

DESERET LAND AND LIVESTOCK

PIONEER TREK

2007 LEADERS HANDBOOK



P.O. Box 250 Woodruff, UT 84086

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Dear Leaders,

We are pleased to accommodate your Pioneer Trek Youth Conference at Deseret Land and Livestock (DLL). This handbook outlines the ranch resources and requirements for your use in planning and carrying out a successful trek.

The ranch provides a primitive, secluded, secure site for groups to hold treks while minimizing the impact to natural resources and ranching enterprises. Treks can be scheduled from the first week in June until the third week in August. To view a reservation calendar visit www.handcarttreks.com and select *Deseret Land & Livestock* followed by *Reservations*. If you would like to schedule a trek or have any questions, please call (801)386-2979 or (801) 715-9160.

Pioneer Trek Youth Conferences have been held on the ranch since the summer of 1993. The ranch makes available the place with various route and campsite options and the equipment including the handcarts, portable toilets and water tanks on trailers.

Purchased by the Church in 1983, DLL is a working cattle ranch. As part of the Ag Investment portfolio it is operated as a commercial for-profit ranch. Pioneer Treks have been accommodated at the ranch in a way as to not interfere or conflict with ranching activities and have minimal impact to the natural resources. We appreciate your adherence to the trekking policies that make this possible.

The following are essential directives to remember for your pioneer trek:

- The “Pack it in, Pack it out” policy states that all garbage must be removed. Many groups reduce their garbage by using metal service, tin cups and plates.
- We have been instructed that **fasting should not be incorporated** as part of the treks as the activities are physically demanding and the lack of food, under such circumstances, would be unwise.
- The **wearing of white clothing** to represent the deceased, those behind the veil, **and other such representations are not to be included as part of the treks**. Please assure that all who will participate understand this instruction.

DLL STAFF

Pioneer Trek Coordinator

The Pioneer Trek Coordinator schedules the pioneer treks, establishes trek routes, and coordinates trek activities with ranch activities.

Missionary Couple(s)

A Missionary Couple will help trek leaders become familiar with their route, assist with ranch provided equipment, assist with questions about trekking policies and help coordinate the use of your emergency plans in case weather or fire danger creates the need for evacuation. At the end of the trek, the missionaries will collect the checkout form and any medical incident forms from the group leader.

PIONEER TREK RESOURCES PROVIDED

Handcarts

The bed of a handcart is 4 feet wide, 6 feet long and 18 inches deep. Each handcart also has a 20-25 foot rope that is tied to the front so that everyone can help pull at the same time. Each group will have an extra handcart in case one breaks down along the trail. The handcarts will be located where the groups start their trek.

Portable Toilets on Trailers

Groups with approximately 150 or more participants will have two 24 ft trailers of eight portable toilet units each. Groups with more than 400 will need to make special arrangement for more units.

You can pick up the trailers at the Wahsatch Gate at the beginning of your trek. You will need to move them to the starting point and other places of use along the route. Remember when moving the trailers, the toilet paper and toilet plugs should be secured. Those in charge of the portable toilets may want to bring rubber gloves and some air freshener. The groups provide their own **toilet paper and garbage sacks** and should plan on about one roll for every four people. You will also need to prepare hand washing equipment for each trailer. This can be five gallon plastic containers with soap in a nylon sack or hand sanitizer. Groups should come prepared to pull a two place portable toilet trailer during their training trek. This will also be picked up at the Wahsatch gate and returned there at the end of the training. **You are responsible for cleaning the portable toilets between campsites and make sure that nothing except toilet paper and waste are put into the toilets.** There will be an extra charge if the pumping company has to fish out items like feminine products, garbage or clothing.

Water Trailer

The 500 gallon water trailer is picked up and filled at the Shearing Corral. Anticipate an hour to fill the tank; you will add a quarter cup of bleach (which will be provided) to each tank. Most large groups (approx. 250) go through an average of one tank a day. At the end of the trek, it should be emptied and returned to the Shearing Corral.

