

## **GO TREK Trip Information**

### **Physical Requirements**

The trek we are making this summer will be rather demanding. Since we will be walking 10-15 miles per day, it is important to be in good physical condition. We recommend a steady regimen of walking in the two weeks preceding our journey (in addition to any previous conditioning needed to bring you to a reasonable level of fitness). Make sure that the walking you do in preparation is in the shoes you will be wearing on the trail.

### **Footwear**

Your feet are going to bear the brunt of the work, so it's essential to choose suitable footwear. Look for a combination of durability and lightness: your best bets are a pair of sturdy sports shoes which let your feet breathe, or classic hiking boots. It is very important that the shoes you plan to hike in have been well broken in before we start the journey. Choose your socks with care as well; we prefer wool socks. Sock liners are also a good idea because they lie smooth against the skin, which helps to avoid rubbing.

### **Clothing**

Though we will be traveling during the summer, you must bear in mind the different climates you will pass as you travel from the peaks of the Pyrenees, across the high Castilian plateau to the woods of Galicia. A good rule is to make sure your clothing is loose fitting to avoid friction and ensure comfort and breathability. A wide brimmed hat is strongly advised as we will be walking under the summer sun. Temperature, humidity level and other factors vary from region to region. Keep this in mind, but use common sense when you are packing. Only pack a parka if you are planning to do penance.

### **Luggage**

However light your bags are, after a few kilometers any load becomes a burden. Be ruthless in rejecting superfluous items of baggage and only take what you really need. A medium-sized backpack (1500-1900 cubic inches) will be sufficient. A more complete packing checklist is provided below.

### **Communication**

This won't be a problem as there are telephones and postal services along the trail should you need them. We will also be passing a cyber café in Leon and Santiago, if you want to do any e-mailing.

### **First Aid Kit**

Setting aside possible accidents, the most frequent problems are from walking itself: blisters, aching joints and sore muscles. Antiseptics and disinfectants for treating blisters, mycins for treating mycosis, and anti-inflammatory ointment and bandages for muscles and joints are vital. Also, protective sun cream is essential to avoid overexposure to the sun.

**Safety**

Each of our staff is licensed in American Red Cross CPR and Emergency Response. For serious injuries there are hospitals in most towns we pass through on the trail.

**Documents**

You will need a valid passport or identity papers and any documents relating to health care. It is a good idea to have a photocopy of all vital documents, just in case.

**Packing Checklist**

1. Comfortable hiking boots
2. Lightweight, waterproof jacket w/ hood
3. Sleeping bag (down is lightest, but synthetic dries faster)
4. Sleeping bag bivvy (water-proof covering for sleeping bag)
5. Lightweight, wide-brimmed hat
6. 2 Tee shirts
7. 1 pair of comfortable shorts
8. 1 pair of lightweight/loose-fitting pants
9. 2 pairs of wool socks
10. 1 pair of sock liners (silk are best)
11. 3 pairs of underwear
12. 1 swimsuit
13. Very basic toiletries
14. Small first aid kit (w/blister gear)
15. 1 journal / notebook

## **GO TREK Policies and Procedures**

### **Application Deadline/Deposit**

All applications are due by April 15th. We require a \$500, non-refundable deposit to be sent with the application. This is not an application fee.

### **Insurance**

There is some element of risk in any outdoor activity. GO TREK will provide group traveler's medical insurance. All participants must also have personal insurance coverage. GO TREK has provided the parent with medical and other release forms inside this application packet. These forms must be signed and returned no later than May 15th, along with the application.

### **Payment/Refund Policy**

Once you are accepted, complete payment (total cost minus the deposit) is due no later than June 1st. If an applicant withdraws after June 1st, GO TREK will provide a full refund (minus the deposit) only if GO TREK can fill the space with another qualified applicant. Please understand that we maintain this policy because of the investments in trip planning, staff training, etc.

### **Early Departure**

Ultimately, it is the responsibility of the parent/guardian to assess the appropriateness of this trip for their child. If GO TREK finds it necessary to terminate an individual's participation, the cost of this (including all transportation) will be at the parent/guardian's expense. If a participant should voluntarily leave the group, GO TREK will make every effort to contact the parent/guardian or emergency contact of that person. If a parent/guardian or emergency contact cannot be reached, GO TREK cannot be held responsible for the participant.

### **Getting to Spain**

It is your responsibility to be in Madrid on the "Arrival" day (listed in the brochure) for your particular trip. If you would like names of some discount travel agencies please call one of GO TREK's contact people.

### **Drugs**

None of the participants on the trip are allowed to possess or use any narcotics or alcoholic beverages during the trip. Violation of this will mean dismissal from the trip to return home.

