



# HHS Key Club



## Sat. Sept. 15. 2012 Team Building/Ropes Course Day Trip

Dear HHS Key Clubbers (Continuing and New Members),

Our Key Club is taking at least 20 students to a 9 am to 4 pm Ropes Course at the Four Winds course near Occidental on Sat. Sept. 15<sup>th</sup>. This is beautiful and highly safe course located about 45 min. from Healdsburg. The trip is a Key Club sponsored trip that costs us \$60 per person. Since we have some funds in our Club account, we are charging each Key Club member \$20 and asking for a 40 hour community service commitment during the rest of the school year.

We need 3 things from you:

1. Are you going and do you need a ride? We have adult drivers from our Healdsburg Kiwanis Club who can drive and some parents and drivers are going to spend the day at this beautiful site while the students participate. Students are able to drive themselves as well with valid driver's licenses. We are going to leave HHS parking lot at 8 am on the 15<sup>th</sup>. A nice way to spend a Saturday in September.
2. Can you let us know by Thursday's Key Club meeting on Sept. 6<sup>th</sup> if you are going and your ride needs? We want to make sure anyone who wants to go will be able to go.
3. You must fill out the Medical Information & Registration form and the Participant Agreement, and, if under 18, the Non-Participant Release Form and include the \$20. You can bring this with you on Saturday the 15<sup>th</sup> (DON'T FORGET YOUR PAPERWORK)

Leadership, team building are vital to our future and coupled with school and community service, our HHS Key Club looks to start our year off with a great experience.

Thanks

Jonah Brem, Pres.

Zoe Santucci, VP, Nellie Lindsay, Sect.. Conor Mahoney, Treas., Jeff Hickman, Media Chair.

### WHAT WE DO

Key Club International is the high school organization sponsored by Kiwanis International. HHS Key Club assists the Healdsburg Kiwanis Club in carrying out its mission to serve the children of the world. High school student members of Key Club perform acts of service in their communities, such as cleaning up parks, collecting clothing and organizing food drives. They also learn leadership skills by running meetings, planning projects and holding elected leadership positions at the club, district and international levels. Key Club International brings together all Key Club's members' efforts and energies into an area that makes an international impact through the Major Emphasis, "Children: Their Future, Our Focus." The Major Emphasis unites Key Clubs under the banner of service that deals with the most important part of our community, our youth.



## PARTICIPANT PREPARATION INFORMATION

**WELCOME TO THE FOUR WINDS ROPES COURSE.** The ropes course is an opportunity for you to participate with your team in games, initiatives, and playful challenges that are interspersed with periods of reflection and discussion. The creative problem solving process will challenge your group to assess their resources, gather information and make decisions that lead you to your desired outcome. Some activities are near the ground on cables and platforms; “high ropes” challenges involve trees, logs, rope ladders and nets suspended far above the ground. Our ropes course is *not* a test of endurance or physical aptitude; in fact, it’s not a test at all. We believe in the philosophy of **challenge by choice**, and throughout this day your choices will be respected and you will remain well within the limits of safety and comfort!

**MEALS:** Please pack a healthy and hearty lunch; physical activity increases appetite and thirst. Bring a filled water bottle that you can carry with you during the day.

**MENTAL PREPARATION:** Be prepared to try new things and to participate in physical and mental activities that will challenge your creativity.

**CLOTHING:** Wear your play clothes, since we will be playing outdoors! We advise that you wear clothing in layers, so you can adjust to the temperature changes in your body and in the environment. Mornings and evenings are often cool and damp, with warm (and possibly very warm) afternoons in between.

We will be physically active, so clothing should be loose fitting and comfortable. We recommend wearing sneakers or light hiking boots, loose fitting long pants, a long-sleeved shirt over a T-shirt, and a warm jacket. During the rainy months, bring rain gear (hooded raincoat and pants), wool sweater, an extra pair of wool socks, waterproof shoes, a wool hat and gloves. Please do not wear tight, restrictive or dressy clothing, jewelry, wristwatches or large belt buckles. Long hair should be tied back.

