Dear 7th Grade Families,

Who: Sage Ridge School 2017/18 7th Grade Class  
What: 7th Grade Outdoor Education  
Where: Clair Tappan Lodge and Donner Summit  
When: Depart Monday, September 11, 2017 at 8:00 A.M from SRS  
Return Friday, September 15, 2017 at 1:00-1:30 P.M. to SRS

On September 11th, Sage Ridge School 7th grade students will depart campus for their 2017 Outdoor Education trip to Donner Summit and Clair Tappan Lodge. Clair Tappan is located near Donner Summit in the beautiful High Sierras. The location provides ample access to day hiking, swimming and rock-climbing and historical sites.

Once we arrive at Clair Tappan, students will participate in an afternoon of activities before getting settled into the lodge. Throughout the trip, students will share kitchen responsibilities, read, write in journals, and work together to face challenges and develop the qualities of leadership fostered at Sage Ridge School. All the while, laughter, fun and shared learning experiences will fill our days right on through to bedtime.

The experienced staff of Move Mountains will work in partnership with the highly qualified Sage Ridge faculty to provide the most rewarding experience possible for the students. Throughout the trip we help students develop skills in leadership, climbing, backcountry travel, scientific inquiry, nature observations, trail etiquette and teamwork. Additionally, the program aims to foster self-reliance, self-confidence, self-reflection, interpersonal relationships and natural connections between the classroom experience and the outdoor environment.

Please see the attached equipment list and itinerary. Students should come prepared by packing the items listed and no additional gear as we have limited space to transport our belongings. Thank you, and please contact us with any questions, concerns or equipment needs.

Sample Daily Itinerary

The information below gives you a general sense of a day with Move Mountains.  
Subject to Change

7:30 A.M. Wake Up  
Students awake to the sound of the creek running. Students use this morning time to get ready for a day of adventure and learning. Kitchen crew reports at 7:30 A.M.

8:00 A.M. Breakfast  
Small groups will rotate through meal prep and cleanup responsibilities throughout the week. Healthy, well-balanced, meals are prepared by the staff at the lodge.

8:45 A.M. Gathering Circle  
Every morning we join together to review the upcoming activities, share goals and support the development of a healthy team.
9:00 A.M. – 3:30 P.M. Activities
Ranging from a day of hiking to a day of rock-climbing or exploring and swimming, MM provides activities that promote leadership development, self-awareness and learning. Activities are largely conducted in field teams (groups of 10-15 students). In some cases, the activities will be completed as a large group. Around mid-day, students will enjoy lunch together. Throughout the week, students will learn about Donner history, Tahoe and Donner water ecology, local flora and fauna, local human history and more.

3:30 P.M. – 5:30 P.M. Exploration, Games, Rest and/or Reflection
During down time, students will have a chance to rest or practice the leadership and teambuilding skills they learned throughout the day. While some students will opt for time to rest and reflect, engaging games and exploration opportunities will exist for students still ready to move around. Twice during the trip, students will have the option of showering during this time.

5:30 P.M. Dinner
During mealtime, teams share stories and memories from the day. Enjoying the company of friends over a meal opens the gateway to lasting relationships. As with breakfast, students share the responsibility of cleanup following dinner.

7:00 P.M. Gathering Circle and Evening Activity
Evening activities range from stargazing, full-moon night hikes, campfires, and more. Each night we close with a circle to reflect with gratitude on the day and look ahead to the events that the next day will bring.

9:30 P.M. Lights Out
Guides remain awake and alert until the last student is asleep. Rest is vital to learning and having fun. Students are encouraged to get to sleep and held to that expectation throughout their adventure.
Equipment List

Move Mountains will provide group gear such as food, navigation tools, first aid, etc. Technical equipment for climbing is provided by our guides at NASTC. Each student is responsible for his/her own personal equipment and snack / lunch for the first day.

Check off the items as you pack (or set aside to wear) so you remember it all! All items (including the ones you are wearing on the first day) need to come to school for the pre-departure check several days before the trip.

<table>
<thead>
<tr>
<th>FOOD</th>
<th>Qty</th>
<th>Item</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>Snack (for first day only)</td>
<td>No soda or caffeine drinks please!</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Lunch (for first day only)</td>
<td>No soda or caffeine drinks please!</td>
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<tr>
<th>CLOTHING</th>
<th>Qty</th>
<th>Item</th>
<th>Description</th>
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<tbody>
<tr>
<td>Top Layering System</td>
<td>1</td>
<td>Long underwear top (base layer)</td>
<td>capalene/ under armour etc</td>
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<tr>
<td></td>
<td>3</td>
<td>Short sleeve t-shirts (base layer)</td>
<td>no cotton</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Light fleece layer (middle layer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Heavy weight fleece (warmth layer)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Lightweight waterproof jacket OR lightweight jacket and Poncho (outer layer)</td>
<td></td>
</tr>
<tr>
<td>Bottom Layering System</td>
<td>1</td>
<td>Long underwear bottoms (base layer)</td>
<td>fleece pants/sweat pants ok - intended for in camp use and sleeping</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Medium weight bottoms</td>
<td>At least one pair no cotton. You may bring a third pair of pants (jeans) for the travel days.</td>
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<tr>
<td></td>
<td>2</td>
<td>Pair hiking pants (outer layer)</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Pair lightweight waterproof/ wind pants (outer layer)</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Pair of hiking boots/ shoes</td>
<td>Shoes need to have substantial tread and support. Tennis shoes, loafers and similar “street” shoes can lead to injuries.</td>
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</table>

