Day at the Capitol (Phoenix)

**Classes:** Alpine Institute classes (Alpine English, AP Biology, AP Environmental Science)

**Purpose of Field Trip:** Learn tools to advocate for environmental protection and environmental justice and meet with Arizona state representatives to share what is important to you.

**Date of Trip:** February 4<sup>th</sup> (in Flagstaff) and February 5<sup>th</sup> (to Phoenix)

**Time of Departure:** February 4<sup>th</sup>: 8:30am / February 5<sup>th</sup>: 6:00am

**Return by:** February 4<sup>th</sup>: 3:30pm / February 5<sup>th</sup>: 5:30pm

**Transportation:** FUSD Mini Bus

**Trip Fee:** none (lunch will be provided on the 4<sup>th</sup>, please bring your own lunch on the 5<sup>th</sup>)

**Questions:** Please contact Emily Musta [emusta@fusd1.org](mailto:emusta@fusd1.org) or James Rounds [jrounds@fusd1.org](mailto:jrounds@fusd1.org).

Hello Alpine Institute Families & Guardians,

We are proud to offer this training and experience for the third year in a row. Day one is a training session with Grand Canyon Trust and the Sierra Club. This will inform students of upcoming legislation and how it might affect them and which of their representatives is supporting the legislation. Day two is a trip to the Arizona State Capitol for Environmental Day, an annual event.

This description is from the Sierra Club website: <https://tinyurl.com/enviroday2020>. *“Join hundreds of advocates for environmental protection and justice, climate action, lands and wildlife conservation, flowing rivers, democracy, and more, in meeting at the Arizona Capitol to let legislators know how much we care about these issues, as well as specific bills. We will be holding workshops this fall and in January to help people learn about the process and the issues and then on Environmental Day, we will hear from legislators and meet in teams with our own legislators. Various organizations will also have tables at the event.”*

In order reserve a place on this expedition, students must be able to attend both days. Priority will be given to Alpine English students first and will depend on forms being submitted on time. Participation is limited to the first 13 students that sign up.

Thank you,

Emily Musta & James Rounds

## Consent for Off Campus Activity and Emergency Care

Student Name \_\_\_\_\_ School \_\_\_\_\_ Sponsor \_\_\_\_\_

My child has permission to participate in the following activity: \_\_\_\_\_

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Date of Activity \_\_\_\_\_ Destination \_\_\_\_\_

Time Leaving \_\_\_\_\_ Time Returning \_\_\_\_\_

Mode of Transportation \_\_\_\_\_

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

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### Consent for Emergency Care

**Be it known that I, the undersigned parent or guardian of the student above-named, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in the activity specified above.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, Arizona

Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group ID# \_\_\_\_\_

School Policy # \_\_\_\_\_ Student Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

It is hereby understood that the consent and authorization given above are for the activity date only.

It is hereby understood that the consent and authorization given above are continuing, and are intended by me to extend through the current school year.

Witness \_\_\_\_\_ Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

### **Student Personal Responsibility and Participation Pledge**

On this field trip to Grand Canyon Trust and the Arizona State Capitol, I agree to:

- > Uphold the ideals of FHS and the Alpine Institute in a new setting
- > Respect the new setting and the people involved in helping with the trip
- > Help make the trip fun and **safe** for everyone
- > Dress appropriately at all times
- > Remember that I represent my school, my group and myself
- > Not leave the group at any time without notice
- > Remember that this is a school-sponsored trip, which means that all the rules and policies in the FHS student handbook apply

I sign my name below, and when I sign I indicate that I have read this pledge, and I agree to follow it.

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

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Grand Canyon Trust Application

*Please return completed version*

Email: [volunteernow@grandcanyontrust.org](mailto:volunteernow@grandcanyontrust.org)

Mail: Volunteer Program - Grand Canyon Trust: 2601 N. Fort Valley Road, Flagstaff, AZ 86001

Fax: (928) 774-7570

**Note: If you are under 18 years of age, this form must be filled out and approved by your parent or legal guardian.**

Project Name: \_\_\_\_\_ Dates: \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_

### PERMANENT ADDRESS

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email Address \_\_\_\_\_

Birth date: \_\_\_\_\_ Current Age: \_\_\_\_\_

**NOTE: To participate, a volunteer under 18 years of age must be accompanied by a parent or legal guardian. At its sole discretion, the Grand Canyon Trust may occasionally allow volunteers between the ages of 16 and 18 to participate in volunteer activities without being accompanied by a parent or legal guardian.**

