

ALUMNI TRIP REGISTRATION PACKET

THE NOLS ALUMNI TRIP REGISTRATION PROCESS

- 1 | Call the NOLS Alumni Relations Department (800.332.4280) with a non-Amex credit card to supply a \$200/person tuition deposit. The deposit is non-refundable and is applied to the tuition balance.
- **2** Complete the attached application materials. The forms include:
 - a. Registration and Emergency contact information,
 - b. Insurance Information.
 - c. Medical Screening Form; and,
 - d. Participant Agreement.
- 3 | Send the completed forms via mail, fax (307.332.8811) or scan/email (alumni@nols.edu).
- **4** | We will review your materials and follow up with a call or email confirming the receipt of your application.

Call with questions large or small 800.332.4280

NOLS ALUMNI RELATIONS DEPARTMENT

284 LINCOLN STREET LANDER, WYOMING USA 82520

NOLS Alumni Trip Registration Form

For questions, please call the alumni office at: 800.332.4280

Alumni Trip and Date:			
First Name:	Middle:	Last:	
Preferred:		Date of Birth:	
Permanent Address:		Mobile Phone:	
		Home Phone:	
		E-mail:	
Occupation:		Employer:	
Are you a NOLS graduate? If so, what course(s)?	○ Yes	○ No	
Is anyone else in your family a NOLS graduate?	○ Yes	○ No	
If so, who? What course(s)?			
How did you learn of this trip?			

Emergency Contact Information	on:		
First Name:	Last:	Relationship to Applicant:	
Permanent Address:		Mobile Phone:	
		Home Phone:	
		E-mail:	
Alumni	Trip Cancellatio	n and Refund Policy	
		ring for a NOLS alumni event and to cover the costs incur m. A \$200 non-refundable deposit is due upon registrat	
 For cancelled enrollment prior to 3. For cancelled enrollment from 15 of total tuition, whichever is grea For cancelled enrollment from 8 to 4. Less than 8 days prior to the ever 	30 days before the even to 29 days prior to the e ter. o 14 days prior to the e nt start date and once tl	eive a refund of tuition above the deposit as specified: nt start date, NOLS will refund tuition above the deposit. event start date, NOLS will retain the full deposit or 25 pervent start date, NOLS will retain 50 percent of total tuition he event has begun, there will be no refunds.	rcent
Alumni & Development Office. I un	nderstand that I am no	he rules, policies and guidelines as outlined by the NO ot accepted for an event until all the enrollment forms hission to use my name, and photos in promotional mater	ave
Signature of Participant (Please pr	int and sign):	Date Signed:	

NOLS Alumni Trip - 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 participant is responsible for obtaining any necessary preadmission 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.

Participant Full Name:	Participant Birth Date:
Name of Insurance Policy Holder:	Name of Insurance Company:
Address of Policy Holder:	Policy, Group, Agreement Numbers:
Claim Submission Address:	If Group Insurance, Group Name:

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.

HEALTH FORM



Student's Name	Age	Course Code	Application ID#
INFORMATION FOR THE STUDEN	T AND/OR PARENT/GUAI	RDIAN	
members, please answer the answer does not automaticall	questions honestly and y cancel an applicant's lete the course we will	d completely when com s enrollment. If we hav l contact you to discuss	oplicant and the other expedition upleting this health form. A "Yes" e any question on the applicant's it. However, failure to disclose a smissal from NOLS.
By my signature, I confirm the representation of my (or the r	-	•	be an accurate and complete
	 rent/guardian for stud		//

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

INFORMATION FOR THE MEDICAL PROFESSIONAL

Field courses offered by the National Outdoor Leadership School (NOLS), are wilderness expeditions operating in remote areas of the world where evacuation to modern medical facilities may take days. There is a detailed course description for every course found here: http://www.nols.edu/courses/

Living conditions While participating on a NOLS expedition, students will sleep outdoors, experience long and physically demanding days, set up their own camp and prepare their own meals. Weather conditions can be extreme depending on the course type. Each student is expected to take good care of themselves. On some courses, students may have the option to fast.

Physical demands on the applicant are considerable. Backpacking courses require carrying a backpack that may weigh up to 60 pounds or more over rough and rugged mountainous terrain. Water-based courses may require sitting and paddling continuously for long periods of time and walking on rugged shorelines while carrying heavy items.