NOTE: The portable toilet and Water Tank trailers will need to be towed by your own vehicles (three-quarter ton 4x4 truck with **2 5/16 ball hitch that is set 18 inches off the ground**). The dirt roads can get slick in wet weather and a set of tire chains is advisable. Your drivers should be experienced at driving trailers with heavy loads in all kinds of weather.

COST AND DEPOSIT

There will be a \$14.00 fee for each trek participant. This fee applies to everyone on the trek. The fee remains the same whether a trek spans three or four days as the week is reserved for the participating group.

To secure the reservation, a \$500.00 deposit is required by August 1st of the year prior to the scheduled trek date. The check should be made out to Deseret Land and Livestock Pioneer Treks and sent to P.O. Box 250, Woodruff, UT, 84086. If the deposit is not received by this date, the reservation will be given to a group on the waiting list. Deposits will be returned to groups that cancel up until January 1st of the year of their trek.

At the beginning of the trek, the trek leaders will provide the missionaries with the number of participants and a check for the remaining amount. The missionaries will give the leaders a receipt. If there is a large discrepancy between the amount the check is made for and the number of people who attend, the ranch will refund the difference.

TREK GROUPS PROVIDE

Your group will need to provide your own leadership and training, itinerary and activities, food, medical personnel, transportation to and from the ranch, 4x4 vehicles to move water trailer and portable toilet trailers, and radio communication (two way radios and cell phones).

RANCH TREKKING POLICIES

Restrictions

No horses, mountain bikes, dogs, firearms, ammunition, fireworks, fishing equipment or ATV's are allowed on ranch property.

Participants and Vehicles

All participants and support staff must remain on designated trails and roads and it is important for the support staff to drive *safe speeds* while on the ranch especially around blind corners. Groups must *keep vehicle numbers to a minimum*. Trek routes start and end at different points, therefore it is important to use buses or have participants dropped off and picked up, thereby reducing the number of vehicles on the ranch.

Trash

“No trace” camping is required. At each campsite groups should line up and do a final sweep before they leave the area. This includes any leftover food such as uneaten corn meal mush, orange peels, charcoal briquettes, any signs, twine, or tape on the handcarts and the *garbage sacks in the portable toilet units*. The ranch provides one dumpster for garbage at the Wahsatch Entrance that will hold 25 garbage bags. Any garbage beyond this must be hauled out with the group. Remember “Pack it in, Pack it out”.

Fires

Fires are allowed in certain campsites when the conditions are safe. Groups must provide their own firewood and they need to take the excess with them when they leave. As fire restrictions may occur during dry seasons, groups should be prepared to cook with propane or other types of liquid fuel.

Security

DLL is a working cattle ranch and it is important to maintain the security of the property and livestock. Groups must assign people to watch any gate that is opened and ensure that it is closed properly. Lock combinations on the ranch are changed every week but must remain secure at all time. When individuals come and go from the ranch during the trek the support staff will need to escort them out or meet them at the gate to let them in. This reduces the chance of having people get lost on the ranch.

Route Review

All group leaders are required attend an orientation and route review. The trek leaders and medical personnel should be in attendance.

MEDICAL / EMERGENCIES

Each group is responsible for the safety of all their trek participants. The medical team needs to be capable of providing treatment and their own equipment to meet any anticipated medical needs. Each group develops their own registration and medical forms (see examples provided in this document).

Groups are responsible for their own medical and support staff. Each group should have their own emergency action plan for injuries such as dehydration/hyperthermia, asthma, blisters, cuts, sprains, broken bones, lost participants, fire, severe storms, and all other life threatening injuries. The main focus of these emergency action plans should be centered on prevention, communication, and proper action.

Resources should include:

- *Emergency Coordinator* - Groups must appoint a qualified emergency coordinator. This person needs to know emergency access routes to the nearest health care facility and be reasonably prepared for the unexpected.
- *Medical Staff* - Groups must have emergency health care professionals with them throughout the trek. Each group is required to have a minimum of one doctor, registered nurse, or EMT for every hundred participants. They should wear something that makes them easy to identify. For ex: they could wear a red arm band or red cross on their hat.
- *Equipment* - The medical staff should be prepared with all the necessary emergency medical equipment, medicine, shelter, transportation, release forms and communication they will need to cover the needs of their group.
- *Vehicles* - The medical staff will need to have two vehicles that will be following the group while they are trekking. These vehicles need to be four wheel drive and have communication with the leaders walking on the trail. If someone is injured or feeling sick they will be picked up by these vehicles. If one vehicle leaves to take someone out there will still be a vehicle left to give support.