### EMERGENCY CONTACT INFORMATION (must be someone not attending the trip)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

### VOLUNTEER SKILLS: Please check any skills you have that you might be able to contribute:

- |                            |                           |                      |
|----------------------------|---------------------------|----------------------|
| Botany/Plant ID ____       | Community Organizing ____ | Construction ____    |
| Data Entry ____            | Event Planning ____       | Fence Building ____  |
| Field Data Collection ____ | Fundraising ____          | Gardening ____       |
| Photography ____           | Spring Restoration ____   | Stone Masonry ____   |
| Traditional Farming ____   | Trail Construction ____   | Videography ____     |
| Visual Art ____            | Water Harvesting ____     | Writing/Editing ____ |



**How did you hear about the Grand Canyon Trust’s Volunteer Program?**

Website \_\_\_\_\_ Trust Event \_\_\_\_\_ Friend/Family \_\_\_\_\_ Social Media \_\_\_\_\_ Other: \_\_\_\_\_

**HEALTH QUESTIONNAIRE**

As part of our ongoing risk management and for the safety of everyone, we ask all applicants to answer the questions below. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by the Grand Canyon Trust staff.

**Physical Condition** – Describe your regular exercise activities. This information helps us match volunteers with appropriate trips.

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

**ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

	Yes	No
Heart problems/heart attack		
Chest pain/pressure		
Overweight		
Frequent shortness of breath		
Asthma/respiratory problems		
Frequent dizziness		
Frequent fainting		
High blood pressure		
Depression/anxiety		
Diabetes		
Recurrent/ frequent headaches		
Ulcer/ stomach problems		
Urinary tract problems		
Musculoskeletal problems		
Hepatitis		
Seizures		
Hospitalization/surgery (w/in last yr)		
Currently pregnant		
OTHER CONDITIONS		

For any boxes checked "Yes", please explain the severity and any medications or treatments you use to manage the condition.

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



Do you take any other medications? If so, please list and explain their purpose. Also, please notify trip leader of any that you will bring and where you will keep it.

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List all SEVERE allergies/anaphylaxes (including medications, foods, insects, plants, etc).

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List dietary preferences: (vegetarian/vegan, gluten/lactose intolerant, egg/nut/shellfish allergy, need coffee, etc).

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Is there any other information that we should know about you?

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**Volunteers are required to have and show proof of their own medical insurance coverage. Please include a photocopy of your insurance card with your registration form.**

The following is a description of my coverage:

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_ Group #: \_\_\_\_\_



## WAIVER, RELEASE, AND INDEMNITY & MEDICAL TREATMENT AGREEMENT

*This is a waiver and release of liability. Read it carefully before signing it.*

I, \_\_\_\_\_, the undersigned Volunteer (or Parent/Legal Guardian of the Volunteer if the Volunteer is under 18 years of age) enter into this Waiver, Release, and Indemnity & Medical Treatment Agreement ("Agreement") with the Grand Canyon Trust, Inc. (the "Trust") in exchange for receiving the Trust's permission to perform work and provide volunteer services at no charge or cost to the Trust, a non-profit environmental organization headquartered in Flagstaff, Arizona.

### Waiver, Release, and Indemnity

I understand that the exact nature of the work and services that I may perform will vary from project to project but that my activities may involve, without limitation, the risks and hazards associated with the following: (1) using tools and other equipment; (2) working around others who may not be accustomed to performing manual labor or the tools and equipment associated with it; (3) working in rugged terrain and backcountry locations; (4) exposure to the elements; (5) working around herbicide; (6) working with other volunteers, whose conduct the Trust does not control; (7) vehicular travel; and (8) other risks listed in the project description. I am aware that volunteering for the Trust inherently involves these risks and other hazards and hereby voluntarily choose to accept and assume all such risks and hazards.

I have read and understand the project description and duties that will be expected of me related to the particular project in which I will be participating. I agree to conduct myself in a safe and courteous manner and to accept supervision from the Trust's staff and other project leaders. I understand that if I fail to do so, the Trust may revoke the permission it is granting me to participate in the project.

