



Participants and Parents/Guardians,

We are excited about your participation with a Beyond Malibu trip this summer. It is sure to be an unforgettable experience! To help prepare you for your Beyond Malibu adventure, we have created this informational guide. Please read the guide in its entirety and contact us if you have any questions. Below, you will find a checklist that should be completed before departing for your adventure. All forms must be turned into your trip leader. Preparing these items well in advance of your trip is highly encouraged. For questions pertaining to your groups travel plans, payment, and all other details, please contact your group's organizer.

Checklist for Participants:

- Completed Camping Health, Consent and Release Form** (instructions on page 4):
 - Print and Complete** - Fill out all required fields on the Camping Health, Consent and Release Form (pages 7 and 8).
 - Present and Sign**- Present the physician's cover letter (page 6) to your physician and have the physician fill out the "Health Care Recommendations" portion as well as sign appropriate places on the Camping Health, Consent and Release Form.
 - Turn in**- Turn in the **complete and printed form including physician's signature** into your trip leader. You must have a hard copy brought to Beyond Malibu.
- Prescription Medications:** ensure that you follow our guidelines for packaging and bringing prescriptions to Beyond Malibu (instructions and guidelines on page 4)
- For Food Allergies or Dietary Restrictions:** communication with your trip leader and Beyond Malibu's office at least 10 days prior to your trip (page 2)
- Proper Identification for Border Crossing** (if traveling from outside Canada, see details on page 9)
- Signed Border Crossing Consent Letter** (sample on page 10, get your form from your trip leader, only applies to those 18 and under traveling from outside Canada)
- EXCITEMENT FOR YOUR TRIP!**

Have any questions about a Beyond Malibu hiking trip?

Feel free to contact us:

Young Life Beyond Malibu

P.O. Box 15662, Seattle, Washington 98115

Phone: 206-525-0791 Fax: 206-525-1207

Email: beyondmalibu@beyondmalibu.younglife.org

Website: <https://beyondmalibu.younglife.org>



A Guide to Young Life's Beyond Malibu Mountain Adventures

Young Life's Beyond Malibu Mountain Trips are unique high mountain adventures specifically designed to captivate and enrich the lives of young people. Beyond Malibu is located in the beautiful Princess Louisa Inlet, 1.5 hours by water taxi north of Egmont, British Columbia, Canada. Our Beyond Malibu hiking base camp is at sea level two miles into the Princess Louisa Inlet. The group will travel to Beyond Malibu's base camp to meet their guides, pack, and prepare for the trip ahead. From base camp they will travel to their specific trailhead and begin their adventure.

We believe communication with participants and their parents is important to the success of our ministry. We want you to be informed and familiar with our program. Our mission is to provide a high-quality and safe mountain experience where one has the opportunity to climb peaks ranging from 5,000 to 8,500 feet in elevation, sleep under the stars, cross crystal clear streams, and hike through some of the most beautiful scenery in British Columbia, Canada. Most importantly, we desire to facilitate an individual's growth in Jesus Christ and to provide time to examine one's life in relation to the God who created them. We strive to serve through teamwork, trust, vulnerability, caring, and developing relationships.

General Information:

Guides: Two experienced guides who have training in mountaineering, navigation, relationship building, and first-aid lead each trip. Guides are certified in Wilderness Advanced First Aid through the Wilderness Medicine Associates (<https://www.wildmed.com>). At Beyond Malibu, the guides are with their group from arrival on Saturday afternoon until breakfast on the following Saturday morning.

Food: Trip food is prepared at basecamp prior to going out on the trail. We provide wholesome, healthy food specifically designed to properly nourish the body in relation to wilderness hiking. If there is a food allergy, *please make sure your Beyond Malibu is aware of the food allergy as soon as possible, or at least 10 days before arriving at camp.* We want to explore together how we can care for you and to discuss any additional supplements that you may need to provide.

Clothing: Due to the weather conditions in the mountains, proper clothing is extremely important. Our years of experience have enabled us to provide you with a list of what is needed which is on our Hiking Clothing and Equipment List (pages 11-12). To keep the costs down we encourage you to borrow or shop at thrift stores for clothing items.

Cotton clothing: The only cotton clothing you will want to bring are your travel clothes. If cotton gets wet, it will take much longer to dry than synthetic and wool clothing. Because of this, we will not take cotton clothing on the trip.

Hiking Boots: You will be hiking with heavy packs and you will want sturdy hiking boots that will provide good support as you will be hiking on rugged off-trail terrain. Please read the hiking boot requirements on the Hiking Clothing and Equipment list (pages 11-12).

Equipment: Beyond Malibu provides high quality equipment.

- Backpacks: Deuter internal frame packs that are specifically fitted by the guides to each camper.
- Sleeping bags: Rated to be warm even if it's zero degrees outside.
- Evazote pads: This is a pad placed under the sleeping bag to provide insulation and a cushion.
- Camp Cups: On the trail we will eat all of our meals out of camp cups. Feel free to bring your own but we will always provide them.
- Water Bottles: We can provide water bottles for campers to use if they need one.
- Tents and Group Flies: Weather-proof shelters for sleeping and meeting.
- Every camper, leader, and guide will be carrying various group equipment in addition to his or her own personal gear.



