What are we doing?
This summer high school youth from Resurrection will gang up with kids from All Souls, Berkeley and Christ Church, Alameda to do fire recovery for the devastating 2018 Camp Fire that ravaged Paradise and Magalia, California. Following the sweaty work part, we’ll take a couple of days to explore the mountains of Northern California, likely camping at Mt. Lassen National Park. The trip is open to any youth who have finished 9th-12th grades.

Logistics
We’ll drive to Magalia, CA after church on Sunday, August 2. Magalia Community Church, adjacent to Paradise, CA, will be our base of operations. We’ll be staying, appropriately, at a historic fire house across from the church. During the week we’ll work on a range of long-term fire recovery projects in coordination with the disaster-recovery team of Magalia Community Church and the Episcopal Diocese of Northern California. Later this spring we’ll determine the actual projects.

Fun Stuff
After our hot and sweaty work each day, we’ll grab showers, eat good dinners, and do a range of activities, like swimming, late-night trips to Dairy Queen, not-dorky spiritual stuff, and celebrity clergy karaoke. At the end of the trip we’ll camp for two nights in the splendor of Northern California’s mountains, likely Mt. Lassen National Park. We’ll return home on August 9.

How do I sign up?
Bring a $250 non-refundable deposit check to the church, along with the signed trip-agreement no later than May 15. And, be ready to help raise additional money for the trip by doing some group fundraising. And, come to an orientation meeting on Sunday, April 26, after church – site TBD.
High School Immersion Trip to Magalia, CA August 2-9, 2020 Participant Information; Statement of Consent and Release of Liability; Medical Information; Medical Authorization; Photo/Video/Audio Release; Community Agreement

Participant’s Name: ____________________________________ / Grade (2020-21): ______

Church: ________________________________ / Home Phone: _________
Address: __________________________________ City/State: ____________________ Zip: ________
Youth E-Mail: ___________________________________ Youth Cell: __________________________

Parent/Guardian(1): ____________________________ Phone:_______________________
Email: __________________________________________
Parent/Guardian(2)_____________________________ Phone:_______________________
Email: __________________________________________

Statement of Consent and Release of Liability
As parent or legal guardian, you remain fully responsible for the actions and conduct of your child. If your child is unable to complete this activity due to health, injury, behavioral concerns or disruptive activity, you, as parent or legal guardian, are responsible to arrange immediate transportation home for your child at your own expense.

I hereby consent to participation by my child, ________________________________________, in this immersion trip. I understand that the immersion trip will take place away from the parish grounds and that my child will be under the supervision of designated parish employees and volunteers from August 2 – August 9, 2020. I further consent to the conditions stated above on participation in this event, including traveling in vans, cars, and public transportation as the method of transportation, and I agree that if my child is unable to complete this activity due to health, injury, behavioral concerns or disruptive activity, I, as parent or legal guardian, am responsible to arrange immediate transportation home for my child at my own expense. In consideration of my child being allowed to participate in this immersion trip, I hereby agree on behalf of myself and my child, to release the parish of Church of the Resurrection, Pleasant Hill, the Diocese of California, the Episcopal Dioceses of California and Northern California, any parishes or churches where the group will stay or work, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively “Releases”) from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation in the immersion trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child’s participation in the immersion trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this release or indemnification shall apply to the extent of any self- insurance or deductible applicable to any claim.

(Parent or Guardian's Name — Print) ____________________________________________________________ / _________________________
(Parent or Guardian's Signature) (Date)

Photo/Video/Audio Release
I give the Episcopal Diocese of California and Church of the Resurrection, Pleasant Hill permission to take photographs, video footage and/or record the voice of ________________________________________, a minor and to use those images and recordings in diocesan and church publications and materials.

(Parent or Guardian's Signature) (Date)
Medical Information / Authorization

In case of an emergency, where the above persons cannot be reached, please notify:

Name: __________________________ / Relationship: ______________________ / 

City of residence: ____________

Home Phone: _________________________________ / Cell: _______________________

Birthdate of minor: ______ Last tetanus shot: _______________ T-Shirt Size: __________

Allergies: _________________________________________________________ Vegetarian? Y / N

Special needs/Food Issues:
________________________________________________________

Medications: __________________________________________________________________________
(medications must be given to trip staff for duration of the trip, they will be dispensed according to prescription)

Family physician: ________________________________________ / Phone #: __________

Insurance Co.: ___________________ / Policy #:_______________________

Phone #: ______________________

I/we, the parent(s) or legal guardian(s) of ____________________________________, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

___________________________________________________________/_________________
(Parent or Guardian's Signature) (Date)

Community Agreement for All Participants

I agree:
1. TO respect the needs and property of other participants and chaperones;
2. TO participate in community activities, including chores, programming, prayer, etc;
3. TO act respectfully towards the people whom we are going to serve, including dressing modestly;
4. TO participate in all fundraising activities to help pay for this trip.
5. NOT to leave the event or grounds without permission of an adult chaperone;
6. NOT to bring or use alcohol or any illegal drugs;
7. NOT to participate in any violent behavior, including the possession of weapons;
8. NOT to smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
9. NOT to participate in any sexual behavior;
10. NOT to bring a cell phone, iPod, MP3 player, computer, mobile gaming or video device on the trip.

I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to return home at the expense of my parent(s)/guardian(s).

___________________________________________________________/_________________
(Participant’s Signature) (Date)