Water disinfection. NOLS disinfects all wilderness water with chlorine dioxide or by boiling. Chlorine dioxide may not be effective against cryptosporidium. Immunocompromised 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 a positive attitude are a necessity. Students find a NOLS course to be an extremely demanding experience both physically and emotionally.

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 $Your\ detailed\ comments\ will\ expedite\ our\ review\ of\ this\ form.$

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?	\square YES	\square NO	
Is the asthma well controlled with an inhaler?	☐YES	□NO	□N/A
If so, please have the student bring one or more metered dose inhaler course (we suggest two, having one as a backup). An aerochamber/sp			
What triggers an attack? Last episode? Ever Hospitalized?	acer is also recommen	iueu.	
			_
			_
2. Gastrointestinal disturbances?	□YES	□NO	
3. Diabetes?	\square YES	\square NO	
Examiner's specific comments:			_
			_
4. Bleeding, DVT (deep vein thrombosis) or blood disorders?	□YES	□NO	_
5. Hepatitis or other liver disease?	\Box YES	\square NO	
Examiner's specific comments:			-
6. Neurological problems? Epilepsy?	—————————————————————————————————————	□NO	_
7. Seizures?	□YES	□NO	
8. Dizziness/vertigo or fainting episodes?	□YES	□NO	
9. Migraines? Medications, frequency, are they debilitating?	□YES	□NO	
6-9. Describe frequency, date of last episode, and severity.			_
			_
10. Disorders of the urinary or reproductive tract?	□YES	□NO	
			- -
11. Is the applicant pregnant? (Due to the risk of complications in a remote environment, NOLS does not allow study.)	□YES dents to attend who are pr		□N/A

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Cardiac History

rdia (synco	ope, rdiac death □NO
eir cardiol	ogist may
□YES	□NO
□NO	□YES
lem on cur	rent
□YES	□NO
□NO ts?	□YES
lem on cur	rent
	□YES eir cardiolo □YES eir cardiolo □YES □NO □NO □NO □NO ts?

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15. Any other joint problems? Examiner's specific comments: (include date of las	st occurrence and the effect	of the pro	☐ YES oblem on cur	□NO rent
activity level)				
16. Head Injury? Loss of consciousness? For how Examiner's specific comments: (include date of las activity level)	st occurrence and the effect	of the pro	□YES oblem on cur	□NO rrent
Mental Health				
Applicants with a history of a mental health disc psychotherapy, medication, hospitalization or res from six months to two years, depending on the co need to be gainfully occupied such as attending s just leaving residential treatment facilities.	idential treatment, need to ondition, before they will be	be in a pe accepted	riod of stabi for a course	llity ranging . Applicants
17. Has the applicant been diagnosed with a menta	l health condition?		□YES	□NO
18. Is the applicant currently prescribed medication	on or engaged in psychother	apy for	Dyna	
any of the conditions or symptoms noted below? 19. Please indicate any of the following conditions □ suicide (thoughts, ideation, attempt) □ substance use disorder (drugs/alcohol) □ eating disorder (anorexia/bulimia) □ obsessive-compulsive disorder	or symptoms that have been ADHD anxiety depression bipolar disorder		ism spectrur SD	□NO n disorder
□ academic/career/family issues	□ other			
Please Provide Specific Details and dates of diagn	oses and psychotherapy:			
20. Does the applicant have any other physical, cos consideration?	gnitive, or sensory condition	n that wou	ıld require □YES	□NO
If yes, please describe how the condition affects the	e applicant:			