Serious Life Threatening Injuries

If the group's medical staff deems that it is necessary to evacuate a trek participant by life flight or by ambulance from the Wahsatch Gate, they should first contact the medical facility and then contact the missionary couple.

Lost Participants

You should count off frequently to keep track of the trek participants. If you find a youth or adult is missing, conduct a swipe of the area working with the missionary couple and the group leadership to coordinate the search. If the individual is not found and the Priesthood leader feels it is necessary, the ranch employees will help in the search, along with the local emergency services. Missionaries will meet the emergency service providers at the Wahsatch Gate and direct them to the search party.

Fire

Groups should follow the state fire restrictions. In the event of a fire that is identified by a ranch employee, they will contact the ranch headquarters. Ranch headquarters will contact the missionary couples in relationship to where the groups and the fire are. If the groups are in immediate danger, an evacuation plan to a safe zone will be put into action. If the groups are not in danger, the missionaries and support staff will stay in contact with headquarters to make sure conditions do not change and warrant the need for evacuation.

If the pioneer trek groups identify the fire or smoke on the ranch, they will contact ranch headquarters at 435-793-4288. If the fire is close, the trek leadership will identify wind conditions, roads, terrain, natural fire breaks and move the group toward a safe area. They will stay in contact with the missionaries and ranch to coordinate with local fire and emergency personnel.

Severe Storms

Groups should be prepared for all kinds of inclement weather and also be familiar with what to do during lightening storms. If a severe storm occurs during the first day, groups should be prepared to change their itinerary and set up camp where they are or move directly to an all weather road.

Medical Facilities

The medical staff should know the route to the nearest hospitals and numbers to Life Flight for their area.

Evanston hospital: (307) 789-3636. This hospital is about 15 minutes away from the Wahsatch gate. To find the hospital, take the first Evanston Exit and turn right. Follow the signs to the hospital about a mile down the road on the right. For minor problems this is the closest facility. If needed, an ambulance can meet the medical team just off the Wahsatch Exit.

Rich County Dispatch: 435-793-2285

Life Flight at LDS hospital will be aware that groups will be on the ranch this summer. If your Medical staff feels that a life is in danger and the distance to a hospital is too far. They will need to call **Life Flight- 911 or 800- 321-1911 or (801) 408-1234**. Groups should bring GPS equipment. This will help Life Flight locate your position

Medical Concerns

The seven most often medical issues faced on trek:

1. Dehydration/Heat exhaustion which can cause (nausea and vomiting)
2. Heat Stroke
3. Hypothermia

4. Blisters!!!!
5. Sprains (knees and ankles)
6. Cuts from knives
7. Asthma and allergy attacks

Dehydration/Heat Exhaustion

Did you know that if you're thirsty, you're already partially dehydrated?
Drink to prevent thirst, not to quench it.

It is important to have plenty of **Water** and **Gatorade** for the trekkers. Most groups carry 10 gallons of water on the carts with them. The Trek Leaders will need to stop the group at least every 20-30 minutes for a water break. When it is really hot, the groups refill their water jugs twice if not three times during the day. Spray bottles help keep the youth cooled off. Powdered Gatorade that can be added to the water is used by most groups. Remember to drink even when you are not pulling handcarts.

