



NOLS Alumni Trip Application  
 Return completed applications to: NOLS Alumni  
 284 Lincoln, Lander, WY 82520  
 or fax 307-332-8811

Alumni Trip & Date: \_\_\_\_\_ How did you learn of this of this trip? \_\_\_\_

Name: \_\_\_\_\_  
 Last First Middle  
 Address: \_\_\_\_\_  
 Street City State Zip  
 Phone: \_\_\_\_\_  
 Home Work  
 Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

If Student, Where? \_\_\_\_\_ Employer: \_\_\_\_\_

NOLS Course(s)  
 Taken: \_\_\_\_\_

Is anyone else in your household a grad?: Yes- No, If so, who \_\_\_\_\_

Personal Objectives for this trip: \_\_\_\_\_

Please indicate ethnic origin. Responding is optional  
 Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_  
 Last name First Middle  
 Street City State  
 Phone: \_\_\_\_\_  
 Home Work  
 Relationship to  
 Applicant: \_\_\_\_\_

## Alumni Trips Cancellation and Refund Policy

These policies exist to encourage commitment when applying for a NOLS alumni event and to cover the costs incurred by NOLS when someone either cancels or leaves a program. **A \$200 non-refundable deposit is due with the application form.** The remaining tuition is due 30 days prior to the start of the program.

- If you cancel your enrollment on an alumni event, you will receive a refund as specified below:
1. If you cancel your enrollment prior to 29 days before the event starting date, NOLS will refund tuition you have paid minus the \$200 non-refundable deposit.
  2. If you cancel your enrollment from 15 to 29 days prior to the event starting date, NOLS will retain 25 percent of the tuition. If the 25% is less than the \$200 deposit, the deposit will be retained.
  3. If you cancel your enrollment from eight to 14 days prior to the event starting date, NOLS will retain 50 percent of the tuition.

- Less than eight days prior to the event starting date and once the event has begun, there will be no refunds.
- If NOLS cancels a trip for any reason, you will receive a full refund of your tuition and deposit.

**I have read, understand and accept and agree to abide by the rules, policies and guidelines as outlined by the NOLS Alumni & Development Office. I understand that I am not accepted for an event until all the enrollment forms have been received and approved by NOLS. NOLS does on occasion share the contact information of our graduates (name and mail address) with environmental organizations or strategic partners that our graduates may be interested in. I give NOLS permission to release my name and address when appropriate. I also give NOLS permission to use my name, address and picture in promotional materials and press releases.**

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE \_\_\_\_\_  
\_\_\_\_\_

# Insurance Information

NOLS requires that all students/participants have their own health and accident insurance. Please complete this form so that we will have information concerning your insurance coverage. It is your responsibility to make sure your insurance will cover you for the duration of the course. The student/participant will be responsible for obtaining any necessary pre-admission review.

**NO ONE WILL GO ON A TRIP WITHOUT INSURANCE COVERAGE.** If you do not already belong to a regular health program, we suggest a short-term trip policy, which you may buy from your local insurance agent.

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name and Address Of Person Under Whose Name The Policy Is Carried:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone W \_\_\_\_\_ H \_\_\_\_\_

Name Of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Address Where Claims Must Be Submitted: \_\_\_\_\_

If Group Insurance, Give Name Of Group Under Which Participant Is Insured:

\_\_\_\_\_

**SPECIAL TRIP INSURANCE:** NOLS is not responsible for costs associated with cancelled enrollment (such as cancellation due to a personal emergency), courses that cancel for reasons beyond our control, evacuations and separations from courses. Examples of these costs are: non-refundable airplane tickets, air evacuations, and course tuition. We recommend that you look at your health insurance to assure it covers air evacuations and talk with your insurance agent about special trip insurance that may cover these kinds of costs.