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Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are requited bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it is applicant allergic to or have a medically related intolerance to any food? Describe: 23. Does the applicant have any dietary preferences? (e.g., vegetarian, vegan, gluten free) NO (NOLS may not be able to accommodate all preferences) Describe: 24. Has the applicant had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing? Examiner's specific comments: 25. Any other allergies? DYES DNO				UYES	UNO
If medications or health condition changes prior to course start, please inform NOLS. Allergies Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are requited bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it is applicant allergic to or have a medically related intolerance to any food? 197ES	away. The stu taking. All stud provider to tal	dent must unders dents who are req ke prescription m	stand the use of any prescription medication uired by their personal physician, psychiatr edications on a regular basis must be able	ons they may ist or health ca	be ire
Allergies Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are requited bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it is applicant allergic to or have a medically related intolerance to any food? 122. Is applicant allergic to or have a medically related intolerance to any food? 123. Does the applicant have any dietary preferences? (e.g., vegetarian, vegan, gluten free) 124. Has the applicant had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing? 125. Any other allergies? 126. Any other allergies? 127. History of footbite or Raynaud's Syndrome? 128. History of facute mountain sickness, high altitude pulmonary/cerebral edema? 129. Any other disease or surgery not already mentioned? 129. Any other disease or surgery not already mentioned?	Medication	Dosage	Date First Prescribed?	or What Condi	tion?
Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are requited bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use if 22. Is applicant allergic to or have a medically related intolerance to any food? YES	If medications or h	nealth condition cl	nanges prior to course start, please inform NO	OLS.	
to bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it 22. Is applicant allergic to or have a medically related intolerance to any food? YES NO Describe:	Allergies				
Describe:	_	-			_
(NOLS may not be able to accommodate all preferences) Describe: 24. Has the applicant had any systemic allergic reactions to insects, bee/wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing? Examiner's specific comments: 25. Any other allergies? Cold, Heat, Altitude 26. History of frostbite or Raynaud's Syndrome? 27. History of acute mountain sickness, high altitude pulmonary/cerebral edema? QHES NO When did the injury or illness occur? 29. Any other disease or surgery not already mentioned? QYES NO QYES NO		_	•	□YES	□NO
in hives, swelling of face/lips or difficulty breathing? Examiner's specific comments: 25. Any other allergies? Examiners Specific Comments: Cold, Heat, Altitude 26. History of frostbite or Raynaud's Syndrome? 27. History of acute mountain sickness, high altitude pulmonary/cerebral edema? 28. History of heat stroke or other heat related illness? When did the injury or illness occur? 29. Any other disease or surgery not already mentioned? DYES ONO OYES ONO OYES ONO OYES ONO OYES ONO	(NOLS may not be a	able to accommoda	te all preferences)	ree) □YES	□NO
Cold, Heat, Altitude 26. History of frostbite or Raynaud's Syndrome? 27. History of acute mountain sickness, high altitude pulmonary/cerebral edema? 28. History of heat stroke or other heat related illness? When did the injury or illness occur? 29. Any other disease or surgery not already mentioned? DYES NO NO	in hives, swelling of	f face/lips or difficu	ılty breathing?		_
26. History of frostbite or Raynaud's Syndrome? 27. History of acute mountain sickness, high altitude pulmonary/cerebral edema? 28. History of heat stroke or other heat related illness? When did the injury or illness occur? 29. Any other disease or surgery not already mentioned? DYES NO OYES NO				□YES	□NO
27. History of acute mountain sickness, high altitude pulmonary/cerebral edema? □YES □NO 28. History of heat stroke or other heat related illness? □YES □NO When did the injury or illness occur? □YES □NO 29. Any other disease or surgery not already mentioned? □YES □NO	Cold, Heat, Altit	ude		-	
	27. History of acute28. History of heat	mountain sickness stroke or other hea	s, high altitude pulmonary/cerebral edema? t related illness?	□YES □YES	□NO
Examiner's specific comments:	29. Any other diseas	se or surgery not al	ready mentioned?	□YES	□NO
	Examiner's specific	comments:			

21. Does this person plan to take any prescription or non-prescription medications on the course?

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Fitness

Please provide details	s concerning tl	he student's ex	ercise regime	n:			
30. Does the applican	ıt exercise regu	ılarly?				□YES	□NO
Activity			Frequency	·			
Duration/Distance_		Inte	nsity Level 🛭	Easy 💵	∕Ioderate □	Competitive	
Activity			Frequency	7			
Duration/Distance _		Inte	nsity Level 🛭	Easy 💵	∕Ioderate □	l Competitive	
31. Does this person s Tobacco (or nicotine)				ty. We re	commend t	☐YES hat the applica	□NO nt quit now.
32. Is this person und	lerweight? ove	erweight? If so	, how much? _			QYES	□NO
33. Swimming ability	(CHECK ON	E):□Non-swin	nmer □Reci	reational	Compe	titive	
Physical Examina	tion						
Physical examination (Please type or print l		ot be more tha	an a year old	from the	e starting	date of the NC	LS course.
NOLS requires a tetathe U.S. may require details.			-			_	
		/-	/				
Blood Pressure	Pulse	Last Tetanı	ıs Inoculation	1	Height (in	ches) Weight (l	lbs.)
General Appearance,	Impressions a	and Comments	:				
				()		
Examiner's Name				Phon	•		
Street							
City					State	Zip	
By my signature, I at on a NOLS course ba background informa	ased on the ex	pedition infor	mation provi	ded on pa	ge 1 of this	form along wi	_
						-/	/
Signature M.D., D.O.,	, F.N.P., APRN	or P.A.			Date:	•	

PARTICIPANT AGREEMENT

(INCLUDING ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS & AGREEMENTS OF RELEASE & INDEMNITY)



Participant Name (Print)	Application ID #

Please read this document carefully. It must be signed by all participants and a parent or guardian if the participant is a minor. "Participant" includes adult and minor participants, unless indicated otherwise. In consideration of the services provided by the National Outdoor Leadership School, hereafter referred to as NOLS, I agree, for myself (and for the minor participant if I am signing as a parent or guardian), to the following:

ACTIVITIES AND RISKS

I understand that NOLS courses primarily live, camp and travel out of doors, but may also include indoor classrooms. Activities vary from course to course and can include, but are not limited to, camping, hiking, and backpacking through mountainous and other terrain; mountaineering and climbing on rock cliffs, steep snow, ice or glaciers; horsepacking, skiing, or snowboarding; canoeing, kayaking, and rafting on whitewater and flatwater rivers or lakes; ocean sea kayaking and sailing; fishing, and caving. Some courses may perform service work such as trail building or participate in cultural exchange activities where participants live with local host families, which may include doing farm or ranch chores. I further understand and acknowledge that the activities of the courses have risks, some of 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 and promote our educational objectives can cause loss or damage to equipment, accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. The following describes some, but not all, of the inherent risks of NOLS courses:

- NOLS activities may be strenuous, physically and emotionally.
- NOLS courses usually occur in remote places. They occur on lands open to the public and exposed to the acts
 of persons not associated with NOLS and who may pose risks. The remote locations may be many days from
 medical facilities. Communication and transportation are difficult and evacuations and medical care may be
 significantly delayed.
- Physical activities include, but are not limited to, walking, hiking, backpacking, climbing, paddling, crossing rivers, repetitive lifting, and use of hand tools. At times participants will be in close physical proximity to one another or instructors. Certain activities will require travel by vehicle, raft, canoe, kayak, sail and other boats, horse, aircraft, train, skis, snowboards, on foot and by other means, over improved and unimproved roads, rugged trails and off-trail terrain, including boulder fields, downed timber, rivers, rapids, high mountain passes, snow and ice, steep slopes, slippery rocks, steep or crevassed glaciers, ocean tides, currents, waves, surf, and reefs. Travel risks include collision, falling, capsizing, becoming lost, and other risks usually associated with such travel, and environmental risks.
- Environmental risks and hazards include, but are not limited to, flowing, deep and/or cold water; harmful
 insects, snakes, 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 quickly or
 unexpectedly.
- Meals are prepared over portable gas stoves and open fires. Water may require disinfection before use. Participants with food allergies or sensitivities may come in contact with offending food types.
- Injuries may include, but are not limited to, burns, cuts, skin infections, sprains, strains, fractures frostbite,

immersion foot, sunburn, drowning, and other injuries from slips, falls, lifting and exposure to the environment. **Illnesses** may include, but are not limited to, allergic reactions, hypothermia, high altitude illnesses, heatstroke, dehydration, communicable and other infectious diseases from insects, animals, or people such as diarrhea, flu-like or respiratory illness, and other debilitating or life-threatening conditions including COVID-19 and other diseases caused by coronaviruses.

- Equipment may fail or malfunction.
- On most courses wilderness first aid training is conducted and participants may participate in realistic
 simulated injury and illness scenarios and will at times act the role of patient, being handled, carried and
 otherwise treated as patients of a simulated medical emergency. Risks may include being dropped or
 otherwise mishandled while being carried; being touched while acting in the role of patient in a scenario; and
 emotional distress in response to training scenarios.
- On courses that include a wilderness medicine training module through NOLS Wilderness Medicine, participants may also use and practice with various medical equipment.
- On courses that include a wilderness EMT module (Wilderness Rescue Semester) students will spend some
 of their time at local hospitals in contact with patients. Risks include those associated with contact with sick
 or injured patients.
- Certain courses, such as those with EMT modules or Leave No Trace courses, students need to arrange their
 own transportation to locations away from the primary classroom for training in practice scenarios or at local
 hospitals or to and from the course area. This travel is not supervised by NOLS and includes the use or sharing
 of personal vehicles that are not owned or controlled in any way by NOLS.
- Decisions made by the instructors, other staff (including volunteers), contractors and participants will be 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 participant's capabilities, environment, terrain, water and weather conditions, natural hazards, travel routes, and medical conditions.
- On most NOLS courses, small groups of participants travel at times during the day, and possibly for several days and nights, without instructors.
- NOLS is not responsible for participants, including minors, before and after their course (per stated beginning and ending dates and times or for early departure due to evacuation, expulsion, or separation). On some courses participants, including minors, may have "free" time in a town or other locations out of the field while in transition from one field section to the next. NOLS has no responsibility for participants during this free time and participants accept the risks that arise from this unsupervised free time. NOLS staff may from time to time provide assistance or even accompany participants in these free time activities, but in doing so, they are acting as private individuals, and NOLS is not responsible for their conduct.
- During the course, between the stated start and end dates and times, except during free time as described
 above, participants are considered to be "participating" in their NOLS course. Participation includes, but is
 not limited to, involvement with activities, time spent at rest and while sleeping, and during formal classes.
 However, NOLS cannot continually monitor the behavior and activities of participants and participants must
 accept responsibility for themselves and others and accept the risks, whether or not under the direct
 supervision of NOLS staff.
- NOLS courses 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 courses may be subject
 to dangerous road travel, political unrest, riots, demonstrations, banditry, terrorism, and other criminal
 conduct, including drug related activities.
- NOLS courses are instructional in nature. Participants accept the risks of instructional activities, which are intended to challenge participants to expand their skills and judgment.

I have read and understand the general information about NOLS and its courses on the NOLS website which includes, but is not limited to, NOLS Admission Policies, Risk Management at NOLS, the NOLS Student Handbook, Positive Learning Environment, NOLS Learning Goals and Objectives, the course description and other materials provided by NOLS in print or electronic form describing or related to my course. I agree to the

terms and policies stated in all the above-mentioned materials. The staff of NOLS has been available to more fully explain the nature and physical demands of the activities in which I (or the minor participant) will be engaged, and certain inherent and other risks of my NOLS activity.

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' courses is not complete and that other, including unknown or unanticipated, risks, inherent and otherwise, may result in injury, illness, death, or property loss. I acknowledge that my (or the minor participant's) participation in this NOLS course is purely voluntary, and I wish to (or have the minor participant) 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 (or the minor participant's) NOLS course as well as any other risks of enrolling, participating in, or being present on a NOLS course or during free time. For activities that occur on National Park Service land and to the extent required by law, the above acknowledgement and assumption of risks is limited to assuming only the inherent risks.

AGREEMENTS OF RELEASE AND INDEMNITY

I hereby forever release, hold harmless and agree not to sue NOLS, its officers, trustees, agents, and staff including employees, volunteers and interns ("Released Parties"), with respect to any and all claims of loss or damage to person or property by reason of injury, disability, death, or otherwise, suffered by me (or by a minor participant for whom I sign), arising in whole or part from my (or the minor participant's) enrollment, participation, or presence on a NOLS course. I agree further to indemnify "indemnify" meaning to defend, and to pay or reimburse, including costs and attorney's fees) Released Parties against any claim by a member of my (or the minor participant's) family, a rescuer, another participant, or any other person, arising in whole or part from an injury or other loss suffered by or caused by me (or by the minor participant), in connection with my (or the minor participant's) enrollment, participation in, or presence on a NOLS course. This release and indemnity includes any and all claims arising before or after the course or during any free time. These agreements of Release and Indemnity are intended to be enforced to the fullest extent permitted by law and include claims of negligence, but not claims of gross negligence or intentionally wrongful conduct. Nothing in this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement shall be interpreted as me (or the minor participant) releasing NOLS from liability for injuries, damage, death, or other loss to me (or the minor participant) or others that may occur within the jurisdiction of the National Park Service and US Forest Service Region Four and is caused by NOLS' negligence, gross negligence, recklessness, or intentional conduct, including but not limited to any negligence with respect to NOLS' judgments and decisions, or NOLS' failure to take reasonable precautions to ensure it provides me (or the minor participant) with safe and defect-free equipment.

OTHER PROVISIONS

I have verified with my (or the minor participant's) physician and/or other medical professionals, or otherwise satisfied NOLS, that I have (or the minor participant has) no past or current physical or psychological condition that might affect my (or the minor participant's) participation on the course, other than as described on the health form submitted to NOLS. I understand my health form will be viewed, as necessary, by NOLS admission staff, course instructors, and certain other staff. I am (or the minor participant is) able to participate without causing harm to myself (or to themself) 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 or any changes in medical conditions or medications. I understand that NOLS' admission of me (or the minor participant) to the course is not intended as a representation that NOLS staff will be able to manage successfully a medical event or emergency related to a disclosed, or undisclosed, medical condition. The responsibility for determining a participant's health status is not NOLS' but, rather, the participant's, guided by family and the participant's health care provider. However, NOLS reserves the right to refuse admission

or remove a participant from a course for any reason it deems is in the best interests of the participant or the school.

NOLS is authorized to obtain or provide emergency evacuation, hospitalization, surgical or other medical care for me (or for the minor participant). I understand that situations may arise in which third-party medical care is not available and which require NOLS staff to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance of the NOLS medical advisor by way of NOLS' written medical protocols. Any third-party medical care provider is authorized to exchange pertinent medical information with NOLS. Costs associated with medical services, including evacuation, shall be borne by me.

I understand that NOLS will gather participant feedback for program improvement, including routine end-of-course program evaluations and occasional pre-course and post-course measures related to knowledge about the NOLS curriculum, with the expectation that sources remain anonymous in any publication of these findings.

NOLS may from time to time use the services of private contractors for certain tasks, including, for example, transportation to and from course areas or in the event of an evacuation from the field. NOLS is not responsible for the acts or omissions of such contractors.

I agree to be responsible for any damage I (or the minor participant) may cause to NOLS facilities or gear. NOLS is not responsible for loss, theft or damage to a participant's personal belongings stored at NOLS facilities.

If during my NOLS course I voluntarily withdraw or am expelled, NOLS reserves the right to notify a parent, guardian, or emergency contact person.

Any dispute between me (or the minor participant) and NOLS will be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Wyoming and I consent to jurisdiction in Wyoming. Any mediation or suit shall occur or be filed only in the State of Wyoming.

If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

The participant and the parent(s) or guardian of a minor participant have read this page and the previous 3 pages of this document and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors, and administrators. Any modifications of this agreement must be approved by NOLS in writing.

		/ /
Participant Signature	Age	Date Signed
If the participant is under 18 years of ag of age) (or if the participant is a resider		
guardian must also sign. I agree for mys agreement. I have legal authority to act o	self, and on behalf of the minor p	participant, to all of the terms in this

Please return all four pages of this document to NOLS.

COVID-19 SUPPLEMENTAL DISCLOSURE AND ACKNOWLEDGEMENT



NOLS is excited to welcome you to your upcoming course. We want to ensure you are aware of how we're responding to the coronavirus pandemic, so you can make informed decisions. This is a challenging time, but we think it is a challenge we can meet.

Our commitment to risk management practices guides our operations, and the health and wellbeing of our students, faculty, and staff is our priority. NOLS has been actively monitoring and responding to the evolving situation of the coronavirus pandemic. We are in consultation with federal, state, and local public health experts, peer organizations, and medical advisors, and are reviewing government recommendations as we continue to assess our policies and procedures to manage the risk of COVID-19 for NOLS and our local communities. This is an evolving situation and our practices may change as we gain new information or recommendations change.

NOLS will use medical advice and our best judgment to decide when and under what conditions any courses will operate, and activities or locations of courses may be changed, potentially at the last minute.

Risk is essential to a NOLS education. We operate in dynamic, unpredictable environments and practice thoughtful and effective risk management to attain our educational objectives. Contracting COVID-19, the disease caused by SARS-CoV-2, is a new risk for everyone and (like other risks) cannot be eliminated.

We would like to remind you that the NOLS Student Agreement that you signed includes pertinent statements about medical conditions and our ability to manage them. The following is a summary of those statements.

- The medical information given to NOLS is accurate and all pertinent medical conditions have been disclosed.
- I understand that NOLS' admission of me (or the minor student) to the course is not intended as a representation that NOLS staff will be able to manage successfully a medical event or emergency related to a disclosed, or undisclosed, medical condition.
- NOLS reserves the right to refuse admission or remove a student from a course for any reason it deems is in the
 best interest of the student or the school.

The NOLS Student Agreement also outlines risks including:

- At times students will be in close physical proximity to one another or instructors.
- Illnesses may include...communicable and other infectious diseases from insects, animals, or people such as diarrhea, flu-like or respiratory illness, and other debilitating or life-threatening conditions including COVID-19 and other diseases caused by coronaviruses.
- The remote locations of our courses may be many days from medical facilities. Communication and transportation are difficult and evacuations and medical care may be significantly delayed.
- Decisions made by the instructors, other staff (including volunteers), contractors and students will be 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...medical conditions.

BEFORE YOUR COURSE

NOLS may require students to exercise certain precautions before attending the course.

People who are at higher risk for severe illness from COVID-19 as defined by the Centers for Disease Control (CDC), including people greater than 64 years old or people of any age with chronic lung disease, moderate to severe asthma, serious heart conditions, diabetes, liver or kidney disease, who are immunocompromised, or have severe obesity (BMI of 40 or higher) should carefully consider, in conjunction with their health care provider, whether to attend NOLS at this time

We request that you take steps to limit your exposure to SARS-CoV-2 for 14 days prior to and while traveling to your course. This includes practicing physical (social) distancing, wearing a mask or face covering when in public or when physical distancing is not possible, frequent hand washing, and monitoring your health for symptoms of COVID-19.

Do not travel to your NOLS course if you, have COVID-19 symptoms (cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, or new loss of taste or smell), have in the past 14 days been in close contact with someone suspected or confirmed as having COVID-19, or you are confirmed or suspected as having COVID-19 in the past 14 days.

DURING YOUR COURSE

When you arrive at your NOLS location we will conduct a health check by asking you some questions about how you are feeling and taking your temperature. If anyone has symptoms of COVID-19, we will separate that person from the group and seek medical advice. Students who test positive for COVID-19 will not be allowed to go on the course.

We will be practicing physical (social) distancing much of the time during your course. This means staying at least six feet (two meters) from each other while in camp, during classes, and while on the trail. There are going to be times when physical distancing is not possible and during those times students and staff will wear masks (face coverings). We will provide each student with reusable and washable masks and ask you to bring buff-style neck gaiter(s) to use as face coverings. For sleeping, each student will be provided a personal shelter that will allow everyone to be distanced during the night (exceptions might be made for family members on the same course who live and travel together). On longer courses, after 14 days and if no one is presenting COVID-19 symptoms, we may be able to lessen distancing procedures.

Hygiene, particularly hand washing, is an effective means to limit spread of coronavirus. Our hand washing practices will include having one or more hand wash stations set up in camp and regular times when everyone will wash or sanitize their hands. In addition, you will be expected to wash or sanitize your hands at other times as necessary. We will provide soap and hand sanitizer for your use. You will be expected to participate in and follow our hygiene practices throughout your course.

For these measures to be effective it will require commitment and diligence from our students and staff. Students who, in our judgement, do not comply with these expectations may be expelled from the course.

Health checks will occur each day of your course. We ask that you bring your own digital oral thermometer for use during the course. If a student develops symptoms of COVID-19, we will care for them in ways to limit close contact with others, seek medical advice, and follow our COVID-19 illness guidelines which may include evacuation. If required by local health authorities it's possible that the whole course will be evacuated. Decision-making in this situation is without precedent so we'll need to be flexible and adaptable.

If a student is evacuated, the possibility of them rejoining their course will be considered on a case-by-case basis. Considerations include, but are not limited to, their health status, course logistics, the amount of course time missed and other factors.

As is noted in the Student Agreement, all costs associated with an evacuation from a course are the responsibility of the student or the student's family. We have very limited ability to house evacuees at our campuses, and they will need to stay in local lodging until they are able or allowed, per medical advice, to return home. They will also need to make their own travel arrangements to return home. NOLS may be able to provide some assistance in finding lodging or arranging travel.

 $I \ (or the \, parent \, or \, guardian \, of \, a \, minor \, student) \, have \, read \, and \, acknowledge \, the \, information \, regarding \, the \, risk \, of \, COVID-19 \, on \, my \, NOLS \, course.$

		/ /		
Student Signature	Age	Date Signed	Printed Name	
		/		
Parent/Guardian Signature	Date	Signed	Printed Name	

Please return both pages of this document to NOLS.