



Dear Parent/Guardian and GUTS! participant!

Happy (almost) summer! We are delighted that your child will be participating in a GUTS! 2019 Summer Outdoor Adventure. This letter will outline some important trip details, starting with the schedule. More details will be available later this spring, please reach out if you have questions in advance.

**GUTS! Bike Camp: Monday, August 5<sup>th</sup> - Friday, August 9<sup>th</sup>**

Monday-Wednesday, 9:00am -4:30pm; drop off/pick up in McCormick Park parking lot

Wednesday drop off at McCormick Park, no pick up—this is an overnight!

\*Friday pick up is at noon- location TBD.

As you know, GUTS! is a unique leadership program that has been designed to address issues that commonly affect many girls and gender diverse youth today. As such, it requires the support, involvement, and understanding of both the participants and parents to be successful.

Please note- there will not be a gear check for girls on wheels bike camp. We have enclosed a basic itinerary for your child's trip. Also included are any waivers or forms you need to complete. Please complete these and bring them to the office, drop them off or mail to: GUTS!/ YWCA Missoula, 1130 W. Broadway, Missoula, MT 59802.

The leaders of the trips are all women and all experienced in working with girls and young women. A Wilderness First Responder qualified to handle medical emergencies in the field will be present on every trip. Two to three qualified and trained female volunteers will also be on each trip along with one to two trained youth leaders.

We are excited about the adventures we have planned for this summer! **Please send in (on our website or via mail) or bring in the remainder of your registration fee by July 22nd** if you have not already paid in full. We look forward to seeing you soon, and thank you again for your interest in GUTS!.

Happy Adventuring!

Roe, Tess, and Destiny  
GUTS! Core Summer Staff 2019  
YWCA Missoula  
1130 W. Broadway  
Missoula, MT 59802  
(406) 543-6691  
ywcaofmissoula.org

Participant's Name: \_\_\_\_\_

**Waiver and Release Agreement**

Please read carefully before signing. This is a release of liability and waiver of certain legal rights.

In consideration of my being permitted to participate in the activities of Girls Using Their Strengths (GUTS!) and /or the YWCA Missoula, I agree to the following Waiver and Release.

I acknowledge that hiking, backpacking and other outdoor activities have inherent risks, hazards, and dangers for anyone that cannot be eliminated, particularly in a wilderness environment. I UNDERSTAND THAT THESE RISKS, HAZARDS, AND DANGERS INCLUDE WITHOUT LIMITATION:

1. Travel in rugged country with possible avalanche danger.
2. Encounters with wildlife.
3. Temperature extremes.
4. Inclement weather conditions and unavailability of immediate medical attention in case of injury.
5. Injuries due to hiking accidents.

I understand these risks, hazards and danger of outdoor activities and have had the opportunity to discuss them with the GUTS! Staff. I understand that these activities may require good physical conditioning and a degree of skill and knowledge. I believe I have the good physical condition and the degree of skill and knowledge necessary for me to engage in these activities safely. I understand that I have these responsibilities. My participation in this activity is purely voluntary. No one is forcing me to participate and I elect to participate in spite of these risks. I AM VOLUNTARILY USING THE SERVICES OF GUTS!/ YWCA Missoula WITH FULL KNOWLEDGE OF THE INHERENT RISKS, HAZARDS AND DANGERS INVOLVED AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISKS OF INJURY , PARALYSIS OR DEATH.

Lastly, I for myself, my heirs, successors, executors and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS GUTS!/YWCA, their directors, officers, agents, employees, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE, of any kind or nature, whether such damage loss, injury, paralysis or death results from negligence of GUTS!/ YWCA or from some other cause I, for myself, my heirs, my successors, executors, and subrogees, further agree not to sue GUTS!/YWCA Missoula as a result of any injury, paralysis, or death suffered in connection with my use and participation in the activities of GUTS!/ YWCA.

