



Outdoor Adventure Program

City of Cheyenne

PROGRAM OVERVIEW & COST

The City of Cheyenne Community Recreation and Events Department is excited to announce the 9th year of the Outdoor Adventure Program! This program includes weekly adventure activities for the youth of Cheyenne, ages 8-15, spanning from June to August.

This program is for those seeking to get outside and explore; as each week will have a different outdoor adventure opportunity ranging from hiking, kayaking, rock climbing, backpacking and much more! Our staff will safely show the ins and outs of all that Wyoming has to offer as they lead trips to a variety of beautiful destinations, including Medicine Bow Peak, Vedauwoo, Curt Gowdy and other Wyoming locations. Along the way, the program will provide participants with the tools necessary to safely and ethically enjoy the back country as we teach recreational and survival skills along with environmental sustainability.

The Outdoor Adventure Program (OAP) is designed to be a cost-effective way to get youth of all skill levels outside to enjoy the adventure that Wyoming has to offer. It is our belief that we live in one of the most amazing areas in the country and it is our mission to get kids outside where they can experience all there is to offer in our local range, as well as gain an appreciation for the outdoor lifestyle. Through it all, we hope to give the youth of Cheyenne the opportunity for good, clean adventure and fun!

For additional information, please call the Recreation Division at (307) 637-6408.

Package Price Cost: \$425.00

PLEASE NOTE:

You can choose to adventure on either Thursday or Friday of each week, depending on what fits your schedule best.

Spots are limited, so sign up early! Registration deadlines for each event are the Tuesday prior to the event. Be aware that because of weather and other unforeseen circumstances, some events may be altered, or in rare cases, canceled.

REQUIRED MATERIALS FOR EACH ACTIVITY

- Appropriate clothing for each activity – This will include warm clothes in case of unexpected weather changes. Remember, layering is key, bring multiple lightweight layers to fit any situation. Each participant will receive an OAP shirt to be worn during each event.
- Hiking shoes – Ones that can and will get dirty!
- Rain Gear – Afternoon rainstorms are extremely likely in the mountains, this is very important!
- Water bottle(s) – These need to be durable and leak proof (we recommend 32 oz.). OAP discourages the use of disposable water bottles.
- These activities will be full day excursions (except archery), so bring a sack lunch and plenty of high energy snacks (nothing that requires a microwave). Good examples are: fruit, granola, jerky, peanut butter & jelly sandwich.
- For overnight trips and camp-cooking activities, meals will be provided but it is always a good idea to bring snacks as well.
- Any medication the participant is currently taking, with dosage instructions (to be held by the program leaders, not the youth), i.e. inhalers, allergy meds, EpiPen, etc.
- A good breakfast! – This is very important. We start off very active and your children need fuel in the tank!

OUTDOOR ADVENTURE PROGRAM REGISTRATION:

**Checks should be made out to City Treasurer, and can be turned in along with the registration forms at the Kiwanis Community House (4603 Lions Park Drive).*

Register at the Kiwanis Community House (4603 Lions Park Drive) or mail to the Youth Activity & Community Center, 1317 Parsley Boulevard, Cheyenne, WY 82007. Forms may be found online at CheyenneRec.org.

About the Shirt:

One shirt is provided to each participant. Additional shirts may be purchased for \$8 each.



OUTDOOR ADVENTURE PROGRAM DAILY OUTLINE

Activity 1: Hiking & Camp Cookout

Get your cook on! Participants will have the opportunity to scramble around the unique rock formations in the Vedauwoo area and use orienteering methods to identify landmarks and hiking trails. Participants will also learn to build their own fire using both traditional and modern techniques. They will spend the afternoon experimenting with several unique outdoor cooking methods while enjoying tasty wilderness cuisine. Meal and snacks for this activity provided by the OAP.

Location: Vedauwoo

Thursday, June 10 – 8 a.m. - 5 p.m.

