# Pisgah Program Event Registration

Dear: _____ Date: _____

We are excited to have your group come to the Pisgah Program Challenge Course. We hope you will have a fun and enjoyable experience and your group will also move closer to achieving its goals.

**We currently have your group scheduled:** _____

**The activity you are doing is:** _____

**Your Cost: $ _____ / person and minimum cost/deposit of: $ _____**

| Activity* | Length of Day** | Cost/person | Minimum cost & deposit |
|---|---|---|---|
| Initiatives/Team Building/Low Course | Half Day | $20 | $200 |
| Initiatives/Team Building/Low Course | Full Day | $25 | $250 |
| High Course Activities | Half Day | $22 | $220 |
| High Course Activities | Full Day | $32 | $320 |

*High Course prices include Initiatives/Team Building/Low Course challenges that may be appropriate to your group's goals.
**Full day is between 4 and 8 hours. Half day is 4 hours or less. All Events must occur between 8 am and 8 pm. Half days must end before 12:30 pm or start at/after 1pm and end before 5pm or start at/after 4 pm and end by 8 pm.

## The Leader

You will be the central person connecting this challenge course experience with your participants so it is vital that you communicate the necessary items to them. As the leader, you need to complete the following items:

- ❑ Send the minimum **DEPOSIT** so that we can reserve your date a *minimum of 2 weeks before scheduled date*. If a cancellation occurs within 2 weeks of your scheduled date, you will forfeit your deposit; however, it may be used toward rescheduling another date.
- ❑ Send your **CERTIFICATE OF INSURANCE** to the Pisgah Program *at least 2 weeks before scheduled date*. **Fax # 724.847.6887** (Page 5). *To obtain this certificate send page 5 to your insurance agent.*
- ❑ Send us your **GOALS** *2 weeks before scheduled date.* Email them or **Fax to # 724.847.6887** (Page 8).
- ❑ You must arrange your own transportation. **DIRECTIONS** and a **MAP** are included (Page 6-7).
- ❑ You may buy **LUNCH** (hamburgers, hotdogs, & drink; vegetarian options available) for $6.25/person additional cost.

## Participants

You will need to have each participant fill out the following:

- ❑ **WAIVER** (Page 3). If individuals have not completed these items they will not be permitted to participate. *Also note if participants are under 18 years old, they also need their parent's signature.*
- ❑ **MEDICAL FORM** (Page 4).

It is very important that you are diligent in completing the necessary information in this packet. We are required to withhold participation due to oversights in parents' signatures and certificate of insurance information.

We look forward to working with your group/team in the upcoming weeks. Please feel free to call us with questions.

Sincerely,

Pisgah Program Staff

724.847.5223 Fax 724.847.6887
3200 College Ave.
Beaver Falls, PA 15010
http://www.geneva.edu/page/pisgah

# Ropes Course Clothing List

You will need to bring the following items to facilitate a safe, fun time. For comfort and safety concerns, please read this list and bring the necessary items.

- ❑ Wear clothes appropriate for the weather.
- ❑ Wind proof/Rain proof outer layer (both top and bottom).
- ❑ Sneakers or boots are appropriate. (No sandals or anything resembling sandals.)
- ❑ One or two full water bottles (use old plastic soda bottle).
- ❑ Lunch or snacks depending on the time and duration of the experience.
- ❑ Journal and pen if requested.

IF IT IS COLD:

- ❑ Wear wool or synthetic socks (not cotton).
- ❑ Bring wool pants and shirt(s) or synthetic long underwear. Do NOT wear cotton because if it gets wet it has no insulating properties. Bring several layers.

# Directions to Geneva College's Pisgah Program Ropes Course

**From PA Turnpike (I-76):**

Take the Turnpike to Exit 13 Beaver Falls/PA Rout 18. Take 18 South for 4.3 miles past Geneva College. Turn left onto PA Route 588 East after D&G Rent-Alls, traveling over the blue Eastvale Bridge. At the stop sign over the bridge, turn left continuing on PA Route 588 East. Follow this road 1.4 miles and turn right onto Shaffer Road, immediately after Edgewood Road on the left. Follow Shaffer Road approximately 1 mile to a stop sign. Turn right onto Sunset Drive at the stop sign. Go down the gravel road and turn right onto the first driveway, labeled with mailbox #288. Follow the driveway past the house. The driveway is very steep and can pose problems for smaller cars. Also, please be respectful of our neighbors.