# NATIONAL OUTDOOR LEADERSHIP SCHOOL

## STUDENT AGREEMENT (INCLUDING ASSUMPTION OF RISKS AND AGREEMENTS OF RELEASE AND INDEMNITY)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Course Code

Please read this document carefully. It must be signed by all students and participants (referred to below as “Student”). “Student” includes adult and minor students, unless indicated otherwise. If the student is a minor, at least one parent or guardian (referred to below as (“Parent”)) must also sign, as evidence of Parent’s acknowledgment and agreement to the following, on Parent’s behalf and on behalf of the minor student.

Student, and Parent of a minor Student (each referred to as “I” below, unless otherwise indicated), in consideration of the services of The National Outdoor Leadership School (“NOLS”), acknowledge and agree as follows:

### Activities and Risks

Although NOLS has taken reasonable steps to provide its students with appropriate equipment and skilled staff for its programs (course, seminar, or trip), the activities of the programs have risks, including certain risks which cannot be eliminated without destroying the unique character of the activities. The same elements that contribute to the unique character of these activities can cause loss or damage to equipment, accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. NOLS does not want to frighten its students or reduce their enthusiasm, but considers it important for them and their families to know in advance what to expect, and to be informed of the activities’ inherent risks. The following describes some, but not all, of those risks.

- NOLS programs live, camp and travel out of doors, where they are subject to numerous environmental and other risks. Activities vary from program to program and may be strenuous, physically and emotionally. The activities include hiking and backpacking, mountaineering, climbing and descending glaciers and rock and ice cliffs, whitewater and sea kayaking, rafting, canoeing, sailing, horse packing, skiing, snowboarding, mountain biking, fishing, and caving.
- NOLS programs usually occur in remote places, perhaps many days from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care may be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use.
- Meals are prepared over gas stoves and open fires. Water may require disinfection before use. Camping risks and hazards include burns, cuts, slips, falls, lifting, and diarrhea and flu-like illness.

- Travel is by vehicle, raft, canoe, kayak, sail and other boats, horse, aircraft, train, skis, snowboards, mountain bikes, on foot and by other means, over improved and unimproved roads, rugged trails and off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, slippery rocks, steep or crevassed glaciers, ocean tides and currents, waves, surf and reefs. Travel risks include collision, falling, capsizing, drowning and others usually associated with such travel, including environmental risks.
- Environmental risks and hazards include moving, deep and/or cold water; insects, snakes, and predators, and large animals; falling and rolling rock; lightning, avalanches, flash floods, falling timber and forces of nature, including weather which may change to extreme conditions. Possible injuries and illnesses include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- Decisions are made by the instructors and students usually in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a student's capabilities, environment, terrain, water and weather conditions, natural hazards, routes and medical conditions.
- On most NOLS courses, small groups of students travel at times during the day, and possibly for several days, without instructors.
- NOLS students may also have unsupervised "free" time before and after their courses and some evenings and days in town. Free time activities are not part of the NOLS program and NOLS has no responsibility for students during such activities. NOLS staff may from time to time provide assistance or even accompany students in these free time activities, but in doing so, they are acting as private individuals, and NOLS is not responsible for their conduct.
- NOLS programs in foreign countries may be exposed to laws, legal systems, customs and behaviors, and to animals, diseases and infections, not common to the United States. In addition, these programs may be subject to dangerous road travel, political unrest, riots, demonstrations, banditry, terrorism and other criminal conduct, including drug related activities.
- NOLS programs may require a degree of skill and knowledge not required in other activities, and students have responsibilities for managing the risks to which they and others are exposed. NOLS activities are instructional in nature and students will be challenged to expand their skills and judgment.

Student and Parent of a minor Student, have read and understand the general information in the NOLS catalog of courses (including the Safety page) and/or other material provided by NOLS describing or related to Student's program. The staff of NOLS has been available to more fully explain the nature and physical demands of the activities in which Student will be engaged, and the inherent and other risks, of Student's NOLS activity.

