

# Canoe Trip Information

Saturday, July 24<sup>th</sup>, 2010

**Depart:** 7:00am from Sacred Heart Church parking lot

**Return:** approx. 7:30pm to Sacred Heart Church parking lot

**Where:** Sugar Creek near Turkey Run State Park with Sugar Valley Canoe Trips, Ltd. in Marshall, IN

**Transportation:** chaperones (over age 25) will drive personal vehicles

**Food:** a picnic lunch and drinks will be provided

**Cost:** \$25 per youth

**Due Date:** permission slips and money are due to the parish office by July 12<sup>th</sup>

## Rules:

Everyone must wear a life jacket at all times while on the water. Everyone must stay with the group. There will be a canoe of chaperones at the front and back of our group. Everyone else needs to stay between them. No jumping off rocks, and absolutely no diving. Listen to chaperones at all times.

## Notes:

We will canoe 11.5 miles, and will be on the water for about 4.5 hours in the middle of the day. Please wear sunscreen and a hat to avoid sunburns. T-shirts are also a good idea. Wear water shoes or old tennis shoes. Do not wear flip flops or anything that does not strap onto your feet. Please leave valuables at home. Cell phones can be left in the vehicles while we canoe. Bring a towel and a dry change of clothes for the ride home.

If you have any questions or would like to volunteer to help chaperone the canoe trip please contact Kate Pruemer at (217)347-7177, [k.pruemer@sheff.org](mailto:k.pruemer@sheff.org), or (618)972-1869.



## Sacred Heart Canoe Trip for High School Youth Permission Slip & Consent to Treat

We request that our child \_\_\_\_\_ be allowed to go on the field trip to canoe Sugar Creek near Marshall, IN with Sacred Heart Church (hereafter the "Organization") presently scheduled to depart on July 24<sup>th</sup> at 7:00 am and to return on July 24<sup>th</sup> at approx. 7:30 pm because we believe this trip will benefit our child both educationally and spiritually.

We understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this trip and we have discussed these with our child. We further understand that we must assume all responsibility and liability for our child while traveling to, from, and during this trip. With this knowledge, we freely assume this responsibility and liability.

We also understand that it may not be financially feasible for the Organization to provide transportation for all those who are going on this field trip. Therefore, we understand that participants will be traveling by privately owned vehicles which may or may not be covered by insurance. With this knowledge, we hereby consent to our child traveling to, from, and during this trip in either of these manners.

We further understand that canoeing, and the activities related thereto are hazardous and we realize that injuries are a common occurrence. We freely accept and voluntarily assume all risks of personal injury or death, and property damage resulting from our child's participation in these activities. We fully understand that differences in height, weight, age, and skill, as well as the types and condition of any equipment used, also affect the dangerousness of these activities. We also acknowledge that we as parents/guardians are in the best position to know these things about our child. With this knowledge, we hereby consent to our child engaging in these activities.

We further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this trip and we agree to indemnify them for any such damages.

### Emergency Contact / Medical Information: (Please Print)

Father/Guardian: \_\_\_\_\_ Daytime/Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Daytime/Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Other Contact (if parents cannot be reached): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Company Address: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Medical Conditions/Allergies: \_\_\_\_\_

**We hereby also give our consent for our child to receive emergency medical care during this trip.**

**We hereby also give our consent for photographs of our child to be taken and released.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PARTICIPATION AGREEMENT, RELEASE AND ACKNOWLEDGEMENT OF RISK

I the undersigned, in consideration of the services of Sugar Valley Canoe Trips, Ltd., its officers, employees, agents or representatives (hereinafter referred to as .SV CANOE TRIPS, LTD.), hereby agree to release and discharge SV CANOE TRIPS, LTD. on behalf of myself, my heirs, assigns, personal representative and estate as follows:

1. I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer is an unguided canoe trip, which bears certain known risks and unanticipated risks which could result in injury, death, or damage to myself, to my property or to spectators or other third parties. The following describes some, but not all, of these risks: DROWNING, CAPSIZING, COLLISION WITH ROCKS OR OTHER ITEMS NATURALLY OR UNNATURALLY FOUND IN RIVERS, GETTING LOST, MISSING DOCKING SITE, EXPOSURE TO SEVERE WEATHER CONDITIONS, WILDLIFE ATTACKS AND INJURY CAUSED BY OTHERS WHILE PARTICIPATING IN THE CANOE TRIP.

2. With full knowledge that this activity entails both known and unknown risks of injury to myself, to spectators, and to other third parties, I accept and assume sole and entire responsibility for any loss of life or injury to myself, to others, and to any property arising from my participation in this activity.

3. I hereby covenant for myself, my heirs and assigns, not to sue and to forever release and discharge, and to hold harmless and indemnify SV CANOE TRIPS, LTD., its agents, employees, property owners, lessors, and all other persons or entities from any and all known or unknown, foreseeable or unforeseeable, bodily and personal injuries, damage to personal or real property, and the consequences thereof, in any way connected with my participation in the activity, including specifically but not limited to the negligent acts or omissions of SV CANOE TRIPS, LTD., its agents, employees, property owners, lessors, and all other persons or entities, for any and all injury, death, illness or disease, and damage to myself or my property.

4. Should it become necessary for SV CANOE TRIPS, LTD. or someone on their behalf, to incur attorney.s fees and costs to enforce this agreement, or any portion thereof, I agree to pay SV CANOE TRIPS, LTD..s reasonable costs and attorney fees thereby expended or for which liability incurred.

5. I certify that I have sufficient health, accident and liability insurance to cover any bodily injury or property

damage I may incur while participating in this event and to cover bodily injury or property damage caused to a third party as a result of my participation in this event. If I have no such insurance, I certify that I am capable of personally paying for any and all such expenses or liability.

6. I will be held liable for any damage or loss of equipment (Canoe \$500, Tube \$40, Paddle \$15, Life Jacket \$10). If I fail to dock at the pick-up bridge within the time limit, I agree to pay \$20 per hour late fee. If I abandon my equipment I will pay all costs incurred in retrieving equipment.

7. Having read this entire document, I fully understand and agree with its terms and conditions.

DATED: \_\_\_\_\_ TRIP NO: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

SIGNATURE(S) OF PARTICIPANTS SIGNATURE(S) OF PARTICIPANTS  
**PLEASE WRITE LEGIBLY**

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

PARENTAL/GUARDIAN AUTHORIZATION (Required only if participant is a minor)

I fully understand and agree with the terms and conditions above and sign on behalf of my minor child:

Minor Child(ren) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian Printed Name