- If you choose to bring your own equipment, please be sure it is adequate for a seven day backpacking trip. In order to ensure your safety, your guides will have the final say about what goes out on the trail.

Weight: You will be carrying your backpack and supplies which can be 30 to 50 pounds. Approximately 1/3 your body weight.

Weather: From cold, rainy, and windy to hot and sunny weather, conditions may vary widely with even the possibility of snow. The temperature ranges from freezing to 80 degrees Fahrenheit and there can be wind speeds of 0 to 40 mph or more. In the case of a lightning storm, we initiate a lightning drill where the guides assess the surroundings and protect all trip members from potential strikes.

Routes: Each group travels approximately 15 -30 miles during their 6 days on the trail with daily hiking of approximately 5 to 8 miles per day. This can vary given the group's ability and circumstances. They travel at elevations ranging from sea level to 8500 feet with daily ascents or descents of 900 to 3500 feet. You will be hiking up and down mountain trails, over rocks, loose gravel, and on snow packs. We take route requests from trip coordinators but reserve the right to choose the best route suited for the group's ability in order to provide a safe and challenging experience.

Health and Conditioning: The Beyond Malibu Mountain experience is designed to be accomplished by a teenager in average health. We do strongly recommend that you prepare yourself for this adventure. We have prepared a physical preparation guide (page 13) so you can get ready for the endurance you will need for a week in the mountains.

Insurance: Proof of personal medical insurance is required to participate. Please check your medical and accident insurance to verify whether or not your medical and accident insurance company provides coverage for this type of activity in Canada. If not, you will want to consider purchasing travel insurance. *Young Life/Beyond Malibu does not provide Medical insurance for medical expenses for individuals on a Young Life Beyond Malibu adventure.* **Young Life does provide secondary Accident coverage** that may pay up to a limit of \$4,000 USD for dental expenses and up to \$20,000 USD for medical expenses for injuries resulting directly from Young Life activities. The Young Life Accident coverage is a secondary insurance to any other medical insurance.

What is Young Life?

Young Life is a non-profit Christian outreach for youth. Young Life's purpose is to show adolescents the person of Jesus Christ and His relevance to modern life. We do this by building personal relationships with kids, sharing our lives and participating with them in a variety of experiences through which the Gospel can be heard and experienced. One of these ways is through wilderness camping.

Beyond Malibu is one of 30 Young Life camps in the United States and Canada.



Mandatory Forms- Health Forms and Prescription Medications

For those 18 and under, parent or guardian signatures are required on all forms for Beyond Malibu.

Health Forms:

Due to the physical element and remote setting of a Beyond Malibu trip, a physical exam and physician signature within 12 months of participating is required. **For safety purposes it is very important that the Camping Health, Consent and Release Form is clear, thorough, printed out in its entirety and turned in upon arrival at basecamp.** Thank you for your attention to these details, here are the steps:

- 1) PRINT AND COMPLETE-** Camping Health, Consent and Release Form (Pages 7-8)
 - Participant Cover Letter, page 5, communicates Young Life's expectations with regards to insurance and liability in the event of illness or injury during the trip. Please read carefully.
 - Physician Cover Letter, page 6, explains the physical expectations of a Beyond Malibu trip so your physician can assess and communicate your medical health concerns accordingly.
 - Camping Health, Consent and Release Form, pages 7 and 8, to be completed by participant and/or parent/guardian and reviewed by a physician during a physical exam.
- 2) EXAM-** Go to your physician for a physical exam; have them review the Physician cover letter and completed Camping Health, Consent and Release Form (pages 7-8) and sign in appropriate places.
- 3) NOTIFY-** *Please notify your trip leader and/or our office as soon as possible of any special medical conditions, dietary restrictions, food allergies, or other health related concerns.* Phone: 206-525-0791 Email: beyondmalibu@beyondmalibu.younglife.org
- 4) TURN IN-** Turn in the complete and signed Camping Health, Consent and Release Form to your trip leader. For Beyond Malibu all of these forms must be completed and presented in their entirety in the form of hard copies upon arrival at basecamp or persons will not be able to participate.

Prescription Medications:

According to best practices for British Columbia adventure camps, our Guides will take possession of and dispense all prescription medications for participants 18 and under, except emergency medications such as inhalers and/or EPI pens. Our guides have completed Wilderness Advanced First Aid training and follow guidelines established by our Medical Director regarding the handling, administration, and documentation of prescription medications.

