



## **General Information (Departure from Coachella Valley)**

### **Schedule and Activities**

A schedule of the day's events will be provided at departure. Students should expect to leave from Spotlight 29 Casino, a tribal enterprise of the Twenty-Nine Palms Band of Mission Indians, at 8 AM on Saturday, October 3. Students must be at the Old Woman Mountains Preserve (Painted Rock site) no later than 11 AM and can expect to return to Spotlight 29 Casino at approximately, 6 PM on Sunday, October 4. During the trip, students will be tent camping, hiking, and cooking with adult supervision. The NALC will provide all food and water. Students should not bring food, since it is likely to spoil.

### **Location and Camping Information**

The Old Woman Mountains Preserve is located in the Old Woman Mountains. This is a wilderness with no cell phone service. Students will be expected to follow instructions provided by instructors to ensure their safety.

### **Travel Information**

Participants must provide their own transportation to Spotlight 29 Casino. Travel time from the Coachella Valley is approximately 3.5 hours. A high clearance, 4WD vehicle is needed to access the campsite, and the NALC will provide transportation for registered participants. Additional information will be provided after submittal of this permission slip.

### **Packing List**

#### **Camping Supplies**

- Sleeping Bag (required)
- Pillow (optional)
- Sleeping Pad (optional)
- Tent (optional)\*

#### **Personal Items and Miscellaneous**

- Toothpaste and Toothbrush
- Any Prescription medication
- Sunscreen
- Reusable Water Bottle

#### **Clothing**

- t shirt
- hat
- shorts
- pants
- sweatshirt
- underwear
- raincoat/windbreaker
- Socks
- Sneakers (must be close-toed)
- bandana (optional)
- long-sleeve shirt (optional)
- Sandals (optional)

\*Please let the NALC know if your child requires a spot in a shared tent.

### **Contact information:**

Kurt Russo, Executive Director, NALC

Phone: [360-961-4554](tel:360-961-4554).

Email: [frkvalues@aol.com](mailto:frkvalues@aol.com)

**Instructors:** Matthew Leivas, Chemehuevi [Chemehuevi Indian Tribe]

Sean Milanovich, Cahuilla [Agua Caliente Band of Cahuilla Indians]



## PARENTAL CONSENT AND MEDICAL AUTHORIZATION For NALC Learning Landscapes Trip on October 3-4, 2015

Permission

I grant permission for my child to attend the Native American Land Conservancy (NALC) event listed above and to participate in NALC activities, which will include hiking and tent camping.

Activity Release

I further grant permission for my child to participate in all supervised activities except as noted below:

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Medical Release

I hereby grant permission to the NALC and the person acting as its designee in supervising my child, permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by a physician, should my child require medical treatment while participating in this event. I hold harmless the NALC, its staff, contractors, and other supervising adults from any form of negligence and/or improper treatment incurred in the procurement of medical services or process of hospitalization and/or treatment. My child is voluntarily participating in this activity and I am aware of the risks associated with traveling to/from and participating in this event. I agree to assume the risks associated with these activities.

\_\_\_\_\_  
Child's Name (please print)

\_\_\_\_\_  
Guardian's Name (please print)

- Home
- Cell

\_\_\_\_\_  
Guardian's Phone Numbers

\_\_\_\_\_  
Email

\_\_\_\_\_  
Home Address and City

\_\_\_\_\_  
Additional Contact Person and Relationship to Child

\_\_\_\_\_  
Additional Contact Person's Phone Number

- Home
- Cell

\_\_\_\_\_  
Medical Instructions/Restrictions/Allergic Reactions

\_\_\_\_\_  
Insurance Provider and Policy Number

**Other Information**

Please list any allergies to drugs, foods, plants, insects, etc. Also list any other dietary restrictions:

Please list any prescription medication (and dosage information) to be taken by the participant:

Please list any additional information relevant to participating in NALC activities (surgeries; serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed name of Guardian

\_\_\_\_\_  
Date

**Please Mail Completed Form by September 15 to:  
Native American Land Conservancy, PO Box 3074, Indio, CA 92202**