**WEATHER OR NOT:** Weather conditions can add another degree of challenge to the program. Some of the best adventure programs have been conducted on the hottest days, or entirely in the rain. These programs were successful because participants were physically prepared (appropriate clothing) and mentally prepared (willing to embrace the challenge). The program will be conducted unless the weather creates a hazard.

**WHAT TO BRING:** An open mind, a positive curious attitude, energy, insect repellent, sunscreen, hat or sun visor, lunch and water.

**WHAT NOT TO BRING:** Cigarettes, alcohol, drugs and pets.

FAX 707 569-0963      CALL 707 569--0917

1412 LAWRENCE WAY, SANTA ROSA, CALIFORNIA 95401

WEB SITE [WWW.TEAMBUILDINGTHATWORKS.COM](http://WWW.TEAMBUILDINGTHATWORKS.COM)    E-MAIL [FOURWINDS@TEAMBUILDINGTHATWORKS.COM](mailto:FOURWINDS@TEAMBUILDINGTHATWORKS.COM)

# FOUR WINDS, INC.

## MEDICAL INFORMATION and REGISTRATION FORM

Thank you for choosing Four Winds, Inc. Please, provide the following medical information so that we may properly care for you. This form is designed to inform the facilitator of any health condition or medication you may be taking. A complete disclosure, even seemingly unimportant information, will allow the facilitator to make better choices for your safety in certain situations or if a problem does occur. If you have questions or concerns, confer with your group's contact person or call us.

During the program, you will have opportunities to bend, stretch, run and climb, which may double your normal resting heart rate. You will be expected to make all decisions about whether any particular activity is appropriate for your health and fitness levels. If you doubt your ability to attempt the program activities described above and in the accompanying literature, consult a qualified health professional.

ORGANIZATION: \_\_\_\_\_ PROGRAM DATE (S): \_\_\_\_\_

### SECTION I: REGISTRATION

Name: \_\_\_\_\_ Emergency Contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_ Phone: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Phone:(home) \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Phone:(work) \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### SECTION II: MEDICAL INFORMATION

For each of the following, circle YES and EXPLAIN BELOW if you have any previous injuries, pre-existing conditions, special conditions or pertinent medical information. Otherwise, circle NO. This information will remain confidential.

	Yes	No		Yes	No		Yes	No
Eyes	Y	N	Lungs	Y	N	Restrictions to		
Ears/Hearing	Y	N	Asthma	Y	N	Strenuous Activity	Y	N
Neck/Shoulders	Y	N	High Blood Pressure	Y	N	Recent Surgery	Y	N
Recent Broken Bone	Y	N	Angina/Chest Pain	Y	N	Recent Major surgery	Y	N
Joint Dislocation	Y	N	History of Heart Disease	Y	N	Illness	Y	N
Diabetes	Y	N	History of Heart Attack	Y	N	Pregnant	Y	N
Epilepsy/Seizures	Y	N	Recurrent Back Problem	Y	N	Smoke Cigarettes	Y	N
History of Dizziness or			Groin/Hernia	Y	N	How many cigarettes per day?		
Fainting	Y	N	Contact Lenses	Y	N	Other	Y	N

**EXPLAIN ANY 'YES' ANSWERS HERE:**

\*Please complete the *top, bottom and front* of this form to expedite medical care in the unlikely event of an emergency.

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

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

Your Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies (food, medicine, plants, etc.): \_\_\_\_\_ Describe reaction: \_\_\_\_\_

Currently taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Reason for medication: \_\_\_\_\_



## PARTICIPANT AGREEMENT

In consideration of the services of Four Winds, Inc., their officers, agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "4W") I agree as follows:

Although 4W has taken reasonable steps to provide you with appropriate equipment and skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you: this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to your equipment, accidental injury or illness or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all of those risks:

Ropes course activities which include: the possibility of slips and falls; rope burns, pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards. During an activity there may be contact with plants, animals or insects that could create hazards such as stings, allergies, and associated diseases.