Friday, June 11 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 2: Rock Climbing

Find your inner mountain goat! Participants will rock climb routes of varying difficulty, learn to tie knots and perform correct safety procedures using ropes and harnesses. Vedauwoo is well known for its climbing and this will be an excellent introduction to the sport as well as providing some challenging routes for those with experience.

Location: Vedauwoo

Thursday, June 17 – 8 a.m. - 5 p.m.

Friday, June 18 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 3: Hike & Swim

This scenic hike will take us through some great trails, as part of the Curt Gowdy State Park Trail System. Stone Temple, Pinball and Crow Creek are only some of the trails we'll travel on our way to the "Hidden Falls". Bring an appropriate swimsuit and towel along for our final destination.

Location: Curt Gowdy State Park

Thursday, June 24 – 8 a.m. - 5 p.m.

Friday, June 25 – 8 a.m. - 5 p.m. - **Cancelled**

Fee: \$50

Note: There will be NO activity held over the 4th of July weekend

Activity 4: Archery

Cheyenne Field Archers (CFA) will provide instruction for first time and experienced archers. These professionals will cover safety, technique and overall skill. Equipment will be provided. Participants will be able to fling arrows to their hearts content!

Location: CFA Indoor Shooting Range

Thursday, July 8 – 8 a.m. - 12 p.m.

Friday, July 9 – 8 a.m. - 12 p.m.

Fee: \$25

Sponsored by Cheyenne Field Archers

Activity 5: Rock Climbing #2

Find your inner mountain goat! Participants will rock climb routes of varying difficulty, learn to tie knots and perform correct safety procedures using ropes and harnesses. Wyoming is well known for its diverse rock climbing and this will be an excellent introduction to the sport as well as providing some challenging routes for those with experience.

Location: Vedauwoo

Thursday, July 15 – 8 a.m. - 5 p.m.

Friday, July 16 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 6: Tundra Trek

Fresh mountain air! We spend the day exploring mountains, sledding on glaciers, and playing in summer snowfields while taking in the beautiful sights of Medicine Bow National Forest. Participants will learn how to safely explore above and below timberline as they trek in one of Wyoming's highest points.

Location: Medicine Bow National Forest

Thursday, July 22 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 7: Overnight Backpacking Trip

For participants aged 12+ years only.

Spend a night under the stars! We will hike into the wilderness with gear, set up a campsite and practice survival techniques. Learn how to cook meals in the back country using camp stoves and fires. Participants will journey back home the following morning after getting their fill of delicious camp food and rugged Wyoming wilderness.

Location: Medicine Bow National Forest

Thursday & Friday, July 22 & 23 – Depart at 8 a.m. Thursday & return Friday at 5 p.m.

Fee: \$70 - **CANCELLED**

Activity 8: Kayaking

Participants will explore the beautiful inlets and granite spires of Granite Reservoir and sharpen their kayaking skills as we play a game of Kayak-Keep-Away.

Location: TBD, based on conditions

Thursday, July 29 – 8 a.m. - 5 p.m.

Friday, July 30 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 9: Wilderness Exploration

Explore this secluded area, full of forest and open spaces. This area has creeks, an abandoned mine and plenty of wildlife spectating with elk, moose and more!

Location: Sheep Mountain

Thursday, August 5 – 8 a.m. - 5 p.m.

Friday, August 6 – 8 a.m. - 5 p.m.

Fee: \$50

Activity 10: Medicine Bow Summit Hike

The perfect finale to a great summer! Participants will use a combination of the skills they have learned throughout the summer as they hike to the top of beautiful, Medicine Bow Peak.

Location: Medicine Bow Peak

Thursday, August 12 – 8 a.m. - 5 p.m.

Friday, August 13 – 8 a.m. - 5 p.m.

Fee: \$50

PROGRAM FAQs

Where and when do we meet in the morning?

Participants will meet at 7:45 a.m. and leave at 8 a.m. sharp. Youth Activity & Community Center (YACC) will be the starting place for every activity: 1317 Parsley Boulevard – It is the large building located in David R. Romero Park.

What ages is this program designed for?

Due to the activity levels and types of events, the Outdoor Adventure Program is reserved for ages 8-15 years old.

