

One region. One vision.

LEADERSHIP TECH VALLEY

a shared initiative of the **Albany-Colonie Regional Chamber**
& **The Chamber of Schenectady County**

Closing Session
June 4, 2010

Locations:

Equinox, Inc.
95 Central Avenue
Albany, NY 12206
Phone: 434-6135

Attire: *Casual*; please no abbreviated wear; sneakers are highly recommended

We would like to thank our sponsors for making this day possible:



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8:00 am

Continental Breakfast

Sponsored by: 

8:15 am

Welcome and Introductions

George Alston
109th Airlift Wing, NYANG

Nikki Caruso
Colonie Youth Center

Steve Lewanick
Adventure Based Counselor
Equinox, Inc.

8:30 am

Icebreaker

James Lenane
Dan Schuth
Kathleen Slovic

9:00 am

Reflections (Being and Pig)

George Alston
109th Airlift Wing, NYANG

Nikki Caruso
Colonie Youth Center

10:00 am

**Interactive Activities with
Steve Lewanick**

Adventure Based Counselor
Equinox, Inc.

12:00 pm

Lunch

 **M&T Bank**
CLASS OF 2010 SPONSOR

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- 12:30 pm** **Tour and Interactive Activities with Steve Lewanick continued...**
Adventure Based Counselor
- Group 1: Rock climbing wall/letters/thoughts for next year's class
- Group 2: Tour of Equinox
- 3:00 pm** **Discussions with Equinox Peer Educators**
- 3:45 pm** **Wrapping-up ~ Creating the Yarn Web...**
and Class Reflections
- 4:30 pm** **Closing Remarks and Dispersion of Class**

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Driving Directions and Parking Information

Equinox, Inc.

95 Central Avenue
Albany, NY 12206
Phone: 434-6135

- From the East, take I-90 W to 787 South toward Albany; follow directions below.
From the North, take I-87 South to 787 South toward Albany; follow directions below.
- From the South, take I-87 North to exit 23, take 787 North toward Albany; follow directions below.
- From the West, take I-90 E to 787 South toward Albany; follow directions below

Get off at **Exit 4B - Clinton Avenue.**

Stay straight to go onto Clinton Avenue / US – 9.

Turn **Left** onto **North Pearl Street** / NY – 32.

Turn **Right** onto **Pine Street.**

Pine Street becomes Washington Avenue, then Central Avenue.

Turn right on Lexington Avenue (first light after Henry Johnson Blvd.)

Turn right on Sherman Street.

NOTE: See parking directions below.

Alternate Routes:

Take exit 6 off of I-90 onto US-9 S toward Arbor Hill.

Turn right at the intersection of Henry Johnson Blvd and Central Ave.,

Take a right at Lexington Avenue, then a right onto Sherman Street.

Parking and Entrance (Please car pool, parking will be difficult):

- **You will enter Equinox from Sherman Street (which is the back of the Equinox building).**
- **There is only street parking available on Sherman Street and it may be difficult to find.**
- **If you park on Central Avenue, it is metered parking (you will need lots of quarters).**

Steve Lewanick is the founder and president of Ascents of Adventure, Inc., a climbing school and guide service. The company has been operating since 1985 in the capital district area of New York. Having over two decades of climbing experience, he has climbed extensively throughout the United States and Canada. He has taken first place in several climbing competitions, and has put up several "first ascents" in major climbing areas throughout the country.

Steve is one of a small number of guides to achieve national certification by the American Mountain Guides Association (AMGA). He also serves as an AMGA Accreditation Review Member, reviewing other guide services and climbing schools for, risk management and safety standards. He is also certified by the American Sport Climbers Federation (ASCF) as a Sport Climbing Judge, enabling him to judge local, state, regional and national ASCF sanctioned climbing competitions. Steve is also a founder and ex-partner of A.I.R., (Albany's Indoor Rockgym), a local indoor climbing and caving gym, (the nation's first and only caving gym!)

Licensed by New York State as a professional rock and ice-climbing guide, Stephen teaches high-angle rescue classes and has a Guide-Apprentice program. In addition, Steve works with various agencies and corporations, providing growth-through-risk experiential programs, (Project Adventure, self-esteem, team-building, etc., both high & low elements). He has taught and worked with Management Development Program at RPI, Omega Institute, General Foods, Planned Parenthood and Reckett & Coleman. He works on an ongoing basis as a consultant and adventure programmer with kids-at-risk in several residential treatment programs and shelters. He currently works part-time for Equinox Inc. as their Adventure Based Counselor with a variety of clients, (youth at risk, domestic violence, counseling, etc.).

In August of 1994, Steve organized, trained and successfully led a team of blind climbers up a challenging route on Mount Kilimanjaro in Tanzania, Africa (19,340 ft.). Steve specifically developed specialized training and guiding techniques for this project. He trained the team under very harsh conditions for a year prior to their trip.

Steve is a Nationally Certified Wilderness First Responder. He is also a trained Emergency Medical Technician and an Instructor for over 20 years with the American Red Cross teaching CPR & First Aid. He teaches other classes including Emergency Response Training and Wilderness Skills I & II. He is a member of the local cave rescue call-out team. Steve has taught climbing classes for the Adirondack Mountain Club, numerous summer camp programs, various Scout troops as well as individuals and businesses. He was a past president of the NY Climbers Exchange and an official sponsor of the Access Fund.

His experience working as a Crisis Worker in the psychiatric nursing field of crisis intervention (12 years), as well as his enthusiastic, light-hearted approach with students makes him a favorite with the beginner and advanced student alike. He lives in Albany, NY with his two white German shepherds, "Kilimanjaro" and "Annapurna".