### **Where to Send Your Application**

Please send your application, along with the required deposit to:  
Go Trek, Inc.  
254 Parkview Terrace  
Oakland, CA 94610

**GO TREK  
Application**

\_\_\_\_\_  
FIRST NAME                      LAST NAME                      (\_\_\_\_\_) HOME PHONE

\_\_\_\_\_  
BIRTHDATE                      CURRENT GRADE                      E-MAIL ADDRESS

\_\_\_\_\_  
ADDRESS    CITY                      STATE                      ZIP

\_\_\_\_\_  
FATHER'S/GUARDIAN'S NAME                      (\_\_\_\_\_) BUSINESS PHONE

\_\_\_\_\_  
FATHER'S E-MAIL ADDRESS

\_\_\_\_\_  
MOTHER'S/GUARDIAN'S NAME                      (\_\_\_\_\_) BUSINESS PHONE

\_\_\_\_\_  
MOTHER'S E-MAIL ADDRESS

\_\_\_\_\_  
HEADMASTER/PRINCIPAL                      (\_\_\_\_\_) SCHOOL PHONE

**References:** Please list two references (counselors and/or teachers).

\_\_\_\_\_  
NAME    (\_\_\_\_\_) BUSINESS PHONE                      (\_\_\_\_\_) HOME PHONE

\_\_\_\_\_  
NAME    (\_\_\_\_\_) BUSINESS PHONE                      (\_\_\_\_\_) HOME PHONE

**GO TREK, INC.  
GENERAL RELEASE FORM**

GO TREK, Inc. ("GO TREK") welcomes your child's participation in our summer 2006 trip to Spain. It is necessary for GO TREK to have an understanding with you regarding GO TREK's responsibility in the event of accident or illness involving any participant on our expedition.

We therefore ask you to agree to the following terms and conditions:

**I agree, as the responsible parent or guardian of the trek participant and for myself, as follows:**

1. The trek participant and his/her parent or guardian acknowledge that they have read and agree to abide by the Policies and Procedures set forth by GO TREK in the application packet. Furthermore, the trek participant and his/her parent or guardian agree that the trek participant will abide by all policies and procedures established by GO TREK staff during the course of the trek for the entire duration of the trek.
2. GO TREK reserves the right to dismiss any trek participant whose conduct is deemed, as determined by GO TREK staff, to be detrimental to other participants or staff, or who exhibits any physical or emotional conditions which would impede his/her ability to participate in/complete the trek, or who does not abide by the Policies and Procedures set forth by GO TREK in the application packet and during the course of the trek.
3. GO TREK reserves the right to use the image or likeness of any trek participant in any promotional materials, publications, or activities produced by GO TREK. The use of this image or likeness of any trek participant by GO TREK in connection with any aforementioned promotional activity shall not entitle the trek participant to compensation from GO TREK.
4. I understand that adventure travel entails some inherent risks, including but not limited to: high altitude, rugged and mountainous terrain, forces of nature, and travel by plane, train, bus, automobile, horseback, or on foot. I hereby agree to release and hold harmless GO TREK and any officers, employees and/or agents of GO TREK from any claims, costs, expenses (including attorney's fees) and/or damages arising out of my child's participation in the GO TREK summer 2006 trek across Spain.
5. I understand that while GO TREK does provide group travel insurance, I shall be responsible for providing all other insurance coverage for any medical or dental care for my child should he/she sustain any injury in conjunction with his/her participation in the trek.

6. The trek participant and his/her parent or guardian agree to abide by the Policies and Procedures established by GO TREK for the health, safety, and welfare of the other trek participants.

I have read the above and agree to all the terms of this agreement including but not limited to that portion which limits the responsibility of GO TREK, Inc., for any injuries sustained by my child as a result of participation in the GO TREK summer 2006 trek across Spain.

**Parent or guardian's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

**GO TREK, INC.**  
**Authorization of Emergency Treatment of Minors in**  
**Absence of Parent or Guardian**

Name of Minor: \_\_\_\_\_  
Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_(mm/dd/yy)  
Phone: \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of the above-named minor know that since I will not be on the trip I will not be available to authorize medical, dental, surgical care and hospitalization for said minor, and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is meant to give the persons named below the right to give consent to authorize emergency diagnostic procedures, as well as medical, dental, and surgical care and hospitalization. This authorization is intended to give consent for the authorization of any such care that the below named persons deem advisable in which the treating physician, dentist, orthodontist, or hospital personnel may deem advisable.

If there are important medical facts relevant to possible treatment of this minor, they are stated on the back of this document. The medical facts are intended to help the doctor, medical personnel, or other person in deciding what treatment is to be given, but are in no way intended to restrict the giving of authorization or consent by the persons named herein.

I am giving this consent and authorization because my child may need medical care or hospitalization while traveling to or from Spain, or as a result of injuries or illness sustained while in Spain when I am not present to give consent or authorization directly. This consent and authorization is valid from the day my child leaves for Spain until he/she returns home from Spain unless revoked or extended in writing.

The names, addresses and phone numbers of the persons I am so authorizing are as follows:

Jill Flaningam  
2916 21<sup>st</sup> Avenue  
Oakland, CA 94602 (510) 534.2495

Jackson Jordan  
410 Fairmount Ave. #104  
Oakland, CA 94611 (510) 459.4585

Brendan McCarthy  
312 34th Street  
Manhattan Beach, CA 90266 (415) 850.4881

Christopher Randle  
254 Parkview\_Terrace  
Oakland, CA 94610 (510) 251.2515

It is intended that this authorization relieve the physician, dentist, or other person rendering such care or the hospital or institution in which such care is given from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that the persons appointed herein shall be able to act in my stead in making such decisions.

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Parent or guardian:

\_\_\_\_\_  
Address: \_\_\_\_\_

Medical Insurance Carrier/ Policy Number:

\_\_\_\_\_