How will a participant get to and from the various destinations?

The Outdoor Adventure Program will provide all transportation to each week's destination. Just show up at the YACC and we will take it from there.

When do we pick our participant up from Youth Activity & Community Center?

Due to the nature of our program, it is nearly impossible to predict when we are going to be done with an activity. As a general rule, be prepared to pick your participant up anywhere from 3 p.m. - 5 p.m. If there is inclement weather, this may be much earlier. We will have participants call their rides when we are heading back to the YACC.

How many leaders will be present at any given activity?

Every activity will have at least two leaders present, with additional leaders and volunteers added when deemed appropriate by the Outdoor Adventure Program staff.

What if a participant is injured during an activity?

The Outdoor Adventure Program staff is trained in First Aid, CPR & other lifesaving skills. If an injury occurs, proper response(s) will be executed and guardian(s) will be notified.

I signed up for the full program but may have to miss an activity. Will I get a refund for that activity?

Sadly, due to initial program costs, no. Please let us know as early as possible if you are going to miss a day, so we can let another participant into the empty slot. Additionally, monies are non-transferable.

Will food be provided?

On overnight trips and camp cooking day, we will provide some meals. We will have extra food and water for emergency situations, but generally be prepared to provide your own breakfast, lunch, snacks and water.

OAP - PARTICIPANT INFO FORM

Name of Participant: _____

Preferred Nickname: _____

Age of Participant: _____ Gender: _____ T-shirt Size: _____ Shoe Size: _____

Does participant have a cell phone we may call? If so, please list: _____

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

Parent/Guardian Email(s): _____

Parent/Guardian Phone(s): _____

Mailing Address: _____

Please explain any previous outdoor experience/skill level:

Please explain any physical, emotional, or behavioral characteristics of the participant that the Outdoor Adventure Program staff need to be aware of:

Please provide at least three contacts for this participant and specify home, work and mobile phone:

Who should we call first for general program information and/or in case of emergency?

Contact #1: _____

Name: _____ Relationship: _____

Best Contact Phone Number: _____

Who will be picking up and dropping off participant (if different than #1)?

Contact #2: _____

Name: _____ Relationship: _____

Best Contact Phone Number: _____

In case we cannot reach the two people listed above, who should we call?

Contact #3: _____

Name: _____ Relationship: _____

Best Contact Phone Number: _____

OAP - CODE OF CONDUCT

To ensure that the Outdoor Adventure Program is a positive and enjoyable experience for all participants, it is necessary to establish and enforce standards of behavior. The following are conduct measures that must be adhered to during all activities; failure to do so may result in removal from the day's activity and/or Program:

- I will be courteous and respectful towards others, including; staff members, volunteers, other participants, and the environment.
- I will follow the guidance and instruction of the Outdoor Adventure Program staff and volunteers.
- I will conduct myself in an appropriate manner at all times.
- I will not demonstrate any inappropriate personal display of affection.
- I will not punch, kick, hit, or engage in any form of physical violence.
- I will not engage in any form of bullying.
- I will not speak any vulgar or abusive language. This includes cursing, degrading or hateful speech, and racial slurs.
- I will not use my cell phone (or any other technology) in an improper manner.

Checking circles and signing below signifies that the participant understands and will adhere to the Code of Conduct. The staff will document all violations and notify the parent(s) if a participant does not adhere to any of the standards.

Participant Signature

Date

Parent or Guardian Signature

Date

WAIVER, RELEASE, ASSUMPTION OF RISK AND HOLD HARMLESS AGREEMENT

In consideration of my participation in the program, I agree that there are inherent risks of serious injury, including permanent paralysis or even death, and I fully understand and assume all associated risks. I, hereby, waive, release and discharge for myself, my family members, heirs, administrators, personal representatives, successors and assigns, any rights and claims which I have or which may accrue against the City of Cheyenne, its officers, employees and volunteers for any and all damages which may be sustained by myself directly or indirectly as a result of my participation.

