

Chesapeake Bay Studies | May 2019



Program: Headwaters Adventure w/ Jon Mellinger and Erin Ferguson

Headwaters Hiking -- Headwaters Adventure—Head to the hills on this four night overnight trip. Centered near Shenandoah National Park, students will explore the western headwaters of the Chesapeake Bay through day hikes and guided paddles, all while camping and connecting with the natural world. **Away overnight Sunday-Thursday**

Itinerary:

	Time	Activity & Location
Sunday May 19	Noon	Arrive at Gunston to “shake-down” gear and load the van. Leave for Shenandoah National Park Tent camp at Loft Mountain
Monday May 20	Overnight	Hike to Black Rock Summit Transfer camp to Sherando National Forest Paddleboarding at campground
Tuesday May 21	Overnight	Hiking and Rock Climbing in Sherando National Forest
Wednesday May 22	Overnight	Paddle the South River with Rivanna River Company
Thursday May 23	Return to Gunston by 4pm	Depart camp Hike to Humpback Rocks or Tour Luray Cavern Return to Gunston

Packing List:

- \$ for snacks on Sunday and lunch on Thursday
- See attached overnight packing list

RECOMMENDED PACKING LIST

We recommend dressing in layers to stay comfortable. **Try to wear clothing other than cotton; it retains moisture more than any other clothing material.** Wool and synthetic materials will help keep moisture away from your skin.

What We Provide You

We will provide all specialized gear.

***PLEASE PACK IN A SMALL,
SOFT-SIDED DUFFLE BAG***

What You Should Bring

EQUIPMENT

- ☐ Rain gear
- ☐ Water bottle
- ☐ Medications
- ☐ Sunscreen
- ☐ Daypack for hikes

CLOTHING

- ☐ 1 hat (for sun or rain)
- ☐ 2 long sleeve shirt
- ☐ 2-3 short sleeve shirt
- ☐ 1 fleece jacket for cool evenings
- ☐ 2 pair shorts
- ☐ 2 pair long pants
- ☐ Shoes (sturdy tennis shoes or light boots-NO OPEN-TOE SHOES)
- ☐ Water shoes (Crocs, Keens, Tevas etc, no flip flops please)
- ☐ 4 pair of socks
- ☐ 1-2 Bathing suits

OVERNIGHT PROGRAM

- ☐ Toiletries
- ☐ Bug spray
- ☐ Flashlight or headlamp
- ☐ Spending money

What You Should NOT Bring

- ☐ Valuables (we are not responsible for lost or stolen items, so only bring those that you need)
- ☐ Sharp objects (knives, jewelry, etc.)
- ☐ Electronic devices
- ☐ Lighters, matches or other fire starters
- ☐ Gum
- ☐ Alcohol, drugs and tobacco are strictly prohibited on any school program.



Dear Families,

Bay Studies week is fast approaching. Students are meeting with trip leaders during ACT on April 16 and April 30 and have the following trip details, medical forms, and packing lists to share. The arrival and departure information for your program is listed below. Please take note of any departures or pick-ups that fall outside of Gunston's normal bus schedule. Your presence is required for the entire program; Mrs. Grabis must approve any absences prior to the trip. A doctor's note is required for illnesses during the week.

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Attached to this letter are recommended packing lists, supplies, and supplemental medical forms *as needed*. **Completed forms are due back by end of the school day on Tuesday April 30, 2019. Paperwork must be signed by parents or legal guardians only. Students bringing medications (prescription and over the counter) must have physician signed School Medical Administration Forms .** Missing or late paperwork will cause you to lose your seat! Please read your packing list closely, there is no such thing as bad weather, only bad clothing!

After reviewing your schedule, please sign this letter along with a parent, guardian or host parent, indicating that you have read and understand the obligations to bring in necessary paperwork and are aware of attendance requirements.