### Acknowledgment and Assumption of Inherent and Other Risks

I, Student (adult or minor) and Parent of a minor Student (for myself and on behalf of the minor Student), acknowledge that the description above of inherent risks is not complete and that other unknown or unanticipated risks, inherent and otherwise, may result in property loss, injury, illness or death. I acknowledge that Student's participation in this NOLS program is purely voluntary, and in spite of and with knowledge of the inherent and other risks involved. **I expressly acknowledge and assume the inherent risks described above, and all other inherent risks of Student's NOLS activity. In addition, except with respect to an injury or other loss which occurs on lands whose rules or regulations prohibit my doing so, I expressly assume ALL OTHER risks of Student's NOLS activity, inherent or otherwise.**

(NOTE TO STUDENT AND PARENT: The U.S. National Park Service and certain other managers of federal lands do not allow permit holders to be released by their students from liability for negligent conduct. On those lands, NOLS is limited to the acknowledgment and assumption of inherent risks, as provided in the preceding paragraph. Student's program may involve activities off these lands. For such activities, NOLS seeks an assumption of ALL (not only inherent) risks and, in addition, the following agreements of release and indemnity. Please read these agreements carefully.)

### Agreements of Release and Indemnity

If I am an adult Student or the Parent of a minor Student I agree, for myself and on behalf of the minor Student for whom I sign, as follows:

I HEREBY AGREE TO RELEASE, INDEMNIFY ("indemnify" meaning to defend, and to pay or reimburse), AND HOLD HARMLESS NOLS, its owners, officers, agents, and employees, ("Released Parties"), with respect to any and all claims of injury, disability, death, or other loss or damage to person or property suffered by me, by a minor Student for whom I sign, by a member of my family, a rescuer, co-participant, or any other person, arising in whole or part from my, or the minor child's, enrollment or participation in an activity of NOLS, WHETHER ARISING FROM THE NEGLIGENCE OF A RELEASED PARTY OR OTHERWISE, to the fullest extent permitted by law.

### Other Provisions

If I am an adult Student or Parent of a minor Student, I further acknowledge and agree as follows:

I have verified with Student's physician and other medical professionals, or otherwise satisfied NOLS, that Student has no past or current physical or psychological condition that might affect his or her participation in the program, other than as described on the medical form. Student is able to participate without causing harm to himself or herself or to others. The medical information given to NOLS is accurate and all pertinent medical conditions have been disclosed. I also agree to inform NOLS of any undisclosed medical condition that arises prior to the commencement of the course.

NOLS is authorized to obtain or provide emergency hospitalization, surgical or other medical care for Student. Any such third-party medical care provider is authorized to exchange pertinent medical information with NOLS. Costs reasonably associated with medical services, including evacuation, shall be borne by the Student, if an adult, or Parent of a minor Student.



# H E A L T H F O R M

<b>For NOLS Office Use Only</b> Review OK	<input type="checkbox"/> Initial Review OK	<input type="checkbox"/> Detailed
<input type="checkbox"/> Check Further _____	Date ____ / ____ / ____	AO Initials

Student's Name \_\_\_\_\_ Course Code \_\_\_\_\_ Application ID# \_\_\_\_\_

Daytime or Temporary Phone: (circle one) (\_\_\_\_) \_\_\_\_\_

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

Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

NOLS Grad \_\_\_\_\_ Non Grad \_\_\_\_\_

## **NOLS Expedition Information for the Medical Professional**

National Outdoor Leadership School courses are wilderness expeditions, varying in length from eight days to three months. NOLS expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme with temperatures ranging from -40° F. to +100° F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.

Physical demands on the applicant may include carrying a backpack weighing between 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking courses range from sea level to 12,000 feet. Peak climbs on mountaineering courses may be as high as 14,000 feet. The India and Denali expeditions may reach elevations of 18,000 feet and 20,000 feet respectively. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

While participating on a NOLS expedition, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each student is expected to take good care of him or herself. Some courses may include a small group expedition of several to as many as 12 days. On some of these small group expeditions students may have the option to fast without food.

NOLS disinfects all wilderness water with iodine, chlorine or by boiling. The methods are not effective against cryptosporidium. Immuno-compromised people may wish to obtain an appropriate water filter for their course.