This waiver and release applies to any negligent or willful actions or the failure to act on the part of the City of Cheyenne, its officers, employees and volunteers. I understand that I am relinquishing legal rights.

Further, I agree to defend, indemnify and hold harmless, including paying attorney's fees, costs and expenses, the City of Cheyenne from any and all liabilities, which may result from my participation in the program, and I agree not to initiate any legal proceeding against the City of Cheyenne, its officers, employees and volunteers.

Further, I certify that I am eighteen (18) years of age or older.

I certify that I have read and understand this document and sign it knowingly, willingly and voluntarily.

Participant Printed Name

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Witness Signature

CHEYENNE FIELD ARCHERS RELEASE & DISCLAIMER

I do hereby assume full responsibility for any and all damages, injuries (including death), or losses that I may sustain or incur, if any, while attending, engaging, participation, practicing, or witnessing shooting, hunting, hiking, fishing, riding, skiing, or any other activity and/or certain event(s) occurring in or about the premises or at any off-site location. I hereby assume full risk, waive all claims and release and hold Cheyenne Field Archers, its instructors, or partners of said program of event, individually or otherwise harmless for any and all liability, claims, suits, damages, expenses, fees, actions, or rights of action or judgements as a result of injury or death to myself or members of my family or heirs, or my guests, or damages, destruction of loss to my property, which in way relates to, arises out of, or is in any way connected with my presence on the premises, or my participation in events of activities thereon, or the negligent acts or omissions of the releases or any other third party.

I am fully aware and understand the Cheyenne Field Archers does not have on or about the premises, of employ or contract with any medical services, provisions for ordinary or emergency medical services.

In consideration of my participation in and the use of the Cheyenne Field Archers premises of facilities, I hereby release and covenant not to sue the owner of the premises (releases), shareholders, directors officers, employees, representatives, agents, affiliates and lessees from any and all claims resulting from any physical injury that may occur to me while participation in any program or event sponsored by Cheyenne Field Archers.

I have read and fully understand the above release and disclaimer, and fully understand that I have given up substantial rights by signing this form voluntarily.

Parent or Guardian must sign.

Print Participant Name: _____

Address: _____

City/State/Zip: _____

Parent or Guardian Email: _____

Parent or Guardian Phone: _____

Parent or Guardian Signature: _____ Date: _____

PARTICIPANT MEDICAL HISTORY

Circle Yes or No. Each answer must be completed.

Do you currently have or do you have a history of:

- | | | |
|---|------------------------------|-----------------------------|
| Respiratory problems? Asthma? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Gastrointestinal disturbances? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hypertension? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bleeding or blood disorders? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hepatitis or other liver disease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Neurological problems? Epilepsy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Seizures? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Dizziness or fainting episodes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Cardiac problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Disorders of the urinary or reproductive tract? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you see a Medical/Physical specialist of any kind? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Vision or Hearing problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you currently, or have you had a history of, mental illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of the above, please explain:

Muscle & Skeletal Injuries:

- | | | |
|--|------------------------------|-----------------------------|
| Do you currently have, or do you have a history of:
Knee, hip, ankle, shoulder, arm or back injuries,
including sprains and/or operations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

If yes, please explain:

Allergies & Medications:

- | | | |
|--|------------------------------|-----------------------------|
| Any allergies? Insect bites or bee stings? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you allergic to any medications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any dietary preferences or restrictions? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently taking any medications? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes: Medication Dosage (amt./freq.) – Reason for use/Side effects/Restrictions? | | |
| History of Frostbite or Acute Mountain Sickness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| History of heat stroke or other heat related illness? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes to any of the above, please explain:

Fitness:

Do you exercise regularly?

Yes

No

Can you swim?

Yes

No

Any other health issues/concerns we should be aware of?

The information provided above is a complete and accurate statement of any physical and psychological conditions, which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and fellow students. I agree to inform the Outdoor Adventure Program should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in the Outdoor Adventure Program.

Print Participant Name	Participant Signature	Date
Print Parent or Guardian Name	Parent or Guardian Signature	Date