Symptoms

- Pale face, cold sweat on the forehead, the whole boy/girl may feel cool and clammy
- Shallow breathing
- Nausea and vomiting
- Dilated pupils, headache and dizziness
- Weak pulse
- Heavy perspiration
- Unconsciousness

Treatment

- Place the person on their back and raise their feet
- Provide shade for the person
- Loosen clothing or remove some of the patient's clothes, shoes and socks
- Give patient water and if you have Gatorade, dilute it with water (half and half): encourage patient to drink all possible.
- Fan and put cool, wet cloths to back of neck, face, armpits lower legs
- Give sips of water
- Put into medical vehicle

The Medical support staff needs to be capable of providing treatment for moderate to severe dehydration, if required. Prevention of dehydration by ensuring adequate fluid intake is critical, but may not always be adequate without careful monitoring. Heat exhaustion can quickly progress to heat stroke without adequate medical care and supervision.

Heat Stroke (caused by exposure to the sun and is a life threatening emergency)

Symptoms

- Red, very hot face. Skin is often dry but if a person has been exercising hard, he may be sweating.

- Very small pupils
- Slow, noisy breathing
- Rapid, strong pulse
- Possible unconsciousness

Treatment

- Place person on his back with head and shoulders raised
- Get them into a cool medical vehicle.
- Undress the person down to the underwear
- Cover the person---especially the head with dripping wet towels, shirts, or cloths.

Hypothermia (the body loses more heat than it can generate)

This can happen to anyone who is not dressed warmly enough in cold weather. Wind, rain, and exhaustion increase the risk. The temperature does not have to be freezing.

Symptoms

- Feels chilly tired and irritable
- Begins to shiver and then shivering becomes violent
- Cannot think clearly, stumbles and falls.

Treatment

- Prevention, go prepared, eat plenty of food and drink lots of fluids.
- Take off wet clothes
- Get into a sleeping bag.
- If in an advanced stage, the rescuer must also strip down to underwear and get into the sleeping bag so that body contact can warm the victim slowly.

Sprains and Strains

Treatment

- Apply cold to reduce swelling and pain, elevate injured part, and use compression (ace rap). Then 72 hours later, apply heat to increase metabolism. Rest the injured part.

Blisters

Prevention

- A pair of thin inner socks (nylon knee high) under thicker hiking socks will reduce the friction.
- Wear shoes that are broken in!
- If you feel a hot spot forming on your foot, stop right away and treat it before it becomes a blister.
- Wash it with soap and water.
- Cut a piece of moleskin in the shape of a doughnut and place it on you foot with the hole over the blister.

Treatment

- If you think a blister will break, sterilize a pin in the flame of a match.
- Prick the blister near its edge and press out the liquid.

- Protect the wound from pressure with a doughnut bandage and keep it clean with a sterile bandage.

Bleeding

Treatment

- Elevate injured limb above body level
- Apply direct pressure
- Cover with a pad. If cloth becomes soaked, DO NOT REMOVE IT; put another pad on top of it and get medical help.

Thunderstorms/Lightening

Throughout the summer thunderstorms occur on the ranch. Trek Leaders and the Medical Staff should have an emergency action plan in place in case of being caught in a storm.

- The Trek Leaders and Medical Staff should know the flash-to-bang system of measuring lightning distance. Because light travels much faster than sound, the time between a lightning bolt and thunderclap will tell how far away the lightning is.
- Each 5-second count equals 1 mile. Before the count reaches 15 seconds or less (3 miles or closer) take precautions. Sometimes you feel an electric charge, the hair on your head or body standing on end or your skin tingling, a lightning strike may be imminent.
- Lightning typically sticks the tallest object in the area and is attracted to metal objects.
- Move the trekkers with their rain ponchos on away from their handcarts towards the lowest spot in the area.
- Everyone should spread out at least 15 feet apart to minimize the chance of everyone getting hit.
- Everyone should be taught before the trek starts the crouch position they should get into if lightening is a threat. Trekkers should crouch down on the balls of their feet and bend forward so that their head is low but no other part of their body touches the ground. Keep your feet together to minimize body contact with the ground, which minimizes the risk of being hit.
- If someone is struck, get the Medical staff immediately to treat and transport.

TREK CHECK OUT LIST

Group name _____ Date _____

Youth _____ # Adults _____

At the close of your trek, it is the responsibility of your group to ensure that everything on this list is completed. When you have completed the list, sign the bottom and return it to the Missionaries.