Parents are responsible for ensuring that their child has an adequate supply of needed prescription medications for the entire duration of this adventure, including travel time to and from Beyond Malibu. Medications must be in their original container with the pharmacist's label. Prescription medications not in their original container with the pharmacist's label (such as a daily pill box) are not acceptable. Label all over-the-counter meds with the camper's full name and place them in a Ziploc-type bag. **If your child is prescribed an EPI pen for severe allergic reactions, Beyond Malibu requires each child to carry at least 2 EPI pens while on a Beyond Malibu Adventure.**

beyondmalibu@beyondmalibu.younglife.org | 206-525-0791

Dear Beyond Malibu Participant or Parent/Guardian,

Young Life Beyond Malibu is looking forward to serving you on a trip this summer. Beyond Malibu is located in British Columbia, Canada and has been safely providing adventure experiences in the inlets and mountains of the Coastal Mountain range since 1970. This is a challenging experience accomplished by thousands of campers with a wide range of abilities. Our hikes in the mountains will range from sea level to 8000 feet in elevation. You will be traveling through mountainous terrain carrying packs that range from 30 to 50 pounds for an average of 5-8 miles per day. You will work with your fellow participants, sharing weight, encouragements, and participating in teamwork to safely accomplish the group's goals.

To help us provide the best possible experience for you we will need you to thoroughly read and complete the "CAMPING HEALTH, CONSENT AND RELEASE FORM" and turn them into your trip leader.

Please note that everything in this document is IMPORTANT information to clearly communicate Young Life's expectations with regards to insurance, medical information, physician's signatures and awareness of risk. Please complete all of the required information accurately including the signatures marked by the appropriate tabs.

We would like to highlight a few important sections of this form.

Under Insurance:

- a. As a participant you understand that your personal medical/health insurance is and will be the sole coverage for accidents and/or illness while traveling to and from and while attending this wilderness program.
- b. Please check with your insurance provider to see if you have medical coverage in Canada. If they do not we suggest you get international travel insurance. Here are a few websites that provide suggestions and comparisons: <https://www.travelinsurance.com/?gclid=CIHBloag1NMCFQiSaQodN9oLzA>
<https://www.travelexinsurance.com/quote/>
<https://www.allianztravelinsurance.com>
- c. If an individual is not insured or an individual's personal medical/health insurance and/or additional travel insurance does not cover the costs associated with an accident, you as the individual remain fully liable and responsible for payment of any such hospital, doctor, medical transport, dental and medical fees.

We have found that basic emergency evacuations costs start at \$2,000 and any additional medical care costs would be in addition to the evacuation cost. Due to some instances where US insurance companies were unwilling to pay a Canadian Emergency Medical Services provider you may be required to pay these charges by credit card promptly upon delivery of services. After payment is received you may then choose to follow up with your insurance provider for reimbursement.

Thank you for paying close attention to these details. We look forward to your participation with Beyond Malibu this summer.

Sincerely,
Camp Administration



To the Physician, Licensed Nurse Practitioner, or Physician's Assistant,

Beyond Malibu is located in Princess Louisa Inlet British Columbia, Canada and has been safely providing both hiking and sea kayaking wilderness adventure experiences in the remote inlets and mountains of the Coastal Mountain range since 1970.

A participant on a Beyond Malibu mountain trip will travel approximately 15 -30 miles during their 6 days on the trail with daily hiking distances of approximately 5 to 8 miles per day. This can vary given the group's ability and circumstances. They travel at elevations ranging from sea level to 8500 feet with daily ascents or descents of 900 to 3500 feet. Each day they camp along the trail in tents. Temperatures can range from freezing to 80 degrees Fahrenheit. They will be hiking up and down mountains, trails, over rocks, alpine vegetation, and on snow fields. They will be carrying a backpack and supplies which can weigh between 30 and 50 pounds, or approximately 1/3 their body weight.

We have found that people who are in overall good health with average physical ability can successfully complete the Beyond experience.

In the interest of the personal safety of both the participant and the other trip members, we are asking you to assess this applicant's physical, emotional and mental wellbeing. Please review the participants completed Young Life Adventure Camp Individual Guest Health and Consent Form ensuring that it is complete and it lists all of the participant's medical conditions, allergies and treatments. On the PHYSICIAN section, please answer the 3 questions in light of the participant's medical history and the trip description above.

Thank you.

Sincerely,

Camping Administration



YOUNG LIFE CAMPING HEALTH, CONSENT AND RELEASE FORM

FOR AREA DIRECTORS

Area # _____
 Area Name _____
 Trip Leader/Area Dir _____
 Camp Dates _____
 Camper Leader Assigned Team
 Summer Staff Work Crew Adult Guest

Information in this document is protected by HIPAA privacy laws and should be handled accordingly.

This form is only good for travel and attendance at this specific camp. A new form must be completed for each

Young Life Camp experience.

Note to Parent/Guardian/Guest: Young Life wants the camp experience to be a safe and healthy one. It is important that we have the following information, which will be shared with appropriate staff, to keep you or your child safe at camp and in the event of an accident or illness.