I hereby release, waive, and discharge the Trust and its agents, representatives, officers, employees, and assigns (the "Released Parties") from any and all claims, causes of action, losses, and damages, whether known or unknown, arising out of or related in any way to my participation as a volunteer for the Trust, whether caused by the Released Parties' negligence or otherwise, and including but not limited to all claims, causes of action, losses, and damages that may arise from or relate to any first aid, treatment, or medical service rendered in connection with my activities with the Trust. I also agree to indemnify and hold harmless the Released Parties from any and all claims, causes of action, losses, and damages asserted by third parties against the Released Parties that are caused by my conduct while providing volunteer services to the Trust. I understand that this Agreement is binding on me, my heirs, successors, assigns, administrators, and executors.

### Emergency Medical Treatment

In an emergency situation in which I am unable to communicate my preferences, I give permission for anesthesia, surgery, or other emergency medical care that might be necessary. I understand that professional medical attention could be several hours or several days away. I understand that I will be held responsible for the cost of an evacuation if I require one. I understand that the Trust does not carry or maintain primary health, medical, or disability insurance coverage for volunteers. I understand that the Trust may maintain (but does not guarantee that it will maintain) an accident insurance policy that may provide benefits to covered, eligible volunteers.

I understand that the waivers, releases, and indemnities I have given in this Agreement are intended to be as broad and inclusive as permitted by the laws of Arizona and that this Agreement shall be governed by and interpreted in accordance with the laws of Arizona.

\_\_\_\_\_  
Signature of Volunteer (if 18 years of age or older)

\_\_\_\_\_  
Date

NOTE: If a volunteer is under 18 years of age, you as a parent or legal guardian, agree to the same terms, conditions, and waiver of liability set forth in the above Agreement.

\_\_\_\_\_  
Signature of Volunteer's Parent or Guardian (if under 18 years of age)

\_\_\_\_\_  
Date



**MEDIA RELEASE AGREEMENT**

*This is a waiver and release of liability. Read it carefully before signing it.*

I, \_\_\_\_\_, the undersigned Volunteer (or Parent/Legal Guardian of the Volunteer if the Volunteer is under 18 years of age) enter into this Media Release Agreement with the Grand Canyon Trust, Inc. (the "Trust") in exchange for receiving the Trust's permission to perform work and provide volunteer services at no charge or cost to the Trust, a non-profit environmental organization headquartered in Flagstaff, Arizona.

I hereby grant permission to the Trust to use photographs, video, or audio recordings of me on its websites or in other related printed or digital publications. I acknowledge the Trust's right to crop or treat photographs and digital media at its discretion.

I understand that once my image is posted on the Trust's website, the image may be downloaded by any Internet user. I agree to release, waive, discharge, indemnify, and hold harmless the Trust from any and all claims, causes of action, losses, and damages, whether known or unknown, arising out of the use of my image, whether caused by the Trust's negligence or otherwise.

I understand that the waivers, releases, and indemnities I have given in this Media Release Agreement are intended to be as broad and inclusive as permitted by the laws of Arizona and that this Media Release Agreement shall be governed by and interpreted in accordance with the laws of Arizona.

\_\_\_\_\_  
Signature of Volunteer (if 18 years of age or older)

\_\_\_\_\_  
Date

NOTE: If a volunteer is under 18 years of age, you as a parent or legal guardian, agree to the same terms, conditions, and waiver of liability set forth in the above Media Release Agreement.

\_\_\_\_\_  
Signature of Volunteer's Parent or Guardian (if under 18 years of age)

\_\_\_\_\_  
Date

**FOR VOLUNTEERS UNDER THE AGE OF 18 UNACCOMPANIED BY PARENT OR GUARDIAN**

At its sole discretion, the Grand Canyon Trust, Inc. (the "Trust") may occasionally allow volunteers between the ages of 16 and 18 to participate in volunteer activities without being accompanied by a parent or legal guardian. Preliminary approval for volunteers to participate without a parent or legal guardian must be obtained prior to signing and submitting this form.

I am the parent or legal guardian of \_\_\_\_\_, who is between the ages of 16 and 18, and I understand that by signing below I waive the requirement that a parent or legal guardian must accompany him/her while participating in Trust volunteer activities and agree that my child may participate in the volunteer activities without a parent or guardian being present.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian