

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 trip? _____

Name: _____
Last First Middle Preferred

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. (please check the one that best describes you).

Native American Hispanic African-American Caucasian Asian Pacific Islander Other _____

Emergency Contact: _____
Last name First Middle

Address: _____
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.
4. Less than eight days prior to the event starting date and once the event has begun, there will be no refunds.
5. 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 _____

NOLS Alumni Event

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. You may also check with Travel Guard at www.travelguard.com or (800) 826-4919. The "Protect Assist" program is perhaps best for budget conscious travelers, but it does not cover climbing programs or trips.



National Outdoor Leadership School

MEDICAL FORM

Self-screening form for Leave No Trace, Alumni, Professional Training, and other non-standard NOLS trips.

NAME: _____ TRIP TITLE: _____

TEMPORARY OR WORK PHONE: (_____) _____ HEIGHT: _____ WEIGHT: _____

PERMANENT PHONE: (_____) _____ SEX: _____ AGE: _____

EXPEDITION INFORMATION

National Outdoor Leadership School trips are multi-day wilderness expeditions, operating 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, rain, snow, sudden immersion in cold water and/or high seas and other hostile environmental conditions are possible.

Depending on the specific type of course, you may carry a heavy pack on uneven terrain at altitudes up to 14,000 feet, paddle sea kayaks or paddle rafts, or other forms of wilderness travel. While participating in a NOLS trip, you will sleep outdoors, experience long hard days, will prepare meals and set up camp. You'll be expected to take good care of yourself in the outdoors.

In the interest of safety, of yourself and other expedition members, please carefully consider the above description along with the specific description of the trip you are applying for when completing this Medical Form. A "Yes" answer does not necessarily cancel your enrollment. If we have any questions on your capacity to successfully complete the trip we will call you and discuss it.

PARTICIPANT: Please circle YES or NO for each item. Each question must be answered.

GENERAL MEDICAL HISTORY

Do you currently have or do you have a history of:

- | | | |
|---|---------|-------|
| 1. Respiratory problems? Asthma? | 1. YES | NO |
| 2. Gastrointestinal disturbances? | 2. YES | NO |
| 3. Diabetes? | 3. YES | NO |
| 4. Hypertension? | 4. YES | NO |
| 5. Bleeding or blood disorders? | 5. YES | NO |
| 6. Hepatitis or other liver disease? | 6. YES | NO |
| 7. Neurological problems? Epilepsy? | 7. YES | NO |
| 8. Seizures? | 8. YES | NO |
| 9. Dizziness or fainting episodes? | 9. YES | NO |
| 10. Treatment or medication for menstrual cramps? | 10. YES | NO |
| 11. Disorders of the urinary or reproductive tract? | 11. YES | NO |
| 12. Any other health complaint? _____ | 12. YES | NO |
| 13. Do you see a Medical/Physical specialist of any kind? | 13. YES | NO |
| 14. Are you pregnant? | 14. YES | NO NA |
| 15. Are you currently in, or do you have a history of, treatment or counseling with a mental health professional? | 15. YES | NO |
| 16. Cardiac problems? | 16. YES | NO |



Cardiac Screening: Applicants over 35 years of age with two or more of the following risk factors and applicants over 50 years of age regardless of risk factors must provide a letter from their primary care physician approving their cardiac health for participation on the NOLS trip as described in the trip description.

Risk Factors:

- high blood pressure
- diabetes
- current or prior cardiovascular disease
- high blood cholesterol
- obesity
- smoking more than one pack per day
- a family history of cardiac disease
- unexplained chest pain, shortness of breath or palpitations

MUSCLE/SKELETAL INJURIES

Do you currently have or do you have a history of:

17. Knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations? (Please explain:)

17. YES NO

ALLERGIES/MEDICATIONS

18. Any allergies? Insect bites or bee stings? _____ 18. YES NO

19. Are you allergic to any medications? _____ 19. YES NO

20. Do you have any dietary preferences or restrictions? _____ 20. YES NO

21. Are you currently taking any medications? _____ 21. YES NO

Medication	Dosage (amt/freq)	Reason for use/Side effects/Restrictions

21. History of Frostbite or Acute Mountain Sickness? _____ 21. YES NO

22. History of heat stroke or other heat related illness? _____ 22. YES NO

FITNESS

23. Do you exercise regularly? _____ 23. YES NO

Activity	Frequency	Duration/Distance	Intensity Level (Easy/Moderate/Competitive)

24. Do you smoke? If so, how much? _____ 24. YES NO

25. Swimming ability (CHECK ONE): ____ Non-swimmer ____ Recreational ____ Competitive

NOLS SUGGESTS A TETANUS IMMUNIZATION WITHIN 10 YEARS OF THE START DATE OF THE COURSE. EXPEDITIONS OUTSIDE THE U.S. MAY REQUIRE ADDITIONAL IMMUNIZATIONS.

The information provided above is a complete and accurate statement of any physical and psychological conditions, which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and fellow students. I agree to inform NOLS should there be any change in my health status prior to the start of the trip. On the basis of the background information at the beginning of this form, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this NOLS trip.

PARTICIPANTS SIGNATURE: _____ **DATE:** _____



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 (under 18 years of age in most states), 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 (adult and minor), joined by Parent if the student is a minor, in consideration of the services of The National Outdoor Leadership School ("NOLS"), acknowledges and agrees as follows:

Activities and Risks

I understand that NOLS has attempted to provide its students with appropriate equipment and skilled staff for its programs (course, seminar, or trip). Nevertheless, the activities of the programs have risks, including certain risks which are inherent. Inherent risks are those 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, horsepacking, skiing, snowboarding, fishing, and caving.
- NOLS programs usually occur in remote places, perhaps many days from medical facilities. Communication and transportation are difficult and 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 and nights, without instructors.
- NOLS students may 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.

I have read and understand the general information about NOLS and its courses in the NOLS catalog of courses and/or at the NOLS website. This information includes NOLS' ADMISSIONS POLICIES, the statement titled RISK MANAGEMENT AT NOLS, the enrollment packet and other material provided by NOLS describing or related to my program. The staff of NOLS has been available to more fully explain the nature and physical demands of the activities in which I will be engaged, and the inherent and other risks of my NOLS activity.

(Note to Student and Parent: The National Park Service and certain National Forests do not allow concession and permit holders, including NOLS, to obtain releases from claims of liability for negligence. On those lands, NOLS is limited to a student's assumption of the inherent risks of its activities, as set forth in the paragraph immediately below. NOLS intends to conform to these restrictions to the extent they are found by a court of proper jurisdiction to be enforceable as a matter of law. Otherwise, and for activities OFF those lands, NOLS



seeks the assumption of ALL risks of its activities (also set out in the paragraph below), and the following release of claims, including of negligence. Please read these carefully.)

Acknowledgment and Assumption of Inherent and Other Risks

I understand and acknowledge that the description above (“Activities and Risks”) of the inherent risks of NOLS’ activities is not complete and that other, including unknown or unanticipated, risks, inherent and otherwise, may result in property loss, injury, illness or death. I acknowledge that my participation in this NOLS program is purely voluntary, and I wish to participate in spite of and with knowledge of the inherent and other risks involved. **I acknowledge and assume the inherent risks described above and all other inherent risks of my NOLS activity. In addition, except for an injury or other loss which occurs on lands whose rules or regulations prohibit my doing so as a matter of law, I expressly assume ALL risks of my NOLS activity, inherent or otherwise, and whether or not described above.**

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 release, hold harmless and agree not to sue NOLS, its owners, officers, trustees, agents, employees, and contractors (“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 or by a minor Student for whom I sign, arising in whole or part from my, or the minor child’s, enrollment or participation in an activity of NOLS. I agree further to indemnify (“indemnify” meaning to defend, and to pay or reimburse) Released Parties against any claim by a member of my, or the child’s, family, a rescuer, co-participant, or any other person, arising in whole or part from an injury or other loss suffered or caused by me, or by the minor child, in connection with an activity of NOLS. These agreements of release and indemnity include claims of negligence of a Released Party, but not of gross negligence or intentionally wrongful conduct, and are intended to be enforced to the fullest extent permitted by law.

Other Provisions

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

I have verified with my or the minor Student’s physician and other medical professionals, or otherwise satisfied NOLS, that I, or the minor Student, have no past or current physical or psychological condition that might affect my, or the minor’s, participation in the program, other than as described on the health form submitted to NOLS. I am, or the minor is, able to participate without causing harm to myself, or to himself or herself, or to others. The medical information given to NOLS is accurate and all pertinent medical conditions have been disclosed. Prior to the commencement of the course, NOLS will be informed of any medical condition that has not been previously disclosed.

NOLS is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me, or for the minor 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 me.

NOLS may share my or the minor Student’s contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested.