**From the Pittsburgh Airport vicinity:**

Take PA Route 60 North. Get off at the Chippewa/PA Route 51 Exit #15. At end of off ramp turn left onto PA Route 51 West. Turn right onto Darlington Rd./PA Route 588 East. Follow Darlington Rd./PA Route 588 East for 1.7 miles. Turn left at stop sign by Steffen Hill Presbyterian Church, continuing to follow PA Route 588 East via Steffin Hill Rd. Turn left on 7th Ave/PA-18/PA-588. Go 0.1 mile and turn right onto the blue Eastvale Bridge Continuing to follow PA Route 588 East. At the stop sign over the bridge, turn left continuing on PA Route 588 East. Follow this road 1.4 miles and turn right onto Shaffer Road, immediately after Edgewood Road on the left. Follow Shaffer Road approximately 1 mile to a stop sign. Turn right onto Sunset Drive at the stop sign. Go down the gravel road and turn right onto the first driveway, labeled with mailbox #288. Follow the driveway past the house. The driveway is very steep and can pose problems for smaller cars. Also, please be respectful of our neighbors.

**From PA Route 65 (from the north or south):**

<u>From the North/Ellwood City</u>: Follow PA Route 65 South past PA Route 588 intersection (look for the Shell gas station). Continue south on PA Route 65. Look for Bologne Valley Rd. Turn right at next road, Sunset Dr. (labeled as Wise's Grove Rd. to the left). Follow Sunset Dr. to intersection at Stuber Rd. Go straight and turn right onto the first driveway, labeled with mailbox #288. Follow the driveway past the house. The driveway is very steep and can pose problems for smaller cars. Also, please be respectful of our neighbors.

<u>From the South/New Brighton</u>: Follow PA Route 65 North just past Stop N Sock on the right. Turn left at first road past Stop N Sock, Sunset Dr. (labeled as Wise's Grove Rd. to the right),. Follow Sunset Dr. to intersection at Stuber Rd. Go straight and turn right onto the first driveway, labeled with mailbox #288. Follow the driveway past the house. The driveway is very steep and can pose problems for smaller cars. Also, please be respectful of our neighbors.

**Bus directions:**

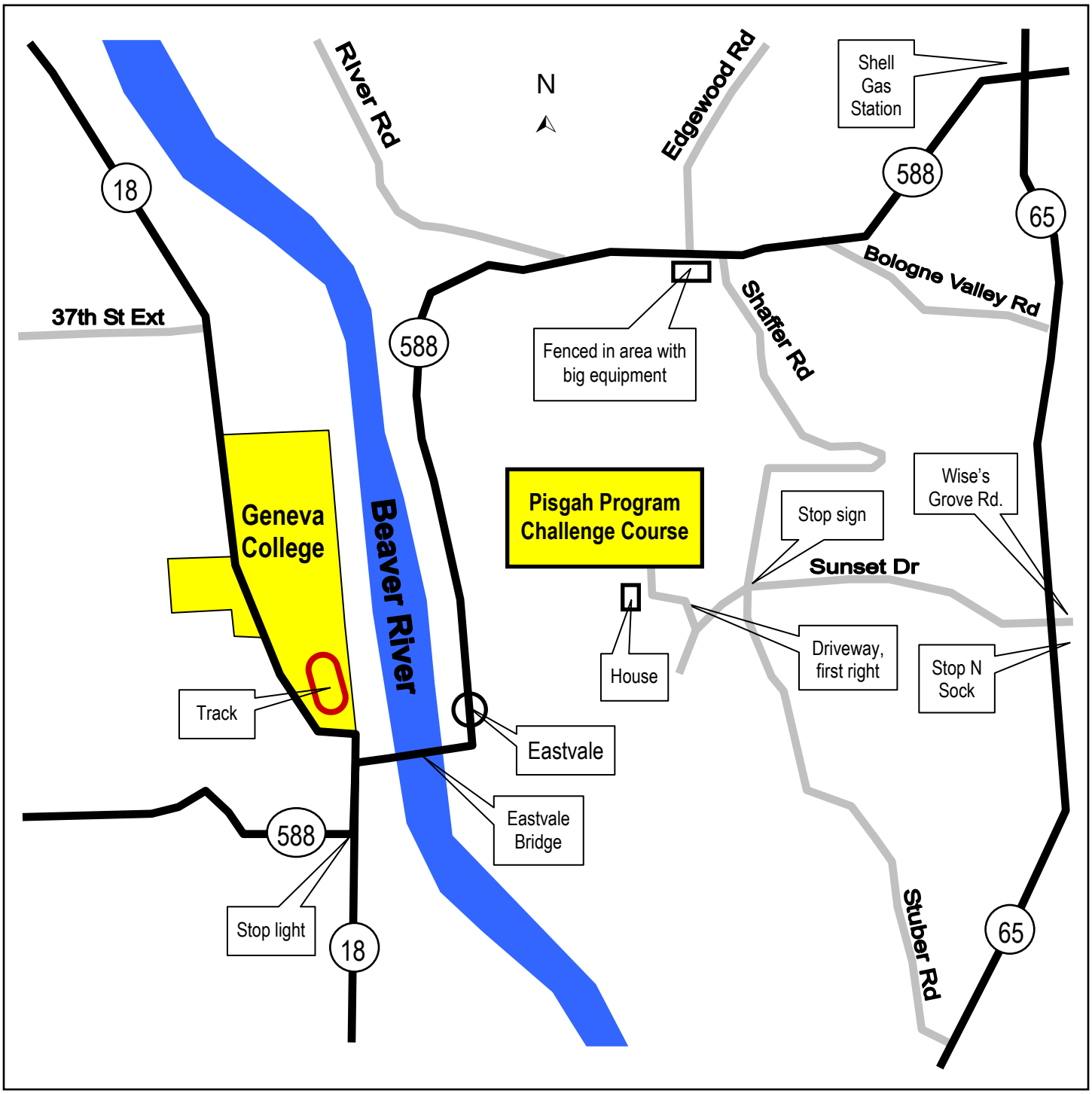
Busses may not use Shaffer Road due to weight limits on the bridge right when you turn onto the road. Therefore busses must PA Route 65. Follow PA Route 588 to PA Route 65 and follow directions for PA Route 65 from the north listed above.

**Internet Directions:**

Using Google Maps or Mapquest.com, input your address and the following address to get detailed directions.

288 Sunset Dr.
Beaver Falls, PA 15010

# Map to Pisgah Program Ropes Course



# Certificate of Insurance

**Listing Geneva College as "Additional Insured"**

Dear Insurance Agent and/or Church Insurance Liaison,

One of your insurance customers is requesting Geneva College to be listed as "Additional Insured" under their insurance coverage. This "Additional Insured" status is required for them to partake in team building and challenge course activities with the Pisgah Program of Geneva College.

Yes, the challenge course staff are trained and familiar with safety protocols for the exercises that they are leading. Cell phone and risk management plans are in place. Leaders do have CPR certification and additional medical training (depending upon the activity).

The challenge course facility is inspected yearly by an organization familiar with the ACCT standards for challenge courses/ropes courses. As required each individual is required to complete a medical survey and sign a liability release waiver prior to participation. If the participant is under 18 years old a parent or guardian must sign this document. Although injuries do happen, the challenge course has a great safety history. We pride ourselves by offering educational experiences for groups very safely.

In regards to the certificate of insurance:

- It must list Geneva College as "Additional Insured".
- It must list day(s) of activity & list activity group is doing - "Challenge Course".
- It must list the certificate holder as "Geneva College – Pisgah Program; 3200 College Avenue; Beaver Falls, PA 15010".
- It should read like this: "Geneva College is included under General Liability as Additional Insured with respect to the Challenge Course Activities on Mmmm dd, yyyy."

Please Fax Certificate of Insurance to the Pisgah Program at 724.847.6887

If you have further questions in regards to this insurance request you may contact Geneva College's AVP Controller, Steve Ross, at 724.847.6541

Thank you,

Pisgah Program Staff

# Group Goals Sheet

Please make photocopy for yourself & return this to the Pisgah Program ASAP

Your name:

Group:

Activity:

Date of Activity:

Time of Activity:

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GOALS:

Please list the goals for your group and any information that would be helpful to design the best learning experience for your team/group.

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1.

2.

3.

4.

5.