However, in the event of an accident or illness, it is important that we have the following information:

1. Medical history & medical insurance information
2. Proof of physical examination, verified by physician's signature, required for specific guests attending Beyond Malibu or camps located in CO or MN (Castaway, Crooked Creek, Frontier Ranch, Rocky Creek Ranch, RMR, or Wilderness Ranch). See Health Care Recommendations section below for additional information.
3. Pregnant and Post-Delivery Teens: Pregnant teens and teen moms 6 to 12 weeks post-delivery on camp date must have a physician's release. **Teen moms less than 6 weeks post-delivery on camp date may not attend. Pregnant teens over 34 weeks are not allowed to attend camp. Pregnant teens over 30 weeks may not attend Washington Family Ranch, Beyond Malibu, Wilderness Ranch, or remote rental camps.**
4. A physician's release is required for all infants 6-12 weeks on camp date and for infants attending any CO or MN camps. Infants younger than 6 weeks on camp date may not attend any camp. Infants younger than 12 weeks may not attend Washington Family Ranch, Malibu Club, Beyond Malibu, Wilderness Ranch, or remote camps.

Name _____ Birthdate _____ Gender Male Female Age _____
Last First Middle Initial

Parent/Guardian/Spouse _____ Email _____ Cell Phone (____) _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Work Address _____ Work Phone (____) _____
Street Address City State/Province Zip

Second Parent/Guardian _____ Email _____ Cell Phone (____) _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Work Address _____ Work Phone (____) _____
Street Address City State/Province Zip

If not available in an emergency, notify: _____ Cell Phone (____) _____

Home Address _____ Home Phone (____) _____
Street Address City State/Province Zip

Name of School Camper Attends (if applicable) _____

REQUIRED	<p>ACCIDENT COVERAGE: I understand that my personal insurance will be primary coverage for camper accidents and that Young Life's insurance is secondary up to a maximum of \$20,000 (\$4,000 for dental claims). Exception: If the total claim is less than \$250, Young Life will pay the full amount. On claims above \$250, Young Life will coordinate payments for deductibles and copays. Young Life's policy does not cover camper illnesses or pre-existing conditions. If you have questions, please contact Young Life's Risk Management at (719) 867-3600.</p> <p><input type="checkbox"/> Insurance company _____ Policy Number _____</p> <p>Insurance company address/Web address _____</p> <p><input type="checkbox"/> Not currently insured – Young Life reserves the right to subrogation if it is later determined that personal medical insurance was in place.</p>	REQUIRED
	<p>DOCTOR INFORMATION: Name of family physician _____ Phone (____) _____</p> <p>Name of dentist _____ Phone (____) _____ Orthodontist _____ Phone (____) _____</p>	

POSSIBLE PHYSICIAN SIGN	<p>HEALTH CARE RECOMMENDATIONS: This section must be completed by a <i>physician, nurse practitioner, or physician's assistant</i> for all individuals attending Beyond Malibu; all individuals attending camps located in MN; or a camper or work crew attending any Young Life camp who is pregnant or has given birth within 12 weeks of the camp date, or is a camper attending any camp in Colorado, or is attending Frontier Ranch, Crooked Creek Ranch, or Rocky Creek Ranch and is under the age of 18 at the time of submission, or is a camper, volunteer or leader attending Wilderness Ranch or RMR Backcountry and is under the age of 18 at the time of submission. Parent or adult applicant must complete this section if these conditions do not apply.</p> <p>1. Has the applicant been diagnosed with a medical condition or disease of the blood, respiratory, metabolic, or other system, such as sickle cell disease, COPD/emphysema, etc. that could limit participation at camps with an altitude 7-14,000 feet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the condition and expected treatments: _____</p> <p>2. Does the applicant have any additional medical conditions, including those above in #1 which could limit participation in an active camp program regardless of the elevation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the condition and expected treatments: _____</p> <p>3. The applicant is authorized to carry an inhaler, epi pen and other emergency medications with them at all times? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PHYSICIAN'S SIGNATURE: (CO, MN, Beyond Malibu, pregnant/post-delivery teens/infants 6-12 weeks). Must be obtained within the same calendar year as the camp trip.</p> <p><input type="checkbox"/> I have examined the applicant within the past 12 months. Date examined _____ Height _____ Weight _____</p> <p>Physician Signature X _____ Date _____ Print Name _____ <small>May be signed by Physician, Nurse Practitioner, or Physician's Assistant</small></p> <p>Address _____ Phone (____) _____</p>	POSSIBLE PHYSICIAN SIGN
	<p>The applicant is currently under the care of a physician for the following condition(s) _____</p> <p>List any medication/treatment to be continued at camp (specify dosages) _____</p> <p>Any chronic or recurring illness or medical condition (including behavioral conditions); operations or serious injuries (include dates) _____</p> <p>Explanation of any reported loss of consciousness, convulsion or concussion _____</p> <p>Any camp activities from which applicant should be excluded _____</p>	