Handcarts

- _____ 1. Everything has been removed from the handcart including twine, tape, garbage, food, signs, signs, etc.
- _____ 2. Missionaries have been informed of any damage to the handcarts.
- _____ 3. If the handcart trailer is available, you help load the handcarts.

Portable Toilet Trailers

- _____ 1. Garbage sacks and all other items attached to the portable toilets have been removed.
- _____ 2. **ALL GARBAGE OTHER THAN TOILET PAPER HAS BEEN REMOVED FROM THE TANKS** (the portable toilets cannot be pumped with garbage in the tank).
- _____ 3. Trailers are returned to Wahsatch gate area and **the plugs pulled** and made ready for pumping.
- _____ 4. Any damage to the portable toilets (broken doors, seats, etc.) or trailer was reported.

Water Tanks

- _____ 1. The tank(s) were emptied prior to being returned to the Shearing Corral.
- _____ 2. Any damage to the tank or the trailer was reported.

Garbage

- _____ 1. All garbage was removed from each campsite and along the trail.
- _____ 2. All extra food is in garbage bags, none was buried.
- _____ 3. All unused firewood has been picked up and removed.

Major Accident (if applicable)

If a participant has been taken off the ranch to receive additional medical care, the Incident Report was completed and returned to the missionaries. The Church General Handbook of Instructions (page 276) indicates that bishops and stake presidents should be notified of injuries during church activities. Risk Management should also be notified in the event of a death or serious injury. (1-866-LDS-RISK).

Leader's Signature _____

MEDICAL INCIDENT REPORT

Date of Incident: _____ **Time of Incident:** _____ a.m. p.m.

Name: _____ **age:** _____

Address: _____
_____ **phone:** _____

Stake Group: _____

Location of incident: _____

Brief description of the facts of the incident:

Injured body part(s): _____ **right/left:** _____

Nature of injury (cut, break, scrape, etc.):

Witnesses: _____

Individuals contacted (parents, bishop, stake president, etc.)

TREATMENT

Healthcare provider: _____ **MD DO PA RN EMT**

Address: _____
_____ **phone:** _____

Treatment given: _____

Medications: _____

Referred to: _____

Condition: _____

Signature of provider: _____ **time:** _____

SAMPLE REGISTRATION AND MEDICAL FORM

Ward _____

This form (both sides) must be completed, signed in both places, and returned by April 19, 1998 to ward leaders. Each participant (adult and youth) must complete a form.

Name _____ Sex ____ Age ____ Birth date _____

Address _____ Phone _____

Insurance Company _____ Policy # _____

Parent's Name (if minor) _____ Work Phone _____

Parent's Name (if minor) _____ Work Phone _____

Please list any other required information that may be needed for insurance purposes if it becomes necessary to secure the medical services of a doctor or hospital. This could include insurance pre-authorization phone numbers, name and Social Security number of the insured employee, whether it is necessary to contact a primary care physician, etc.

Note: Parents of youth will be contacted, if at all possible, before securing the medical services of a doctor or hospital in the case of an emergency.

Information: _____

Statement of Responsibility

This Pioneer Trek Youth Conference will be held in a wilderness setting. We will be “roughing it”, so to speak. The Stake will provide food, restroom facilities, safe drinking water, and learning activities. Each participant in this conference must act in accordance with church standards at all times, and aid other members of the conference in behaving in accordance with church standards. There are inherent risks involved in all outdoor activities, including this Stake sponsored Youth Conference, which are beyond the control of the Stake staff and officers. Proper preparation reduces these risks and is the responsibility of all participants. These considerations should include a warm sleeping bag, warm clothing, a poncho or rain coat, sunscreen, insect repellent, and other items listed on the personal equipment list. All participants must act in such a way as to not endanger themselves or others, and should show charitable consideration to all other participants and leaders in the Trek.

Each participant should condition themselves physically for this experience. Specifically, each participant must be able to complete a *minimum* requirement of walking/running four(4) miles on level ground in 60 minutes or less without undue stress.

The Trek will be conducted on private property. Each participant must follow applicable “No Trace Camping” protocols to maintain the wilderness nature of the property. Especially, each participant must avoid littering of any kind.