Sincerely,
Ms. Beck

(Student Signature)

(Date)

(Parent Signature)

(Date)

Rivanna River Company, LLC
1538 E. High Street, Charlottesville, VA 22902
(434) 218-2052 rivannarivercompany@gmail.com

Participant Release of Liability and Assumption of Risk Agreement

Name:	Age:	Organization (if applicable):
Street Address:	Cell Phone #	
Address Line 2:	Emergency Contact:	
City, State, Zip:	Emergency Contact Phone #:	
Email Address:	<input type="checkbox"/> Check here to receive seasonal email updates from RRC	

In consideration of being allowed to lease equipment and participate in any way in the activities, transportation, events, guided trips, or programs, I the undersigned, hereby assume all LEGAL responsibility for the inherent risks and dangers of the agreed to activities. I do hereby and acknowledge, appreciate, and agree the following conditions:

1. I understand that there are inherent risks involved with these activities including, but not limited to the potential for sunburn, sun stroke, heat exhaustion, dehydration, insect / animal bites, cuts, scrapes, broken bones, drowning, permanent paralysis, and death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
2. I agree to wear my life jacket at all times while on the water and will comply with all Federal, State and Local laws. I understand that consumption of alcoholic beverages is unsafe for any water activity and illegal in public (Which includes on the river and at public boat landings), and not approved by the Rivanna River Company.
3. I UNDERSTAND that there are seen and unseen dangers associated with this activity. I understand that severe storms or Acts of God may arise at a moment's notice and I will immediately remove my party from danger. I understand that on self-guided trips I am personally accountable for self rescue of my party. I willingly agree to comply with the terms and conditions. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I hereby agree to return all equipment at the mutually agreed set time, date, location in the same condition as it was received. I also agree that the boat will only be taken on the waters agreed to prior to the trip. I agree to report all damage or lost items immediately at the end of the trip and pay for them at that time, plus any collection attorney's fees that the Rivanna River Company incurs though my failure to do so.
5. I represent and warrant that I am of legal age (18 & older), and any person accompanying me are capable Swimmers, who are at least six years old, and are in good physical condition to participate in this trip. If signing for an underage person, I represent that I am their legal parent or guardian.
6. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

Page 1 of 2....please continue reading and sign the following page...

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE RIVANNA RIVER COMPANY, LLC , its officers, officials, agents and/ or employees, volunteers, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity (County of Albemarle, City of Charlottesville, Crockett Corporation, KIMCO LC), from any and all claims, demands, losses, expenses, and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; to the fullest extent permitted by law. This does not apply to claims, demands, losses or liability determined to be the result of the Gross Negligence or the Wanton and Willful Misconduct of the Releasees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature Date Emergency Phone Number(s)

_____ Check here if you would like to receive informative email updates about the river, local outdoor activities, and Rivanna River Co. outfitting services, seasonal schedule, and specials. Email addresses will never be shared, and opting out later is easy.

How did you hear about the Rivanna River Co.?

_____ Word of Mouth _____ Online Search _____ Social Media _____ News/ Magazine
_____ Flyer/Brochure Other _____

RRC Staff Use: Trip _____ Watercraft _____ Group Details _____
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Blue Ridge Mountain Guides, LLC

blueridgemtnguides.com 276-732-2001 Info@blueridgemtnguides.com

Name: _____ **Date:** _____

Address: _____

Email: _____

Physical or Medical Conditions

Are there any physical or medical conditions for which you have received medical treatment or for which you are currently receiving medical treatment? If so, please describe those conditions here: (including but not limited to: heart conditions, blood sugar problems, seizure disorders, asthma, allergies like bees/food, previous injuries or surgeries, etc...) *If none, please write N/A*

Allergies to Medicines: _____

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Photo Release

I, _____, acknowledge that photos may be taken of me and used for marketing online or in print without compensation to me.

(Signature)

(Date)

(Parent/Guardian Signature)

(Date)

BLUE RIDGE MOUNTAIN GUIDES, LLC

PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

READ BEFORE SIGNING

Participant Name: _____

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever.** .

2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.

3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.

6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS BLUE RIDGE MOUNTAIN GUIDES, LLC** its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, permit grantors, independent contractors, sub-contractors and, if applicable, owners and lessors of premises used to conduct the **Program (RELEASEES)**, from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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X _____
Parent/Guardian Signature Date Emergency Phone Number(s)