<p style="text-align: center;">IMMUNIZATIONS</p> <p><small>* If completing this form for an infant/toddler, camper or work crew attending a camp in the state of Colorado (Crooked Creek Ranch, Frontier Ranch, Rocky Creek Ranch, RMR Backcountry, Wilderness Ranch) and the attendee has been immunized, a state certificate of immunization must be attached to this form and presented at camp. Alternatively, a letter of exemption for religious reasons must be attached.</small></p> <p><input type="checkbox"/> Check and date any immunizations the applicant has received, or <input type="checkbox"/> Applicant has not been immunized for: <input type="checkbox"/> medical <input type="checkbox"/> personal <input type="checkbox"/> or religious reasons.</p> <p><input type="checkbox"/> DTaP (Diphtheria, Tetanus, & Pertussis) Date: _____ <input type="checkbox"/> TD (Tetanus and Diphtheria) Date: _____ <input type="checkbox"/> MMR (Measles, Mumps, Rubella) Date: _____ <input type="checkbox"/> Polio (OPV or IPV) Date: _____ <input type="checkbox"/> Hepatitis B Date: _____ <input type="checkbox"/> Varicella (Chicken Pox) Date: _____ <input type="checkbox"/> HIB (Haemophilus influenza B) Date: _____ <input type="checkbox"/> Other Date: _____</p>	<p style="text-align: center;">HEALTH HISTORY</p> <p>Check if applicant has: <input type="checkbox"/> Asthma <input type="checkbox"/> Bleeding/Clotting Disorder <input type="checkbox"/> Convulsions in last 60 days <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy/Seizures <input type="checkbox"/> Frequent Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Neurological Condition</p> <p>Has applicant had (include date): <input type="checkbox"/> Chicken Pox _____ <input type="checkbox"/> Measles _____ <input type="checkbox"/> German Measles _____ <input type="checkbox"/> Mumps _____ <input type="checkbox"/> Hepatitis A _____ <input type="checkbox"/> Hepatitis B _____ <input type="checkbox"/> Hepatitis C _____ <input type="checkbox"/> Mononucleosis _____</p> <p><input type="checkbox"/> Currently Pregnant Due Date: _____ <input type="checkbox"/> Delivered baby in last 12 weeks Delivery Date: _____</p>
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ALLERGIES and DIETARY RESTRICTIONS (List any food, drug, plant, insect, or other allergies) Note – This information will be shared with appropriate staff.

<input type="checkbox"/> None	<input type="checkbox"/> Bees	<input type="checkbox"/> Dairy Intolerance	<input type="checkbox"/> Amoxicillin	<input type="checkbox"/> Other Allergies (Drugs, insects, plants, food, etc.) OR Dietary Restrictions – Describe below:
<input type="checkbox"/> Peanut Allergy	<input type="checkbox"/> Tree Nut Allergy	<input type="checkbox"/> Gluten Intolerance	<input type="checkbox"/> Fish Allergy	
<input type="checkbox"/> Shellfish Allergy	<input type="checkbox"/> Soy Allergy	<input type="checkbox"/> Egg Allergy	<input type="checkbox"/> Dairy Intolerance	
<input type="checkbox"/> Celiac Disease	<input type="checkbox"/> Gluten Intolerance	<input type="checkbox"/> Milk Allergy	<input type="checkbox"/> Vegetarian	
<input type="checkbox"/> Vegan	<input type="checkbox"/> Penicillin	<input type="checkbox"/> No Pork	<input type="checkbox"/> Sulfa	

PROTECTIVE CUSTODY ARRANGEMENTS

Is there a court order in place that lists certain persons who are or are not authorized to pick up your child from camp? YES NO

If yes, the following people are allowed to pick the camper listed from camp _____

If yes, the following people are NOT allowed to pick the camper listed up from camp _____

Signature of parent/guardian: X _____ **Date** _____

AUTHORIZATION FOR TREATMENT This health history is correct to the best of my knowledge, and the person herein named has permission to engage in all camp activities except as noted. I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations*; and to provide or arrange necessary related transportation for the camper listed. In an emergency, I hereby give permission and authorize the medical provider selected by Young Life to secure or administer emergency medical treatment, including medical transportation and hospitalization and any other emergency medical procedures and services which may be needed for the person named herein. I authorize the medical provider or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said medical provider or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. In addition, I authorize camper to carry emergency medications and use as directed.

Parent/Guardian/Adult Applicant Signature: X _____ **Date** _____

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, medical transportation, dental or medical fees with the exception of the Accident Coverage as set out herein. I further agree that in giving this permission and authorization, Young Life does not assume any responsibility or liability for the payment of such hospital, doctor, medical transportation, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel as needed including trips out of camp.

Parent/Guardian/Adult Applicant Signature: X _____ **Date** _____

I have received notice and agree to the release of my personal information and required health information as outlined in Young Life's "Privacy Statement." Available at www.trust.younglife.org.