I agree that GUTS!/ YWCA Missoula may photograph and record my likeness and activities. I grant the following rights to GUTS!/ YWCA Missoula, her/his agents and assigns: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge GUTS!/ YWCA Missoula and her/his agents and assigns from any and all claims arising out of use of the images for the purposes described above, including any claims for libel, invasion of privacy or other tortuous act.

I HAVE CAREFULLY READ, CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER AND RELEASE AGREEMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
If participant is under age of 18, Parent/ Legal Guardian

\_\_\_\_\_  
Participant's Name (Printed)

\_\_\_\_\_  
Parent's Name (Printed)

**HEALTH HISTORY**

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TRIP: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

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

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

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WE REQUIRE FULL DISCLOSURE OF YOUR CURRENT HEALTH. THE INFORMATION YOU PROVIDE MAY ASSIST PEOPLE IN THE UNLIKELY EVENT OF AN ACCIDENT. THEREFORE, BEFORE YOU FILL THIS FORM OUT, PLEASE READ IT CAREFULLY. FULL AND ACCURATE COMPLETION OF ALL SECTIONS IS VERY IMPORTANT.**

**PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:**

All known allergies: \_\_\_\_\_ Disabilities: \_\_\_\_\_

Heart Conditions: \_\_\_\_\_ Phobias or Fears: \_\_\_\_\_

Past Injuries/Illnesses/Seizures and Dates: \_\_\_\_\_

Past Operations and Dates: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Do you wear glasses/contact lenses? \_\_\_\_\_

Please list any other medical information or history that would be important for us to know: \_\_\_\_\_

**IF PARTICIPANT IS UNDER THE AGE OF 18, PARENT/GUARDIAN MUST COMPLETE THE SHADED BOX**

Doctor's Name: \_\_\_\_\_ Doctor's Phone \_\_\_\_\_  
Doctor's Address: \_\_\_\_\_  
Insurance Policy: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Blood Type: \_\_\_\_\_

**PERMISSION TO RECEIVE FIRST AID & TO SECURE MEDICAL HELP**

I am sufficiently fit to participate in this program. I have completed health history information that is accurate, complete, and true to the best of my knowledge. I agree to notify the program facilitator(s) of any changes to my health and fitness, which may occur before or during the program. Should I become ill or injured, I give permission for the program facilitator(s) to render first aid and to seek emergency medical or rescue services, as they see fit and at my cost.

Signature (If under 18 parent or guardian must sign): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:(last) \_\_\_\_\_ (first) \_\_\_\_\_

**GUTS! Girls Using Their Strengths  
Gear List for 2019 GUTS! Bike Day Camp**

An outdoor leader must be prepared so that travel through the outdoors is safe and fun. Use this list for packing. **Campers will need to bring their own lunch every day. Morning and afternoon snacks will be provided by GUTS!**

**Please wear to camp:**

- Sturdy shoes (sneakers or sandals with straps)
- Clothes comfortable for biking (sometimes longer shorts or leggings are better than shorter shorts)

**Please always bring in a small backpack:**

- Bicycle helmet
- Bike (Bring on Monday; Pick up on Friday!)
- Lunch (2 snacks provided by GUTS!)
- Water Bottle (leak proof is best!)
- Sunscreen
- Hat (baseball or sun)
- Rain Jacket (if rain is in the forecast)
- Layers (if cold)

**Optional Items:**

Camera, bug repellent

**Please leave valuables or electronics at home.**

**Packing List for Overnight adventure Thursday night:**

**Please bring in a separate bag at Thursday morning drop off. GUTS! will transport overnight gear up to County Rail Farm.**

- Sleeping bag (if you do not have this, let us know and we can lend you one)
- Sleeping pad (if you do not have this, let us know and we can lend you one)
- Small pillow
- PJ's and warm socks
- Change of clothes for Friday
- Headlamp/ Flashlight
- Rain jacket
- Warm layers
- Tooth brush
- Bathing suit + small towel
- Spirit of adventure!!!