



Hiking Garfield Peak at Crater Lake NP



Date: Sunday October 12, 2025

Depart: 9:00 am from St. Mary's front parking lot

Return: 5:00 pm St. Mary's front parking lot

Cost of Trip: No cost

Registration Deadline: 10/6 (scan QR code to register)

This Project Wild hike is for St Mary's Middle School students and their families. We will climb to the highest point on the rim of Crater Lake which is Garfield Peak. Students can also attend the hike without participating family if we have enough chaperones.

Trip info:

We will depart St Mary's in a school bus at 9am on 10/12. We will start our hike at approximately 11:15 am. The hike is approximately 3.5 miles and does include just over 1000 feet of vertical elevation gain, so while family-friendly, this is a "moderately" strenuous hike.

You will need to pack a lunch and snacks and bring appropriate hiking gear and attire for a fall alpine environment. The packing list is below.

There is no cost for this trip. Families are also welcome to drive separately. Please indicate on the form if you would like that option - you will need a copy of the park entrance fee waiver form.

We will depart St Mary's on Sunday 10/12 at 9 am. Please meet at the school at 8:45 am to load the bus

If you have any questions, please email me at lcarter@smschool.us

Permission slips (below) are due by October 7th.

Gear List

Recommended Clothing:

- NO COTTON CLOTHES!
- Long-sleeved shirt or Sunshirt
- Fleece or puffy jacket
- Hiking socks - again, no cotton.
- Rugged hiking boots or hiking shoes/trail runners
- Wind/waterproof outer layer (raincoat and pants)
- Warm stocking cap/hat
- Warm gloves
- An extra warm layer
- Quick dry hiking pants
- Sun hat

Other stuff:

- Sunscreen, SPF chapstick, sun hat, and sunglasses
- Daypack - to hold snacks, hat, sunscreen, rain jacket, and extra layer
- Water bottles/canteen
- Snacks
- Hearty lunch with extra food
- Trekking poles (recommended, but not required) I also have some to loan. Please let me know if you would like to borrow some.
- First aid kit if you have one, with any personal medications

Parent/Guardian Permission & Liability

St. Mary's School, 816 Black Oak Dr., Medford, OR 97504

Permission is given for _____
(Student's Name)

to participate in Garfield Peak Hike
(Activity)

At Crater Lake NP on October 12th, 2025.

The following family members (list all with ages) will be attending with the student:

1
2
3
4

(Destination)

(Date)

I understand you will be leaving: (approx.) 9 a.m. on Sunday 10/12

and returning: (approx.) 5:00 p.m. on Sunday 10/12

Student's name _____

Address _____

Home phone _____ Parent's Work/Cell phone _____

Consent

My child named above has my permission to participate in all aspects of the above-listed trip.

In a medical emergency involving my son/daughter named above, I understand that every effort will be made to reach me for instructions. If, in the judgment of the trip leader or medical professional, delay in reaching me might jeopardize my child's well-being, I hereby give my consent for the responsible leader or other St. Mary's representative to authorize necessary hospitalization or treatment, including injections, anesthesia, surgery, and medication.

As a parent or guardian, I agree that my child is responsible for following all the rules and expectations of the trip named above. Behavior expectations are clearly outlined in the Student Handbook.

I also agree to be responsible for all debts not covered by St. Mary's School which are incurred by the student during the trip/activity, for all expenses not covered by insurance that are incurred as a result of any accident, illness, or medical emergency involving the student, and for all transportation costs to prematurely return the student to Medford, Oregon, should the student's continued participation jeopardize the safety or health of other participants.

I understand that, in most cases, private vehicles will be used as transportation to and from the destination trailhead. I give my consent for the responsible leader to have my child transported by a private vehicle operated by the trip leader, a different leader, or a parent over the age of 25.

Signature of parent/guardian _____ Date _____

Hold Harmless Agreement

Crater Lake Hike

Parents, Students and Participants: Names of all participants

Read carefully before signing this form.