I am aware that this activity entails risks to myself. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. 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 certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including minor children, for bodily injury, death and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative, estate and for all members of my family, including any minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by 4W including those made in its brochures or other promotional material, to induce me to participate in this activity.

Signature of Participant: \_\_\_\_\_ Print name: \_\_\_\_\_

## PARENT/GUARDIAN AGREEMENT

I agree with the above and I authorize 4W to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, medical attention is needed by the minor. I further authorize appropriate medical personnel to render such medical treatment as is necessary for the health of the minor. I agree that once that minor is in the care of medical personnel or hospital, 4W shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

**If under 18, signature of parent or guardian:** \_\_\_\_\_ **Print name:** \_\_\_\_\_



## Four Winds, Inc. Non-Participant Release Form

During your visit to our ropes course, you need to be aware that you are at a challenge course in an outdoor environment built in and among trees and bushes. You may be exposed to certain hazards including, but not limited to, uneven terrain, falling branches, poison oak, ticks, snakes, and the possibility of injury from boards, ladders, bridges, as well as participants using our site. Your signature below indicates your willingness to visit this ropes course with full knowledge of the risk involved.

So that we may properly care for you in the unlikely event of an emergency, please read and sign all three sections below. Those under 18 must ALSO have a parent or guardian's signature.

### SECTION I: REGISTRATION

ORGANIZATION: \_\_\_\_\_ PROGRAM DATE(S): \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**An Emergency Contact:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### SECTION II: MEDICAL INFORMATION

Do you have any current medical condition, limiting physical disability or handicap (temporary or permanent)?

YES NO Describe any YES answers.

Are you currently taking any medication?

YES NO Describe any YES answers.

Do you have any allergies?

YES NO Describe any YES answers.

### SECTION III: ACKNOWLEDGEMENT, ASSUMPTION OF RISK AND RELEASE OF LIABILITY

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors, including ropes courses and adventure programs. I ACKNOWLEDGE that Four Winds, Inc. and its employees and agents take all reasonable safety precautions in the operation of this adventure program.

I VOLUNTARILY AGREE to enter the ropes course grounds at my own risk for the Program to be conducted on the above dates for the above Organization by Four Winds, Inc. and its employees and agents. I FURTHER AGREE to obtain a qualified medical opinion if I am in doubt my ability to observe or participate. I AGREE to participate only to the extent that my medical, physical, emotional or other conditions create no undue risk to myself, other participants or Program Staff.

I AGREE to assume full responsibility for my actions and their consequences, and for any inconvenience resulting from any circumstance or injury to my person and/or property. I AGREE that my personal insurance and any provided or maintained by the above Organization, or by any other person or entity, on my behalf shall supercede and be used before any of the insurance coverage that may be provided by Four Winds, Inc.

I HEREBY RELEASE, and agree to INDEMNIFY AND HOLD HARMLESS Four Winds, Inc. and their officers, directors, shareholders, employees, associates, guides and agents of each organization, from any and all liability, claims or demands (except those arising from negligence of the aforementioned parties) that I, my heirs, executors, administrators, assignees, distributees, personal or legal representatives, and all members of my family, may now have or in the future make for any injury, loss, death or damage of any kind resulting from my participation in this Program.

I AGREE that any dispute concerning this Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association then in effect, as a condition precedent to any legal action that may be taken by me or on my behalf to resolve said dispute.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon me and my heirs hereafter.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (If the participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_



## DIRECTIONS TO THE FOUR WINDS ROPES COURSE

The Four Winds Ropes Course, which is located on the grounds of the Ocean Song Farm and Wilderness Center is on Coleman Valley Road. Ocean Song is a beautiful 330 acre wilderness preserve overlooking the Pacific Ocean.