GOMOVEMOUNTAINS.ORG
775.831.2646 CHARLIE@GOMOVEMOUNTAINS.ORG
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<th>QTY</th>
<th>Item</th>
<th>Description</th>
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<tr>
<td></td>
<td>1</td>
<td>Duffle Bag or large backpack</td>
<td>Internal or external frame</td>
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<td></td>
<td>1</td>
<td>Daypack</td>
<td>compact, preferably synthetic, 30 degree rating</td>
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<tr>
<td></td>
<td>1</td>
<td>Sleeping bag</td>
<td>(several available for rent)</td>
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<tr>
<td></td>
<td>2</td>
<td>1 liter water bottles</td>
<td>camelback water carriers (not the actual backpack) are optional, but total water storage capacity should equal (2) liters</td>
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<tr>
<td></td>
<td>1</td>
<td>Headlamp or flashlight (extra batteries)</td>
<td>sun screen and lip balm</td>
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<td></td>
<td></td>
<td>Sunglasses</td>
<td></td>
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<td></td>
<td></td>
<td>Journal, pencil, pen</td>
<td></td>
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<td></td>
<td></td>
<td>Toiletries</td>
<td>toothbrush and toothpaste only, no deodorant or lotions. (shower supplies)</td>
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<td></td>
<td></td>
<td>Glasses/contacts (if needed)</td>
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<td></td>
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<td>Bug repellent</td>
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<td></td>
<td></td>
<td>Medications</td>
<td>allergy and other meds should be given to the teacher at the beginning of the trip</td>
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<td></td>
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<td>Washcloth/bath towel</td>
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**OPTIONAL ITEMS**

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<td></td>
<td></td>
<td>Camera</td>
<td>cannot be a reason to bring phone or other multipurpose technology</td>
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<td></td>
<td></td>
<td>Hand sanitizer</td>
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<td></td>
<td></td>
<td>Hand warmers</td>
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<td></td>
<td></td>
<td>Watch</td>
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<td></td>
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<td>Reading material</td>
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**DO NOT BRING**

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<tr>
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<th>Item</th>
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<tr>
<td></td>
<td>Electronic Devices</td>
<td>all cell phones may be left at home</td>
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<td></td>
<td>Knives, gum, junk food, caffeinated drinks</td>
<td>IPOds and similar gear should be left at home. They can also be left with a teacher prior to leaving school.</td>
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</table>
MOVE MOUNTAINS
RELEASE OF LIABILITY AND INFORMED CONSENT (Minor)

Move Mountains’ Programs (“MMP”) involve a variety of activities that often include warm-ups, games, group initiative problems, various outdoor high adventure pursuits and low and high ropes course elements. In my personal capacity and as my capacity as the parent or guardian of a participant in MMP, I am voluntarily signing this waiver for the minor individual listed below (“Participant”) to participate in a MMP with full awareness and understanding that certain aspects of MMP may be physically, intellectually, emotionally and socially demanding. I am also aware that these activities involve potential risk of bodily injury and harm as well as the possibility of unexpected consequences, as is true in any outdoor adventure with a group of people.

Therefore, I agree that the Participant will only participate in MMP if he or she is physically, mentally, intellectually, emotionally, and socially capable of doing so. I agree that prior to Participant’s participation, I will ensure that there are not any medical, physical, and/or psychological conditions that might create undue risk to Participant or others who depend on or will otherwise interact with Participant during MMP activities. I further understand and am committed to the fact that instruction and training are necessary to improve Participant’s chances for a reduced-risk, accident-free experience. To the extent that Participant participates in such activities, I agree that Participant’s participation is voluntarily, and I, on behalf of Participant and in my own capacity, assume full responsibility for any loss and/or inconvenience resulting from any injury to Participant’s person and/or property resulting therefrom.