NOLS is not a rehabilitation program. NOLS is not the place to quit smoking, drinking or drugs or to work through behavioral or psychological problems.

Prior physical conditioning and an enthusiastic mental attitude are a necessity. Students find a NOLS course to be an extremely demanding experience both physically and emotionally.

In the interest of the personal safety of both the applicant and the other expedition members, please consider the description at left carefully when completing the health form. A "Yes" answer does not automatically cancel a student's enrollment. If we have any question on the student's capacity to successfully complete the course we will call the student to discuss it.

The student is not accepted on the course until the health form has been reviewed and approved by NOLS admissions personnel.

*Your detailed comments will expedite our review of this form.*

**Physician, F.N.P. or P.A.:**

Please check YES or NO for each item. Each question must be answered and please **provide date and details for all "yes" answers.**

**General Medical History**

Does the applicant currently have or have a history of:

1. Respiratory problems? Asthma?  YES  NO  
• Is the asthma well controlled with an inhaler?  YES  NO

**If so, please have the student bring inhaler(s) with them for their course.**

What triggers an attack? Last episode?

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2. Gastrointestinal disturbances?  YES  NO  
3. Diabetes?  YES  NO

Examiner's specific comments:

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4. Hypertension?  YES  NO  
5. Bleeding or blood disorders?  YES  NO  
6. Hepatitis or other liver disease?  YES  NO

Examiner's specific comments:

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7. Neurological problems? Epilepsy?  YES  NO  
 8. Seizures?  YES  NO  
 9. Dizziness or fainting episodes?  YES  NO  
 10. Migraines? Medications, frequency, are they debilitating?  YES  NO  
 7-10. Describe frequency, date of last episode, and severity. \_\_\_\_\_

11. Cardiac problems?  YES  NO  
 Examiner's specific comments: \_\_\_\_\_

12. Disorders of the urinary or reproductive tract?  YES  NO  
 13. Any disease?  YES  NO

14. Does this person see a medical or physical specialist of any kind?  
 (Provide name/address)  YES  NO

If "yes" please specify the issue(s)

Examiner's specific comments: \_\_\_\_\_

**Questions 15 and 16 Are For Female Students Only:**

15. Treatment or medication for menstrual cramps?  YES  NO  
 16. Is she pregnant?  YES  NO  
 Examiner's specific comments: \_\_\_\_\_

**Cardiac Screening:**

Applicants over 35 years of age with two or more of the following risk factors are required to have a stress ECG:

- obesity
- high blood pressure
- diabetes
- current or prior cardiovascular disease
- unexplained chest pain, shortness of breath or palpitations

- high blood cholesterol
- a family history of cardiac disease (heart attack at <55yrs)
- smoking

Applicants over 50 years of age leading sedentary lifestyles or with one of the above risk factors are required to have a stress ECG. Applicants over 60 years of age a with none of the above risk factors and in good physical fitness may provide a letter from their primary care physician acknowledging adequate cardiac health. We suggest, and may require, a stress ECG for persons over 35 with a sedentary lifestyle. Please provide a written note from your doctor as to the date of the ECG and its results.

**Muscle/Skeletal Injuries/Fractures**

Does the applicant currently have or does he/she have a history within the past 3 years of:

17. Knee, hip or ankle injuries (including sprains) and/or surgery?  YES  NO  
 • Type of injury or surgery? When did the injury or surgery occur?

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• Is there full ROM? Full Strength?  YES  NO  
 • What is the most rigorous activity participated in since the injury/surgery. Results?

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Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

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18. Shoulder, arm or back injuries (including sprains) and/or surgery?  YES  NO  
 • Type of injury or surgery? When did the injury or surgery occur?

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• What is the most rigorous activity participated in since the injury/surgery. Results?  
 Full ROM? Full strength?