Sample Medical History

If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below:

- | | |
|--|---|
| <input type="checkbox"/> Asthma (serious cases) | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Emotional problems requiring medication | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Major bone or joint injuries | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Major operation or serious illness | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart trouble |
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Other medical conditions which |
| <input type="checkbox"/> Hypoglycemia | |

Explain _____

If you marked any of the above items, you must fill out the *Medical Release Form* and have it completed by a medical doctor; **you cannot participate without it.** The *Medical Release Form* is available from your ward YM or YW secretaries.

Allergies, special diets, or medication reactions: _____

Medications currently being used: _____

Are immunizations up to date (especially tetanus shot)? _____

Physical conditions that limit activity: _____

Have you had more than a minor illness or injury during the year, or a chronic/recurring illness? _____

If yes, please explain: _____

Family Doctor _____ Phone _____

Participant Agreement

I declare that the above statements are complete and correct, and agree to act in accordance with the Statement of Responsibility.

Date _____ Signature of Parent _____

Parental Permission

I, the undersigned, am aware that my youth will be participating in the above designated Stake Pioneer Trek Youth Conference. I have read the Statement of Responsibility and have supplied the medical statements above, which are complete and correct. I hereby give my full permission for him/her to participate in this youth conference and authorize the adult leaders supervising this activity to administer emergency treatment for any accident or illness and to act in my stead in approving necessary medical care. In the even any medical attention is needed. I hereby authorize any physicians in charge of my child to administer such medical or surgical treatment or carry out such procedure as may be deemed necessary or advisable in the diagnosis or treatment of my child. This permission includes travel to and from the conference as well as participation at the conference.

Date _____ Signature of Parent _____

SAMPLE MEDICAL RELEASE FORM

This form must be completed and signed by a medical doctor for participants who answered "yes" to any of the conditions listed on the Medical History portion of the Registration form. They will not be allowed to participate if this form is not submitted. The examination must be current within six weeks of the participation date.

Participant _____ Date of Conference _____

Dear Doctor: The above named person will participate in a Pioneer Youth Conference. Persons suffering from any of the conditions listed below must obtain a physician's clearance before participating in this program. The participants will be in a wilderness setting for four days. They will have ample food and water. On the **first day** they will hike approximately 10 to 14 miles on varying terrain. On subsequent days they will hike approximately 2 to 5 miles on varying terrain and engage in other outdoor activities. Please consider the following conditions in your decision (as well as other medical problems which may be aggravated by or interfere with the aforementioned conditions):

Arthritis	Epilepsy
Emotional problems requiring medication	Fainting spells
Major bone or joint injuries	Ulcers
Major operation or serious illness	Rheumatic fever
Diabetes	High blood pressure
Pregnancy	Heart trouble
Hypoglycemia	Other medical conditions which might be
Asthma	aggravated by hiking

Due to the strenuous physical nature of Pioneer Trek Youth Conference, individuals suffering from aggravating medical conditions are not to be allowed to participate in some of the regular **first day's** activities. However, these individuals still need your approval to participate in subsequent outdoor activities and hiking where medical facilities are limited.

Individuals will be allowed to take medications for chronic conditions if the medication is prescribed or accompanied by a doctor's approval.

General Appraisal:

- () APPROVAL: I find no medical problems which I consider incompatible with this program.
- () LIMITED APPROVAL: This individual may participate subject to the limitations listed below.
- () DISAPPROVAL: This individual has medical problems which, in my opinion, clearly constitute unacceptable hazards to his/her health and safety in this program.

Recommendations and/or restrictions: (if none, specify) _____

Date _____ Signature _____

Doctor's Name (print) _____ Phone _____

Address) _____

Pioneer Trek Location: _____
Date: _____
Stake: _____

SAMPLE REGISTRATION FORM

.....
This form (*both sides*) must be completed, signed in both places, and returned to ward coordinator by **Date**. Each participant (*adult and youth*) must complete a form. Ward leaders must turn forms in to the Stake by **Date**.