The St. Mary's School Outdoor Club **Crater Lake Hike on October 12, 2025**, (the Trip) is a voluntary, extracurricular activity. As a condition to participation in the Trip, the student, parent(s) or guardian(s), (the "Participant") must agree to ASSUME THE RISKS OF INJURY, LOSS OF PROPERTY OR DEATH involved in this activity and agree to RELEASE AND HOLD HARMLESS, INDEMNIFY AND DEFEND St. Mary's of Medford, Inc., dba St. Mary's School, its employees, agents and representatives and the trip coordinators, directors and hosts ("St. Mary's") from any and all liability (including defense costs) resulting from injury and/or death sustained by the Participant of the Trip, or damage to property of any kind, or from any loss whatsoever occurring or arising out of the Trip, except that the hold harmless and indemnification shall *not be applicable to liability arising from the negligence or the willful misconduct of St. Mary's of Medford, Inc., dba St. Mary's School.*

Warning

While involved in the Trip and activities in the outdoors, the Participant may encounter unusual diseases, climate and atmospheric conditions, food and water conditions and limited sanitation and dangerous activities such as engaging in white water sports or swimming in water, hiking at high elevations or close to steep cliffs or for long distances and other activities associated with intense and strenuous outdoor activity. By signing this agreement you are certifying that the Participant is of able body to partake in these activities, that you understand the inherent risks associated with these activities.

Due to the risk associated with outdoor activity the Participant may impair his/her general physical and mental health and hinder his/her ability to earn a living, to engage in business, social and recreational activities, and generally to enjoy life. In addition, there is the possibility of suffering emotional distress or psychological injury as a result of participating in the trip and its activities. It is difficult to project what Participants will undergo or what situations they will encounter.

It is your responsibility to learn about and/or inquire about any concerns that you might have at any time regarding the Trip, before signing the agreement.

In consideration of St. Mary's of Medford, Inc., dba St. Mary's School, permitting my child or ward, or myself to participate in the Trip and to engage in all activities related to it, I hereby agree to ASSUME ALL OF THE RISKS OF INJURY, LOSS OF PROPERTY OR DEATH of me, my child, or ward that are associated with St. Mary's of Medford, Inc., dba St. Mary's School, its employees, agents, representatives and volunteers from any liability resulting from any condition that may arising out of the Trip, except negligence or willful misconduct of St. Mary's of Medford, Inc., dba St. Mary's School. I agree that the terms of this Agreement shall bind myself, my heirs, estate, personal representatives, assigns and all members of my family. Furthermore, I agree if any part of this Agreement is held void or unenforceable, that it shall not affect the remainder of this Agreement, which shall continue in full force and effect.

Caution

BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT I HAVE READ ITS CONTENTS AND WARNING, THAT I UNDERSTAND THE SAME AND AGREE TO THE TERMS THEREOF.

Signature of Parent

Date

Signature of Student/Participants

Date

St. Mary's School Field Trip Medical Permission and Information Form

_____ (student name) & Name of all
accompanying attendees _____

Travel and Emergency Medical Care Permission

EXCEPT AS NOTED BELOW, the participants are in good health and may participate without restrictions in the above noted trip. Our immunizations are current.

FOOD, DRUG, INSECT OR OTHER SERIOUS ALLERGIES OR HISTORY OF ANAPHYLAXIS:

SIGNIFICANT ILLNESS, INJURIES OR OPERATIONS EXPERIENCED IN THE TWO PAST YEARS:

OTHER HEALTH CONDITIONS: (DIABETES, ASTHMA, MENTAL HEALTH ISSUES, SLEEP WALKING, SEIZURES, ETC.)

LIST ANY FOOD OR DIETARY RESTRICTIONS:

DATE OF LAST TETANUS IMMUNIZATION (mo/yr): _____

Contact information where I can be reached during this trip:

Name: _____ Phone Number: _____

Email: _____

If I cannot be reached, please contact my designated alternate:

Name: _____ Relationship: _____

Phone Number: _____ Email: _____

My child has permission to participate in the trip described above. The medical information I have provided above is true and complete to the best of my knowledge.

Parent / Guardian Signature: _____ Date: _____