Equinox ABC Participant Confidential Medical Record

[Please note that the information requested is confidential and will not be shared with ANY outside agency. It will be kept in a secure location in the Adventure Based Counselor's office. The purpose of this form is strictly to alert facilitators to any medical/physical problems/limitations that may be exacerbated by the ABC program.]

Name: _____ DOB: _____ Date: _____

Emergency Contact Name: _____

Emergency Contact #(s): _____

A. **HEALTH PROFILE** (Check & describe below)

<i>YES</i>	<i>NO</i>	
_____	_____	1. Pregnant?
_____	_____	2. Any neck/back/shoulder/knee/ankle/wrist problems?
_____	_____	3. Any history of heart disease or problems?
_____	_____	4. Any hospitalizations or ER visits within past year?
_____	_____	5. Any history of seizures/low blood sugar/diabetes?
_____	_____	6. Any history of respiratory problems or shortness of breath?
_____	_____	7. Any other medical/physical problems that could be affected by strenuous physical exertion?

If answering YES, please give detailed description including symptoms/restrictions (use back of page if needed)

Current Exercise Level

On a scale from 1-10, ("10" being the highest level, "1" being complete non-activity), please write your weekly activity level.

B. **MEDICAL INFORMATION**

1.) **Allergies** (Include medicines, foods, bites, stings). None _____

Allergy

Reactions

Medications Required

Equinox ABC Participant Confidential Medical Record

2.) Medications

None _____

(Please list all medications you are currently taking that can in any way impede/affect your well-being by participating in a physically strenuous adventure program.)

Medication:
Medication:
Medication:
Medication:

INSTRUCTIONS:

Please return a completed and signed Participant Medical Record as soon as possible, so we may have adequate time for review and/or follow-up questions.

We will determine the status of your participation after review of this form. Further evaluation and/or clearance may be needed by a physician in order to fully participate. If you choose not to proceed with the recommended follow-up, you will have the option of limited participation (based on your medical constraints).

If you do not return this form, your status will be as an observer only.

NOTE: Most of our programs are structured to accommodate various levels of participation based on medical constraints. Regardless of your physical condition, we expect you to pay attention to your body and its physical limitations in choosing your level of participation.

Signature: _____

Date: _____

Print Name: _____

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

Acknowledgement of Risk

I HEREBY ACKNOWLEDGEMENT AND AGREE that the nature of the Adventure Course, both Elements and activities has inherent risks. I have full knowledge of the nature and extent of all the risks associated with the Adventure Course, Elements and activities, including but not limited to:

1. All manner of injury resulting from falling off the wall and hitting rock faces and projections, whether permanently or temporarily in place, or the ground.
2. Rope abrasion/rope burns, cut ropes, entanglement and other injuries resulting from activities on or near the climbing area such as, but not limited to, climbing, belaying, rappelling, lowering on rope, rescue systems, and any other rope techniques.
3. Injuries resulting from falling climbers or dropped items, such as, but not limited to, ropes, bricks, dirt, dust, climbing hardware, personal items or other climbers.
4. Cuts and abrasions resulting from bare skin contact with the Adventure Elements or activities; sprains or skeletal injuries from falls, running activities or improper spotting.
5. Failure of the rock, ropes, slings, harnesses, climbing hardware, anchor points or any part of the Adventure Course, Elements or activities.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Adventure Course, Elements and activities and that the above list in no way limits the extent or reach of this release and covenant not to sue.

In consideration for being permitted to participate in any way in the Adventure Course, Elements and activities at 95 Central Avenue in Albany, NY, or at other sites to be designated by the Adventure Based Counselor on (dates) _____, I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Adventure Course, Elements and activities and that I am qualified to participate in such activities.
2. FULLY UNDERSTAND that: (a) Adventure Course, Elements and activities involve risks and potential dangers of serious bodily injury, including permanent disability, paralysis and death (“risks”); (b) these risks and dangers may be caused by my own actions, or inaction’s, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or THE NEGLIGENCE OF THE “RELEASEES” NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS , AND DAMAGES I incur as a result of my participation in the Adventure Course, Elements and Activity.
3. HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Equinox, Inc., it’s administrators, directors, counselors, volunteers, agents and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place (each considered one of the “RELEASEES” herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE

NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement, you give up the right to bring court action to recover compensation or obtain any other remedy for any injury to yourself for or your property or for or your death however caused arising out of your participation in this activity, now or any time in the future. I have read this agreement, fully understand its terms, understand that have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Participant Signature: _____ Date: _____

Printed Name: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Parent or Guardian Signature: _____ Date: _____
(If under the age of 18)

How To Dress and Prepare for Adventure Based Activities *(It's as easy as ABC!)*

Always dress comfortably. Sneakers or flat shoes are highly recommended. Dresses/skirts/tuxedos are a definite no-no. Wear clothes you don't mind getting a bit ruffled. If you tend to sweat a lot, an extra t-shirt to change into afterwards is a good idea.

Bring a bandanna, small towel or sweat band because we occasionally run around a little. A bottle of water or non-alcoholic beverage of your choice is a good idea although we do have a water cooler in the room. Depending upon the time your program is scheduled, a lunch with additional snacks is recommended. Bring needed medications including inhalers.

Carry everything in a daypack, gym bag or a container of your choice. Convey to the facilitator any medical issues or physical restrictions that may inhibit your participation in or be exacerbated by physical activities.

* * * * *

KEY POINTS TO REMEMBER:

- We ask all participants for three things: Play Hard, Play Fair and Play Safe, (physical and emotional).
- We operate under a *Challenge-by-Choice* philosophy. This means that you choose the level of challenge for yourself.
- Turn off cell phones and beepers. If you *must* be available, turn them to vibrate and take the calls out of the room.

"Growing old is inevitable... growing-up is optional"