

mounthermon REDWOOD CANOPY TOURS

**ELECTIVE FOR
OUTDOOR SCIENCE SCHOOL**

Start times Wednesday between 12:30 & 3:00 p.m.



Have you ever stared high up into the majestic Redwoods,

wanting to see the view from waaay up there, to oooh and aaah and laugh, climbing one of these ancient giants? Well, now you and members of your school CAN!

Soar among old growth Redwoods in Bean Creek Canyon! Reach out and interact with this unique ecosystem. Cross Bean Creek on a 110' bridge suspended 100 feet above the water, and intimately explore this treasured environment.

Experience these Redwoods from up to 150' in the air. Our professionally trained guides will lead you along a series of six ziplines of 110 to 440 feet in length, across seven platforms and two bridges, over a course reaching nearly a third of a mile in length.

The only canopy course in the world built in the Redwoods, it will create a sense of AWE that will lead your heart to marvel! Groups of eight will revel in 75 minutes of excitement that will stay with you long after you've returned home.

REQUIREMENTS

Are you in reasonably good shape? Can you walk a mile without aid and lift your hands above your head? Then get ready for some adventure! If you are at least 12 years old and weigh between 75 and 250 pounds, you're IN! Tours start at the Fieldhouse during Wednesday electives, leaving between 12:30 and 3:00 p.m. Van shuttle from Ponderosa Lodge included.

PRICING

- Standard Price **\$80 per person**
- Group Discount for 8 **\$70 per person**
- Mount Hermon Outdoor Science School Camp Discount
Only \$50 additional per person 40 Spaces per session.
First come first serve. Bring cash or check. Money collected upon arrival.



831.419.0153
canopy.tour@mounthermon.org

QUESTIONS?

Call our coordinator Laurie Loofbourrow.



Youth Participant Agreement

IT IS MANDATORY THAT THIS FORM BE READ, FILLED OUT, SIGNED AND DATED BY THE PARENT OR LEGAL GUARDIAN OF EACH CHILD UNDER 18 YEARS OF AGE WHO WISHES TO USE THE MOUNT HERMON CANOPY TOUR.

I, the undersigned, give permission for my son or daughter to participate in the Canopy Tour at Mount Hermon with full knowledge that I accept full responsibility for any injury or accident that may occur.

I do agree to hold harmless the Mount Hermon Association and their employees, for any and all claims for injuries, causes for action, or liability related to use of the Canopy Tour .

Although the Mount Hermon Association has taken reasonable steps to provide appropriate equipment and skilled employees so that you can participate in activities for which you may not be skilled, we now remind you that the Canopy Tour is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the character of this activity can be causes of loss or damage to your property, accidental injury or illness, or, in extreme cases, permanent trauma or death. This form is not intended to frighten you or reduce your enthusiasm for this activity, but it is important for you to be informed and know in advance about the inherent risks.

In case of medical emergency, I give permission to the physician selected by the Camp Administration of the Mount Hermon Association to hospitalize, secure proper treatment for, and/or to order injection, anesthesia or surgery for my child named below. Should medical services become necessary, the expenses the sole responsibility of the participant and his/her legal guardian.

I hereby agree to permit the Mount Hermon Association employees or agents to take photographs and/or video and make film records of the activities and my child without further recourse. I understand and agree that such photographs and/or video may be used for commercial and/or promotional purposes.

As the parent or legal guardian of the participant under 18 years of age, I have read and voluntarily agree that said minor may participate on the Canopy Tour at the Mount Hermon Association, and I sign this agreement on their behalf.

TOUR DAY/DATE: _____ TOUR TIME: _____

CHILD'S NAME: _____ BIRTHDATE _____

DRUG ALLERGIES OR ALLERGIC REACTIONS: _____

RELEVANT MEDICAL CONDITIONS _____

PARENT'S SIGNATURE _____ DATE SIGNED _____