



Manhood Achievement Network

PO Box 673 • Spring, Texas 77383
TEL: (832) 741-8281 • Email: manllcares@gmail.com
Website: www.manll.org
Gerald H. Scott, Jr., Founder/President/CEO



May 6, 2022

Dear Parents,

Manhood Achievement Network would like invite your student to participate in its Inaugural Kamron's Climb Summer Adventure. The Manhood Achievement Network & Its Leading Ladies (MAN) is a progressive 501 (c)(3) non-profit organization, which supports today's youth and tomorrow's future in developing integrity, accountability, and faith.

Kamron's Climb is a fundraiser and event to sponsor a 5 day 4 night camping trip for resilient youth. On June 19, 2021 at the very tender age of 16 years old, Kamron was a victim of senseless gun violence that took his life and deprived his family and the world of the greatness that was in him to give.

Manhood Achievement Network seeks to honor Kamron's memory by offering a low to no cost adventure opportunity to resilient youth to do what Kamron really loved to do and that was challenge himself by climbing.

This year, June 5-9, 2022, Manhood Achievement Network is sponsoring a week of outdoor adventures at Colorado Bend State Park. This adventure opportunity is in partnership with Ascend Outdoor Adventures and the Austin Chinese-American Network. Attendees will be able to rock climb, rappel, hike, CAVE, canoe, swim, and connect with nature.

We are driving in a 15 passenger van and plan to leave at 7:00 am on June 5th and we won't get to the Park until about 12:30 or 1 pm on June 5th. If your student would like to reserve his spot please go to www.MANLL.org and click Kamron's Climb to register. After you register and give your donation, it is important that you let us know if you do not plan on attending, so that we can locate another student for this opportunity. We have generous sponsors who believe in this vision and this is why we are only asking that students give a \$25 donation that will hold their spot. Please know if you do decide to not attend there isn't a refund of the donation, but your donation is tax exempt because we are a 501C3 nonprofit. You can give online as well. Once you sign up for this event we will email you a link to attend an informative zoom call on Monday, May 23, 2022 at 7:00 PM. The first 8 young men to register and donate \$25 online will be included. All others will be on a waiting list and if someone cancels their spot we will reach out to you and let you know. After we reach 8 youth that register and give their donation we will change to sign up to "wait list" so that you know that 8 have confirmed their spot.

Lodging: We will be camping in tents June 5-7 at the Park's camping sites and we have reserved an Airbnb home in Lometa, Texas June 7-9th 20 minutes away from Colorado Bend State Park. Detailed information will be shared on the zoom call.

We plan on returning by 3:00 pm on June 9th. We will meet in the Kroger parking lot at 3731 Riley Fuzzel Rd, Spring, TX 77386 on June 5th at 7:00 AM and return on June 9th by 3:00 PM.



Packing List

For Day Trips:

- Water bottle x2
- Small backpack or fanny pack to hold water and snacks
- Hiking/Walking shoes (closed toe)
- Flip-flops or sandals
- Light jacket (rain jacket if you have one)
- Sunscreen
- Insect Repellant
- Layers of clothing (t-shirt, long sleeve shirt, etc)
- Bible, or other books, writing utensil, blank paper (optional)

For Overnight Trips:

- Everything listed under Day Trips, plus
- Pillow
- Toothbrush, toothpaste, & other personal hygiene items
- Towels for bathing
- Set of clothing for each day

For Canoeing Trips:

- Everything listed under Day Trips, plus
- Sandals with heel-strap OR water-shoes
- Synthetic (such as polyester) clothing for quick dry-time; try to avoid wearing cotton-based clothing
- If overnight, refer to Overnight Trip list as well

For Cave Trip:

- You will be crawling on your hands & knees some of the time, as the cave is not tall enough to stand in some places. You will want to plan your apparel, etc. accordingly. What should I wear? Long pants, denim or other heavy material recommended (sweats or leggings discouraged) Long sleeve shirt, Old, closed-toe shoes · You WILL get dirty, and possibly muddy. Clothes could be stained and/or ripped.
- You will be provided with a Helmet, Headlamp, gloves, knee pads, and elbow pads.

*Group gear such as cooking supplies, dishes and eating utensils, tents, sleeping bags, ground pads, headlamps, lanterns, and lifejackets **will be provided by** Ascend OutdoorAdventures for use during your trip.

**Use of personal gear in place of group gear listed above is at each individual's discretion, and is the sole responsibility of the owner.

***Personal medications must be listed on the Medical Form and are the sole responsibility of the prescribed user or his/her legal guardian.



