

2024 Klamath Adventure Outdoor Series (KAOS)



Application

If you or your child have already submitted an application for the Klamath-Siskiyou Outdoor School (KSOS), you do not need to fill out the Health Information section again.

Name of participant: _____ Date of Birth: _____ Preferred Pronouns: _____

Mailing Address: _____

Parent/Guardian Name: _____

Parent/Guardian Home Phone: _____ Cell: _____ Work: _____

Parent/Guardian Email: _____

Please indicate ALL of the KAOS dates you would like to participate in.

_____ July 12 – Ages 10+: Rafting on the Klamath River near Happy Camp with invasive plant pulling.

_____ July 19 – Ages 7+: Rafting on the Klamath River near Orleans with fish habitat enhancement.

_____ July 26 – Ages 10+: Rafting on the Klamath River near Somes Bar with fish habitat enhancement.

*Activities may be adjusted for the safety and wellbeing of participants due to weather, river conditions, etc.

Lunch will be provided for all participants unless otherwise noted. Please list any dietary restrictions MKWC should be aware of: _____

_____ The participant will provide their own lunch (opt-out of MKWC-provided lunch)

Emergency Contact Information

The Parent/Guardian listed above will be contacted first. The following are to be contacted if the Parent/Guardian is unreachable.

1. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

2. Name: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Swimming Information

We will be swimming in the Klamath River (life jackets provided and required) during KAOS trips. Please indicate below the swimming ability of your child:

Beginner (comfortable only in shallow areas)

Intermediate (able to tread water for short periods of time)

Advanced (able to swim in deeper areas and through small riffles)

I give my child _____ permission to swim during KAOS, understanding that he/she will be watched closely, but I need tell KAOS staff if my child is a beginner swimmer.

Parent/Guardian Initials: _____

Transportation

Private Vehicle Transportation:

I give permission for my child to be transported in approved private vehicles for KAOS activities.

Parent/Guardian Initials: _____

Youth Pick-up:

I will pick-up my child at the specified time after each activity. If I cannot pick up my child on this day and time, I will give permission for another adult to pick-up my child and will alert the KAOS staff of this change.

Parent/Guardian Initials: _____

Healthcare Information

All health information is kept confidential and used by our staff or emergency medical personnel. Please fill out this form as completely as possible. Thank you!

Medications

Will the participant be taking medications while on raft trips? (Medications include prescription, over-the-counter, vitamins, inhalers, etc.) Yes No

If yes, please list any medications the camper will be taking at KAOS. Include dosage, what time(s) it should be taken, and reason for taking. Please also indicate if the participant will be responsible for administering their own medication or if KAOS staff will administer the medication.

Parent/Guardian Initials: _____

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Allergies

Does your child have allergies? Yes _____ No _____

If yes, please list the allergy. Describe reaction and treatment.

Health History

We value your privacy. Health history information is available only to the KAOS staff. The more information you provide, the better we can make sure your child has everything they need for a safe and fun experience.

Does the participant have any physical limitations or restrictions for KAOS activities?

Is there anything else we should know about the health and abilities of the participant?

My child has permission to engage in all KAOS activities except as noted. The information provided on this form is accurate to the best of my knowledge. I have indicated any special health conditions, including required medication and activity limitations, which should be known to the KAOS staff and medical personnel. I am aware of and accept the risk inherent in the program activity. I give consent in advance for KAOS staff to seek medical attention for my child.

Parent/Guardian Initials: _____

Parent/Guardian Release Forms

Liability Release

My child has permission to participate in the MKWC Klamath Adventure Outdoor Series I have requested the Mid Klamath Watershed Council to allow my child to participate in the Klamath Adventure Outdoor Series. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation can expose him or her to risks from known and unanticipated factors. Acknowledging that such risks exist, I hereby release and discharge the Mid Klamath Watershed Council and its trip leaders from any and all claims of liability for personal injury or property damage my child may suffer while on this trip. I understand that I release all liability for any loss, damage, or cost that may incur in the event of injury or damage while participating in KAOS activities.

Furthermore, in the event I cannot be reached in an emergency I hereby give permission to a physician selected by the Mid Klamath Watershed Council Leader to secure and administer medical treatment, including hospitalization, for my child. This medical care includes but is not limited to providing routine health care; administering over-the-counter and prescribed medications; ordering X-rays or routine tests; releasing any records necessary for insurance purposes; and providing related transportation for my child.

I acknowledge that any extraordinary emergency fees may be borne by the participant's parent/guardian. I understand that I, the parent, and the emergency contact will be notified by a representative of the Mid Klamath Watershed Council if my child is required to be seen by a hospital or physician.

Parent/Guardian Initials: _____

Wilderness First Aid Release

The Klamath Adventure Outdoor Series is dedicated to providing a safe, fun, and educational experience for your children. To make sure we are prepared for the trip, please take a moment to read and sign the below.

I, the parent/legal guardian of _____, give permission to the counselors of the Klamath Adventure Outdoor Series to provide emergency medical care if needed within the bounds of their training (CPR/First Aid, Wilderness First Aid, Wilderness First Responder, or Wilderness EMT) and according to accepted wilderness protocols. This care may include the reduction of simple dislocations; administration of ibuprofen, Benadryl, and EpiPen; and evacuation / spinal stabilization decisions. I understand that communication is limited in remote areas and that counselors will contact parents/guardians as soon as possible in case of an emergency.

Parent/Guardian Initials: _____

Media Release

I hereby authorize the Mid Klamath Watershed Council to use photographs, videos, and/or voice recordings of me and/or the child I am responsible for in any press release, publication, presentation, and social media posts, including but not limited to annual reports, newsletters, brochures, public service announcements or other forms of electronic or print literature, related to the work of the organization. I agree to indemnify MKWC, together with all its affiliates, employees, and directors, from and against any claims or losses arising from or related to any action by me in sharing any child's information to any third party.

Parent/Guardian Initials: _____

I certify that I have read and understand the information in this form and to the best of my knowledge, the provided information is true and accurate.

Parent/Guardian Signature: _____ Date: _____

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