**PLEASE DO NOT USE Mapquest, Google Maps, Yahoo Maps or any form of GPS - It is not accurate in this area!**

**Travel:** Four Winds is located on Coleman Valley Road, known for being very beautiful, narrow and winding. It was voted the most scenic drive in Sonoma County and is popular with cyclists, too. Allow plenty of time to enjoy your drive.

### Travel Times From:

Sebastopol	30 minutes
Santa Rosa, downtown	45 minutes
Cotati (Hwy. 116 W exit)	45 minutes
San Rafael	1 hour, 15 minutes
Golden Gate Bridge	1 hour, 30 minutes

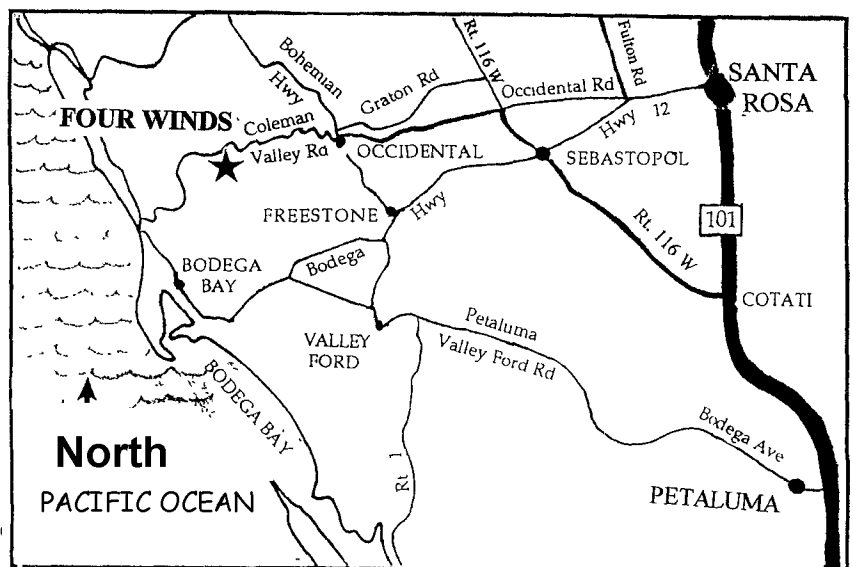
### Directions:

#### From the Bay Area:

Take Highway 101 north to Highway 116 west

#### From Sebastopol:

Follow 116 west through Sebastopol to Occidental Road. (Stop light /gas station)  
Turn left on Occidental Road and continue in t



#### From Occidental:

Find Coleman Valley Road, which is at the four way stop in the center of the village of Occidental (This is the **ONLY** four way stop in Occidental), and Coleman Valley Road only goes west. Travel west on Coleman Valley Road.

In approximately 1 1/2 miles, Coleman Valley Road makes a sharp right turn at Joy Road. Do not follow Joy Road! Continue for 3 1/2 more miles on Coleman Valley Road until you see a Four Winds sign post on the right side of the road. **You will travel exactly 5 miles from the four way stop in Occidental to the Four Winds entrance.**

**The Entrance to Four Winds Ropes Course is on the left side of the road, through the gates of Ocean Song.**

#### From the North of Santa Rosa:

Take Highway 101 south to Highway 12 west at Santa Rosa.  
Follow Highway 12 west to Sebastopol.  
Highway 12 intersects Highway 116 in Sebastopol.  
(Follow the directions above from Sebastopol)

#### From Highway 80:

Take Highway 37 through Vallejo to Highway 101 north.  
(Follow the directions above from the Bay Area.)

FAX 707 569-0963

CALL 707 569-0917

Office Address (not the ropes course): 1412 Lawrence Way, Santa Rosa, CALIFORNIA 95401

WEB SITE: WWW.TEAMBUILDINGTHATWORKS.COM E-MAIL: FOURWINDS@TEAMBUILDINGTHATWORKS.COM