Parent/Guardian/Adult Applicant Signature: X _____ **Date** _____

ACKNOWLEDGEMENT OF INHERENT RISK I ACKNOWLEDGE AND UNDERSTAND THERE ARE INHERENT RISKS ASSOCIATED WITH MANY CAMP ACTIVITIES. AS A GUARDIAN OR PARTICIPANT, I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THE ACTIVITIES THAT I OR MY CHILD MAY BE ABLE TO PARTICIPATE IN BY CLICKING ON FOLLOWING LINK AND REVIEWING THE CAMPING ACTIVITIES LIST (<https://camp.younglife.org/Pages/Camping-Activities.aspx>) ASSOCIATED WITH THE CAMP THAT I OR MY CHILD IS ATTENDING. I WILL ASSUME THE RISK ASSOCIATED THEREWITH, WHETHER KNOWN OR UNKNOWN TO ME AT THIS TIME. I RECOGNIZE THAT MY/MY CHILDS ATTENDANCE AT A YOUNG LIFE CAMP IS A PRIVILEGE AND AS A CONSIDERATION FOR THIS PRIVILEGE, I RELEASE YOUNG LIFE, INCLUDING ITS EMPLOYEES, AGENTS AND TRUSTEES, FROM RESPONSIBILITY FOR MY OR MY CHILD'S ACCIDENTAL PHYSICAL INJURY, INCLUDING DEATH OR ILLNESS, AND LOSS OF PERSONAL PROPERTY WHILE AT CAMP OR DURING YOUNG LIFE SPONSORED TRAVEL TO AND FROM CAMP. THIS RELEASE IS ALSO INTENDED TO INCLUDE ALL CLAIMS MADE BY MY FAMILY, ESTATE, HEIRS, PERSONAL REPRESENTATIVE OR ASSIGNS. I GRANT PERMISSION FOR MYSELF/ MY CHILD TO PARTICIPATE IN ALL SPECIAL TRIPS OFF THE CAMP PROPERTY WITH PROPER STAFF SUPERVISION. **MALIBU CLUB/BEYOND MALIBU:** I AGREE THAT ANY COMPLAINT, DEMAND, DISPUTE, CLAIM, INVOLVING BODILY INJURY INCLUDING DEATH, AND/OR PERSONAL INJURY OR CAUSE OF ACTION ARISING OUT OF OR IN ANY WAY RELATED TO YOUNG LIFE'S MALIBU CLUB OR BEYOND MALIBU, INCLUDING ANY ACTIVITY, EVENT, MEDICAL TREATMENT, AND/OR TRANSPORTATION WILL BE GOVERNED BY THE LAWS AND JURISDICTION OF THE CANADIAN PROVINCE WHERE THE EVENT OR INCIDENT OCCURRED.

WAIVER AND RELEASE IF I AM UNDER AGE 18 OR UNDER THE AGE OF 19 IF ATTENDING MALIBU CLUB OR BEYOND MALIBU, MY PARENT OR GUARDIAN, BY SIGNING BELOW, ALSO CONSENTS TO MY RELEASE AND HE OR SHE AGREES THAT THIS RELEASE SHALL BE BINDING UPON HIM OR HER AS MY PARENT OR GUARDIAN AS TO ME AND MY ESTATE, HEIRS, PERSONAL REPRESENTATIVES AND ASSIGNS. MY PARENT OR GUARDIAN ALSO PROMISES, BY SIGNING BELOW TO DEFEND, INDEMNIFY AND HOLD YOUNG LIFE HARMLESS FROM ANY CLAIM ASSERTED BY ME AGAINST YOUNG LIFE, INCLUDING ITS TRUSTEES, EMPLOYEES AND AGENTS, IF I SHOULD REPUDIATE THIS RELEASE AFTER OBTAINING ADULTHOOD.

Parent/Guardian/Adult Applicant X _____ **Date** _____

EQUINE ACTIVITIES RELEASE: UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES. UNDER ARIZONA LAW, A SIGNED RELEASE ACKNOWLEDGES THAT THE PERSON IS AWARE OF THE INHERENT RISKS ASSOCIATED WITH EQUINE ACTIVITIES, IS WILLING AND ABLE TO ACCEPT FULL RESPONSIBILITIES FOR THEIR OWN SAFETY AND WELFARE AND RELEASES THE EQUINE OWNER OR AGENT FROM LIABILITY UNLESS THE EQUINE OWNER OR AGENT IS GROSSLY NEGLIGENT OR COMMITS WILLFUL, WANTON OR INTENTIONAL ACTS OR OMISSIONS. AS PROVIDED IN VIRGINIA CODE §3.2-6202 THE UNDERSIGNED ACKNOWLEDGES AND UNDERSTANDS THAT INHERENT RISKS MAY EXIST FOR PERSONS INVOLVED IN EQUINE ACTIVITIES DUE TO THE UNPREDICTABLE NATURE OF EQUINE'S REACTIONS TO THEIR ENVIRONMENT. SUCH RISKS MAY INCLUDE PERSONAL INJURY, HARM OR EVEN DEATH. THE UNDERSIGNED RELEASES THE EQUINE OWNER AND/OR ACTIVITY SPONSOR FROM ANY AND ALL LIABILITY WHICH MIGHT RESULT FROM THIS ACTIVITY.