I further agree that should Participant sustain injury to his or her person and/or property, I, in my personal capacity and on behalf of Participant, agree to hold harmless, release, and indemnify Move Mountains, Inc. and their partner companies, staffs, executives, directors, officers, employees, insurers, representatives, and agents from and against any and all liability incurred for any injury to Participant and/or to Participant’s legal dependents, and/or the property of Participant and/or Participant’s legal dependents, incurred in connection with participation in any MMP. I understand and agree that this Release of Liability and Informed Consent applies to personal injury, property damage, and/or wrongful death, which I, or Participant may suffer in connection with MMP. I understand and agree that by signing this Release of Liability and Informed Consent, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me, or Participant. Further, I agree that the terms hereof shall serve as a release and assumption of risk for my and/or Participant’s heirs, executors and administrators, and/or anyone else claiming through either me or Participant, and for all members of my family including any minors.

My signature below also grants Move Mountains the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of myself and any minors in my legal care, for the use in Move Mountains marketing and advertising. If Participant has any pre-existing medical or psychological conditions including allergies which may have some effect on Participant’s or others’ participation in a MMP, I further agree to complete and submit to Move Mountains, Inc., prior to Participant’s participation in MMP, the Medical Information Form on the back of this release as well as fully notify staff of this condition and/or any other medical or other pertinent needs of Participant. If Participant does not have any pre-existing medical or psychological conditions including allergies which may have some effect on Participant’s or others’ participation in a MMP, I will write “none” on the Medical Information Form on the back of this release.

This release is good for one year and covers all Move Mountains’ Programs.

I further expressly agree that the foregoing Release of Liability and Informed Consent is intended to be as broad and inclusive as permitted by the law of the State of Nevada and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

I acknowledge that I have read this Release of Liability and Informed Consent and that I understand the words and language in it. I have knowledge of the familiarity with the potential dangers incidental to participating and or receiving instruction in MMP. My questions about potential risks and dangers and the effect of this Release of Liability and Informed Consent have been answered to my satisfaction. I have been advised of the potential dangers incidental to participating and/or receiving instruction in said activity.

I am the parent or legal guardian of the minor(s) Participant ____________________________, and I am signing this document on behalf of myself and said minor Participant(s). I have the legal authority to sign this Release of Liability and Informed Consent on behalf of myself and Participant, and to otherwise waive and release claims on behalf of myself and Participant.

Print Name of Parent / Guardian: ___________________________ Date: ______________________

Parent / Guardian Signature: ___________________________
Move Mountains Emergency Medical Information (MINOR PARTICIPANT)

Participant’s First and Last Name __________________________ Age at time of event: ______ Entering Grade ______

Mother/ Legal Guardian: ___________________________ Cell Phone #: __________________________ Email: __________________________

Father/ Legal Guardian: ___________________________ Cell Phone #: __________________________ Email: __________________________

Child Lives with (please circle one): Single household Mother and Father Single household Mother or Father only

Multiple households Mother and Father Legal Guardians

Emergency Contacts other than parents:
1. Name __________________________ Relationship __________________________ Cell __________________________
2. Name __________________________ Relationship __________________________ Cell __________________________

Primary Physician __________________________ Phone __________________________

DOES YOUR CHILD HAVE…?

- Allergies: Medical/Food/Other
- Anorexia/Bulimia
- Asthma
- Blood Disorder
- Cancer
- Celiac
- Depression
- Diabetes
- Ear Infections
- Epilepsy or Seizures
- Heart Condition
- Insect/Bee Sting Allergy
- Kidney Disease
- Migraines
- Orthopedic Problem
- Ulcers
- Other

HAS YOUR CHILD HAD…?

- Serious Illness
- Serious Injury
- Surgery (Operations)

DOES YOUR CHILD HAVE…?

- Trouble Seeing Close
- Trouble Seeing at Distance
- Trouble Hearing

DOES YOUR CHILD?

- Wear Glasses
- Wear Contacts
- Wear Hearing Aid

Does your child have a condition which prevents participation in regular outdoor activities? No ___ Yes ___ Specify _______________________

Does he or she take daily medication? No ___ Yes ___ Specify _______________________

Will your child need to take medication during the MM trip? No ___ Yes ___ Specify Type & Date _______________________

Do you agree to be responsible for all medical costs incurred on the participant’s behalf? No ___ Yes ___

Please place all of the child’s medications together, labeled and packaged in one zip lock plastic bag with child’s name on the bag.

Medical Release: When I/We cannot be located after reasonable efforts, under the circumstances, Move Mountains [or it’s representative] is authorized under NRS.129.040, but not required, to seek medical care for the above named participant, in case of serious illness, accident, or other emergency requiring immediate hospitalization, medical attention, or surgery. I authorize any qualified MM employee, volunteer or medical personnel to render necessary emergency care for the above named student. I/We also agree to be responsible for all medical costs incurred on the participant’s behalf.

Medical Insurance Provider __________________________ Policy#: __________________________

Parent or Legal Guardian’s Signature: __________________________ Date: __________________________