Ascend Outdoor Adventures
 1111 Doris Ln
 Cedar Park TX, 78613
 512.965.9371
 www.AscendOutdoor.com

Medical Form

PARTICIPANT NAME _____ **AGE** _____

Address _____ Male Female
 City _____ State _____ Zip _____

IN CASE OF EMERGENCY, CALL:

NAME _____ **Relationship** _____

Day Phone _____ Night Phone _____

Cellular Phone _____

Doctor's Name _____ Doctor's Phone _____

Insurance Co. _____

Insurance ID# _____

We/I give our/my consent to Ascend Outdoor Adventures to authorize emergency examinations and/or diagnostic procedures, procurement of medical treatment, emergency surgery and the administration of necessary anesthetics, when in the opinion of any physician or surgeon of good standing such medical treatment is necessary for the mental or physical health of the participant and we/I cannot be reached within a reasonable time to obtain our consent to treatment. We/I either have appropriate insurance or, in its absence, agree to pay all the costs of rescue and/or medical services as may be incurred on my/our behalf.

Participant Signature _____ Date _____

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE,
 A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW.

Parent Signature _____ Date _____

Medical History:

Have you had, or do you currently have: (Circle Yes or No)

1. Heart Problems YES NO
2. Allergies (Bees, Drugs, etc.) YES NO
3. Low or high blood pressure YES NO
4. Dizziness, recurrent headaches, fainting YES NO
5. Diabetes YES NO
6. Lung problems or asthma (carry inhaler?) YES NO
7. Back problems YES NO
8. Any known phobias YES NO
9. Any known diseases or illness. YES NO
10. Drugs or medications being taken YES NO
11. Severe abdominal or menstrual pain YES NO
12. Emotional impairment or disability YES NO
13. Epilepsy or convulsions YES NO
14. Recent sprains, fractures, or dislocations YES NO

*Are you currently pregnant? YES NO

Blood Type _____ Date of last Physical Exam _____

DO YOU KNOW OF ANY HEALTH PROBLEMS OR CONDITIONS YOU HAVE THAT WOULD PREVENT YOU FROM PARTICIPATING IN OUR PROGRAMS? YES NO

Immunizations:

Tetanus YES NO UNKNOWN Date: _____ **Hepatitis A** YES NO UNKNOWN Date: _____

MMR YES NO UNKNOWN Date: _____ **Hepatitis B** YES NO UNKNOWN



1111 Doris Ln
Cedar Park TX, 78613
512.965.9371
www.AscendOutdoor.com

**PARTICIPANT RELEASE
OF LIABILITY AND
ASSUMPTION OF RISK
AGREEMENT
READ BEFORE SIGNING**

Participant Name _____

In consideration of being allowed to participate in any way in the program, related events and activities (hereafter called the **Program**), I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant during all phases of the activity, including the potential for permanent paralysis, disability and death. **These risks include but are not limited to:** Equipment failure and/or malfunction of my own or other's equipment; my own negligence and/or the negligence of others; Attack or encounter with insects, reptiles and/or animals; Fatigue, chill and/or dizziness which may diminish my/our reaction time and increase the risk of accident; Outdoor activities include but are not limited to risks of exposure to elements, excessive heat, hypothermia, impact of the body upon the water, injection of water into my body orifices, exposure to animals with the risk of them kicking, biting, shying away, running off or otherwise moving in an unanticipated manner causing injury and/or death. **I agree to wear any necessary safety equipment provided to me and recognize that failure to do so increases the potential for severe injury or death and absolves the RELEASEES from any liability whatsoever.**
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation in the Program.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I recognize that it may be necessary for the (Releasees) to refuse or terminate my participation if I am judged to be incapable of meeting the rigors or requirements of the Program. I accept the (Releasees) right to take such actions for the safety of myself and/or other participants. I will not engage in any activity beyond my capabilities and will not cause any third party to be endangered by any of my actions during the program.

I warrant and represent that I am in good health and have no physical or mental limitations or problems that would affect my safe participation or the safety of others in the program and have not been advised otherwise by a qualified medical person.

5. By participating in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film or videotape taken of me or provided by me for publicity, promotion, television, websites or any other use, and expressly waive any right of privacy, compensation, copyright or other ownership right connected to same.
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Ascend Outdoor Adventures**, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (**RELEASEES**), from any and all claims, demands, losses, and liability arising out of or related to any **INJURY, DISABILITY OR DEATH** I may suffer, or loss or damage to person or property, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature

Date

Emergency Phone Number(s)



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PARTICIPANT RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT **READ BEFORE SIGNING**

I/We assume all risk and hazards incidents to such participation in Kamron's Climb Summer Adventure including transportation to and from said activities. I/We waive, release, absolve, indemnify, and agree to hold harmless Manhood Achievement Network, the organizers, supervisors, officers, participants and person or parents from any claims arising out of injury to my child.

Preferred Communication Method (check all that apply):

Please indicate below the way in which you would like the Troop to communicate with you

X _____
Parent/Guardian Signature Date

Print Parent Name: _____

Email: _____ Phone: _____

Mail: _____

Print Student Name: _____

****Be sure to go online www.MANLL.org and register your student for Kamron's Climb. You can also give your \$25 donation online.