PHOTO RELEASE I HEREBY GRANT PERMISSION TO YOUNG LIFE THE RIGHT TO USE, REPRODUCE, AND/OR DISTRIBUTE PHOTOGRAPHS, FILMS, VIDEOTAPES, AND SOUND RECORDINGS OF MYSELF/MY CHILD, WITHOUT COMPENSATION OR APPROVAL RIGHTS, FOR USE IN MATERIALS CREATED FOR PURPOSES OF PROMOTING THE ACTIVITIES OF YOUNG LIFE.

Parent/Guardian/Adult Applicant X _____ **Date** _____

Applicant understands and agrees to abide with the restrictions placed on his/her camp activities as listed herein. Parent/Guardian may sign for minor, acknowledging their agreement.

Parent/Guardian/Adult Applicant X _____ **Date** _____

(If camper is emancipated, proof must be provided prior to camp.)



Mandatory Forms- Border Crossing Documents

For those 18 and under, parent or guardian signatures are required on all forms for Beyond Malibu. Border crossing documents only applies to groups traveling from outside of Canada.

Border Crossing Documents:

- If you are flying from the US directly into Canada, each passenger is required to carry a passport. Check with your trip coordinator for travel details.
- If crossing the Canadian border by ground, **anyone 19 and older must have a passport, or other machine readable/scannable ID such as an enhanced driver's license, passport card, or Nexus pass. The best option is always a passport.** Please double check to make sure your passport or acceptable ID is current and expires at the very least 6 months after the date of your trip. Processing times can vary but plan for at least 90 days.
- For participants 18 and under, an original or copy of a birth certificate, a government issued picture ID and a Border Crossings Consent Letter will suffice in place of a passport.
- **Border Crossing Consent Letter**- Only applies to those 18 and under traveling from outside of Canada. Must be signed by a parent or guardian, it gives the designated trip leader permission to travel with your child. A sample letter is provided on page 7. Please contact your trip coordinator to receive this letter.
- Citizens of other countries will need a passport or possibly a visa from the Canadian Consul. (Contact your nearest Canadian Consulate for information before you leave.)



BORDER CROSSING CONSENT - PARENT OR GUARDIAN

Group Name: _____

Trip Leader: _____

Camp Dates: _____ to _____

I _____ give permission to the above mentioned trip leader to accompany _____ across the border from The United States to Canada to attend Young Life Beyond Malibu located in Princess Louisa Inlet, British Columbia.

Signature of Parent or Guardian

Date

Parent/Guardian Name(s): _____ Phone: _____

Phone: _____

Camper - Date of Birth: _____

Camper - Place of Birth: _____

Camper Proof of Citizenship (Please Check One):

Passport _____

Birth Certificate & Photo ID _____

Passport Card _____

Enhanced DL _____

Please contact your trip coordinator to receive this letter with accurate trip information.

Young Life

HIKING CLOTHING & EQUIPMENT LIST

We will be traveling in spectacular and rugged country where our lives will literally be dependent upon our gear. The key to staying comfortable while on a trip is layering. For maximum comfort and minimum weight, you need versatile layers that mix and match to create the right amount of insulation, ventilation and weather protection. **The weather is unpredictable and each person needs to be prepared for varying conditions.**

To keep costs down feel free to borrow as much as possible! Clothing and gear is pricey, so borrowing helps you obtain items that you'll only use at Beyond once. You can also rent gear or buy it used from a secondhand clothing or sporting goods store.

REQUIRED FOR THE MOUNTAINS

Please follow this checklist as closely as possible and try to bring only what is necessary!

Upper Body Layers:

- 1 short-sleeved wool* t-shirt
- 1 long-sleeved lightweight wool or polypropylene long underwear top
- 1 light wool sweater
- 1 heavy wool sweater
- For women: 1-2 moisture wicking sports bra
- Crucial:** Rain jacket (hooded, waterproof, lightweight, breathable – good materials are Gore-tex or coated nylon, **no** vinyl or plastic)
- Wool stocking hat (not acrylic)
- Baseball cap or sun visor
- 1 heavy pair wool gloves or mittens (or 2 light pairs)

Lower Body Layers:

- 3-4 pairs of underwear (running shorts are great)
- 1 pair lightweight shorts (nylon works well)
- 1 pair lightweight wool long underwear bottoms
- 1 pair wool or fleece pants
- Rain pants (Gore-tex or coated nylon)

Footwear:

- 3 pairs wool hiking socks
- 1-2 pairs sock liners (not cotton)
- 1 pair lightweight tennis shoes, Teva or Chaco sandals, or Crocs (to wear in evening after hiking)
- Crucial:** 1 pair backpacking or mountaineering boots (tough, supportive, and durable)
 - High cut above ankle for excellent support with stiffer midsoles for heavier loads
 - **Take the time to make sure your boots fit well.** Put them on with a pair of wool socks and sock liners, lace them up snugly, and walk uphill and downhill. Your foot should not be cramped or sliding much. Boots should be **broken-in** and **waterproofed** before coming to Beyond!
 - Renting boots is much more affordable than buying an expensive pair- plus rentals are usually already broken in!