Name _____ Sex ___Age ___ Birth date _____
Address _____, *Stake, Utah*

Height _____ Weight _____

Insurance Company _____
Policy # _____

Parents' Name (if minor) _____
Phone _____ Work _____

.....
CONTRACT and RELEASE

1. I understand this Pioneer Trek 200_ will be held in a primitive wilderness setting. I also understand although we will be "roughing it", so to speak, that the Stake will provide food, restroom facilities, and safe drinking water.

2. I am voluntarily a participant in this Trek and I will accept full responsibility for my actions under all conditions. I also agree to aid other members of the group in behaving responsibly.

I understand and appreciate that there are inherent risks involved in this Stake-sponsored Trek which are beyond the control of the Stake staff and Ward leaders, and I agree to personally assume such risks. Also, the Stake staff and Ward leaders cannot be held responsible for any injuries or expenses, costs and/or claims in connection with any injuries sustained which were not directly caused by their failure to take due care. I hereby also agree to release the Farmington Utah Stake and its staff and Ward leaders from any and all claims for liability arising from my participation in the Pioneer Trek **200_**.

I agree to abide by LDS standards. This means high standards of behavior, honor and integrity; and abstinence from alcohol, tobacco and harmful drugs are required of me and every participant involved in this Trek.

I (*and/or my guardian*) agree to accept full responsibility for any medical/related expense incurred which are not covered by my own insurance policy. Medical and dental benefits from the Church Activity Insurance Program may be available, but they are secondary to other insurance coverage and subject to limitations. Contact your bishop or branch president for plan coverage or a benefit claim form in case of an accident.

Health History

If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below

- Arthritis
- Asthma (serious case)
- Epilepsy
- Emotional problems requiring medication
- Fainting spells
- Ulcers medication
- Rheumatic fever
- Major bone or joint injuries
- High blood pressure
- Major operation or serious illness
- Heart trouble
- Diabetes
- Hypoglycemia
- Other medical conditions which might be aggravated by hiking

Explain: _____

If you marked any of the above items, you must fill out a Medical Release Form and have it completed by a medical doctor; you cannot participate without it. The Medical Release Form is available from your ward coordinator.

Describe any allergies or medication reactions: _____

Medications currently being used: _____

Have you had more than a minor illness or injury during the past year?

Yes No

If yes, please explain: _____

Family Doctor _____ Phone _____

I agree to the above terms and declare the above statements are complete and correct.

(Date)

(Signature of Participant)

As a parent, I am aware that my child will be participating in Pioneer Trek 200_. I have read the Contract and Release and the completed health history, and I am aware of the circumstances my child will undergo, and I hereby give my full permission for him/her to participate. Also, in the event any medical attention is needed, I hereby authorize any leaders to seek medical treatment and medical personal in charge of my child to administer such medical or surgical treatment or carry out such procedure as may be deemed necessary or advisable in the diagnosis or treatment of my child.

I agree to the terms of the Contract and Release and declare the above statements are complete and correct.

(Date)

(Signature of Parent/Guardian)

*(Parent or guardian must sign here if participant is under 18 years of age.
Participants 18 or older must sign here--for themselves*

MAPS

Directions to The Wahsatch Gate

Deseret Land and Livestock Pioneer treks are accessed from two different points on the ranch. One access point for the treks is at the Wahsatch Gate. This Gate is 11 miles west of Evanston, Wyoming and approximately an hour and fifteen minutes drive from Salt Lake City on I-80. Get off I-80 at Wahsatch Exit 191, make a left turn at the stop sign, go under the freeway and take a right. Go approximately a quarter of a mile, turn left and over the railroad tracks (just past the railroad building and water tank). This is the Wahsatch Gate entrance to the Ranch.



Directions to Evanston Hospital

The Evanston Hospital is about 15 minutes away from the Wahsatch Gate. To find the hospital, take Exit 3 which is the first Evanston exit off of I-80 and turn right onto Overthrust Road. Follow the signs to the hospital about a mile down the road and to the right onto Arrowhead Drive. For minor problems, this is the closest facility. If needed, an ambulance can meet the medical staff just off of the Wahsatch Exit.