Other Information:

**If possible, fax to 724.847.6887**

# PISGAH PROGRAM AT GENEVA COLLEGE

## PARTICIPANT AGREEMENT, RELEASE, AND ACKNOWLEDGMENT OF RISK

In Consideration of the services of the Pisgah Program at Geneva College, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as the "PPGC"), I hereby agree to release, indemnify, and discharge the PPGC, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based activities such as caving, rock climbing, backpacking, canoeing, white water rafting and canoeing, and high and low challenge course activities entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. Furthermore, the PPGC guides/instructors/facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and equipment being used might malfunction.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the PPGC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of the PPGC's equipment or facilities, including any such Claims which allege negligent acts or omissions of the PPGC.
4. Should the PPGC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
6. In the event that I file a lawsuit against the PPGC I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the PPGC on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

**Signature of Participant:** _____ **Print Name:** _____

**Address:** _____ **Phone:** (_____)_____

**Date(s) of Activity:** _____ **Date signed:** _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION** – Must be completed for participants under the age of 18

In consideration of _____ being permitted by PPGC to participate in its activities and to use its equipment and facilities; I further agree to indemnify and hold harmless PPGC from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

**Signature of Parent/Guardian:** _____ **Printed Name:** _____

**Date(s) of Activity:** _____ **Date signed:** _____

**Photo/Assignment Release:** I, _____ , as a participant on a Pisgah Program sponsored event, release to the Pisgah Program any photographs taken of me while on the trip. I acknowledge that these photographs become the property of the Pisgah Program and can be used for presentations or promotional purposes. Furthermore, I acknowledge that any written assignment which is turned in to the Pisgah Program staff (Excluding Journals), becomes the property of the Pisgah Program and can be used for presentations or promotional purposes. I have read and fully understand the material presented above and agree to release to the Pisgah Program, photographs and assignments as outlined in this release form.

**Signature of Participant:** _____ **Date:** _____

# Geneva College Confidential Medical Information Form

Name: _____ Birth date: _____ Circle: Male / Female

Home Address: _____ Home Phone: _____-_____-_____

City, State, Zip _____ School/Bus. Phone: _____-_____-_____

**Emergency Contact Information:**

Contact's Name: _____ Relationship to you: _____

Address: _____ City, State, Zip: _____

Phone: _____-_____-_____ Business Phone: _____-_____-_____ Cell Phone: _____-_____-_____

Family Physician's Address & Phone: _____

Insurance Company: _____ Policy Number: _____

## MEDICAL HISTORY

**Name any illness or condition for which you are now under treatment and list any medications you are currently taking (including over the counter medications):**

If you have now, or have had, any of the following symptoms/conditions, please check "Yes" if not check "No":

| | Symptoms or Conditions | YES | NO | | Symptoms or Conditions | YES | NO |
|---|---|---|---|---|---|---|---|
| 1. | Dizziness, loss of consciousness, or recurrent headaches | | | 7. | Do you have Asthma? | | |
| 2. | Eye, ear, nose, throat or sinus symptoms | | | 8. | Symptoms related to the gastrointestinal tract, recurring abdominal pain, etc... | | |
| 3. | Impairment of sight, hearing, or speech | | | 9. | Albumin, sugar or blood in urine; kidney stone or other urinary difficulties | | |
| 4. | Chronic cough or coughing up of blood | | | 10. | Muscle, joint or back pain, bursitis | | |
| 5. | Chest pain, palpitation, heart murmur, high blood pressure, heart condition | | | 11. | Any condition limiting you from participation on this challenge course | | |
| 6. | Leg cramps, varicose veins, or varicose ulcer | | | | | | |

**Give details below to any number above that you checked "YES":**

**List below any medications/drugs (Penicillin, sulfa, tetanus antitoxin, etc…) or bites/stings to which you are allergic:**

In the event of an emergency I hereby give permission to the physician selected by the instructor to hospitalize, secure proper treatment, and to order injections, anesthesia, or surgery.

Print Name:_____

Signature: _____ Date:_____

# Group Check List

Group Name: _____ Date of Activity: _____

Group Contact: _____

Total # in Group: _____ Number of Groups: _____

Please fill out the participant's name and then check all the boxes that apply to insure that all your participants have the necessary information.

| | | | Waiver | | |
|---|---|---|---|---|---|
| | Participant's Name | Over 18 | Under 18 | Parent Signature | Medical Form |
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Please place all Waivers and Medical forms together under this sheet.