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Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

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19. Any other joint problems?  YES  NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

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20. Head Injury? Loss of consciousness? For how long?  YES  NO

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

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21 Does the applicant have any physical, cognitive, sensory or emotional condition that would require a special teaching environment?  YES  NO

If yes, please describe how the condition effects you:

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**Personal History (Counseling/Psychiatric/Learning Disabilities)**

NOLS requires that any student with a counseling history demanding medication, hospitalization or residential treatment, display one year of stability before they will be accepted for a course. They must be successfully employed or in school.

22. Has he/she had treatment, counseling or hospitalization with a mental health professional?  YES  NO

23. Is he/she currently in treatment or counseling?  YES  NO

24 Reasons for treatment or counseling?

- |                                                              |                                                |
|--------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> suicide gesture                     | <input type="checkbox"/> ADD/ADHD              |
| <input type="checkbox"/> substance abuse/chemical dependency | <input type="checkbox"/> family issues/divorce |
| <input type="checkbox"/> eating disorder (anorexia/bulimia)  | <input type="checkbox"/> depression            |
| <input type="checkbox"/> academic/career                     | <input type="checkbox"/> other                 |

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Please Provide **Specific Dates** and Details of Counseling Hx and medications that were prescribed:

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25. Name, address and telephone number of therapist?

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**Allergies**

26. Is he/she allergic to any foods?  YES  NO

- allergies  vegetarian  vegan  other

Describe:

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• Are there any dietary restrictions? Please specify.  YES  NO

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• NOLS disinfects water with iodine. Is iodine contraindicated for this person?  YES  NO

27. Allergic to insect bites or bee stings?  YES  NO  
If appropriate please bring 2-3 Epi Pens or Anakits.

Examiner's specific comments:

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28. Any other allergies?  YES  NO  
Examiners Specific Comments:

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**Medications**

29. Is he/she allergic to any medications?  YES  NO  
If yes, please list:

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30. Does this person plan to take any prescription and non-prescription medications on the course?  YES  NO

NOLS courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All Students who are required by their personal physician, psychiatrist or health care provider to take prescription medications on a regular basis must be able to do so on their own and without additional supervision.

Medication	Dosage	Side Effects/Restrictions	Prescribed by?	For what?

**If Medication or Condition Changes Prior to Course Start, Please Inform NOLS.**

**Cold, Heat, Altitude**

31. History of frostbite or Raynaud's Syndrome?  YES  NO  
32. History of acute mountain sickness, high altitude pulmonary edema?  YES  NO  
When did the illness occur?

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Cerebral edema? When did the illness occur?

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33. History of heat stroke or other heat related illness?  YES  NO  
Examiner's specific comments:

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**Fitness (please provide details concerning the students exercise regime)**

34. Does the applicant exercise regularly?  YES  NO

Activity \_\_\_\_\_

Frequency \_\_\_\_\_

Duration/Distance \_\_\_\_\_

Intensity Level  Easy  Moderate  Competitive

Activity \_\_\_\_\_

Frequency \_\_\_\_\_

Duration/Distance \_\_\_\_\_

Intensity Level  Easy  Moderate  Competitive

35. Does this person smoke? If so how much?  YES  NO

36. Is this person overweight? Underweight? If so, how much? \_\_\_\_\_  YES  NO

37. Swimming ability (CHECK ONE):

Non-swimmer  Recreational  Competitive

**Physical Examination**

Physical examination data cannot be more than a year old from the starting date of the NOLS course. (Please type or print legibly)

**NOLS Requires a Tetanus Immunization Within 10 Years of the Start Date of the Course.** Expeditions Outside the U.S. May Require Additional Immunizations. Please refer to your course description for specific information.

Blood Pressure

Pulse

Last Tetanus Inoculation

Height

Weight

General Appearance, Impressions and Comments:

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Examiner's Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_

Zip \_\_\_\_\_

Physician, F.N.P. OR P.A. Signature

Date:

**By my signature, I attest that the information in this form is correct and the person named on page one of this form is medically cleared to participate on a NOLS course based on the background information provided by the applicant and my physical examination of him/her.**

**Please Return All Pages To:**

NOLS Alumni, 284 Lincoln St. Lander, WY 82520

Fax: 307-332-8811