***Note on Wool:**

In the mountains **wool** is our friend and **cotton** is not. Do not bring any cotton clothing for the mountains! Wool provides ventilation and insulates when wet (cotton or down do not).

***Good synthetic substitutions for wool:**

- **fleece** (other names are Polartec and Synchronia)
- **polypropylene** (other names are Capilene and Polyester)

Additional Items:

- 1-3 bandanas (cotton is okay for bandanas)
- Sunglasses (100% UV protection, side-shields)
- Headlamp and fresh batteries (or small flashlight)
- Bible (pocket-size with Old Testament and Psalms)
- Personal toiletry kit: small bottle hand sanitizer, travel size toothbrush and toothpaste, contact lens supplies. For women: feminine products, liners, and wet-wipes.
- Sun block and lip balm (small, SPF 25+ or more)
- 2 water bottles (1-liter size)
- Insect repellent (small bottle)

Optional Items:

- | | |
|--|--|
| <input type="checkbox"/> Backpacking pack (80L or 5200ci) | <input type="checkbox"/> Down booties or fleece socks |
| <input type="checkbox"/> Sleeping bag and stuff sack (0-24 degree F rating, synthetic fill, no down) | <input type="checkbox"/> Personal blister protection: moleskin, mole foam, athletic tape |
| <input type="checkbox"/> Therm-a-rest pad (or other lightweight sleeping foam pad) | <input type="checkbox"/> Trekking poles |
| <input type="checkbox"/> Crazy Creek chair or Therm-a-rest chair | <input type="checkbox"/> Camera and film (in waterproof bag) |
| <input type="checkbox"/> Over mitts or ski gloves | <input type="checkbox"/> Gaiters |

Provided from Beyond:

- ✓ Tents
- ✓ All cooking gear, stoves and fuel
- ✓ Water purification
- ✓ Group First Aid Kit + Foot Tape
- ✓ Climbing Equipment
- ✓ Bug nets

Available to borrow from Beyond:

- ✓ Backpacks
- ✓ Sleeping bags and liners
- ✓ Foam sleeping pads
- ✓ Gaiters
- ✓ Small NT bibles
- ✓ Water bottle

BRING FOR BASE CAMP

These items are for use while you're at Base Camp, not to be brought into the mountains.

- | | |
|---|---|
| <input type="checkbox"/> 2 sets of clean clothing: one to change into after you return from the mountains, and one to wear home | <input type="checkbox"/> Pillow and sleeping bag (can borrow bag from Beyond) |
| <input type="checkbox"/> Bathing suit and towel | <input type="checkbox"/> Personal toiletries |
| <input type="checkbox"/> Tennis shoes or water sandals | <input type="checkbox"/> Money for Beyond Store |
| <input type="checkbox"/> Biodegradable soap and shampoo | |

PHYSICAL PREPARATION FOR A BEYOND MALIBU HIKING TRIP

Get your muscles ready for the endurance they will need for a week in the mountains!

#1 Cardio Exercise

Physically prepare by doing physical activity at least 3x a week for 30 minutes or more. Going for a hike, run, bike ride, or working out on a cardio machine are a good options.

#2 Add Strength Conditioning

Building muscle and doing exercises to replicate the weight of the pack and the vertical feet you will be climbing will be super helpful. Don't forget to stretch!

- ✓ Add 3 sets of 20 lunges to your workouts to help your legs adapt to the stress that a backpack will have on them. You can break them up by doing one set after you're warmed up, one set in the middle of your workout and one at the end.
- ✓ Add 3 sets of the Bridge (or Plank): a core exercise where your body is parallel to the ground, elbows and toes are touching the floor and your back is straight with the belly tight. Hold this pose for thirty seconds to one minute. These will help build endurance of your core muscles.

#3 Add More Cardio

Once you are comfortable doing 30 minutes of physical activity, add one more day and/or make one day into a longer workout (more than 45 minutes long). Some examples would be going for an hour run or a challenging hike. Continue to do lunges (add weight when they are not as challenging).

Train Together

If possible, take your group on a few hikes together before coming to Beyond. Take day packs with you that have a few heavier items in them. The more you do this, the better your body will adjust to hiking at Beyond. It will also give your group a good start in learning how to work together in the mountains.

Don't have time to go on a hike or have trails nearby? Another idea is to get together at someone's house and do a group work out. Create stations around the house such as lunges, stairs, push-ups, sit-ups, wall-sits, "the bridge" (see above), hand stands against a wall, dips on a chair, etc. Have everyone start with a different activity. Do each activity for one minute. Continue rotating until everyone does all the stations. Crank up the tunes and repeat the whole cycle three times.

Break in your Hiking Boots

Wear them whenever you can: walking around the house or hiking on the trail. One fun idea is to go for an "Urban Hike." Get your group together, put on your hiking boots, and walk around the town/city. You can even do this with backpacks on if you have them.