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 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? ☐ Yes ☐ No
If so, what course(s)?

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:

First Name: ____________________  Last: ____________________  Relationship to Applicant: ________________

Permanent Address:  

Mobile Phone: ____________________

Home Phone: ____________________

E-mail: _________________________

Alumni Trip 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 upon registration for a course.**

For cancelled enrollment on an alumni event, you will receive a refund of tuition above the deposit as specified:
1. For cancelled enrollment prior to 30 days before the event start date, NOLS will refund tuition above the deposit.
2. For cancelled enrollment from 15 to 29 days prior to the event start date, NOLS will retain the full deposit or 25 percent of total tuition, whichever is greater.
3. For cancelled enrollment from 8 to 14 days prior to the event start date, NOLS will retain 50 percent of total tuition.
4. Less than 8 days prior to the event start 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, 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. I give NOLS permission to use my name, and photos in promotional materials and press releases.

Signature of Participant (Please print 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 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.

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
SELF-REPORTING FORM

Name: ___________________________ Course Title: ___________________________

Height: ________ Weight: ________ Age: ________

Full Disclosure: In the interest of the health and well-being of both yourself and the other expedition members, please answer the questions honestly and completely on this health form. A “Yes” answer does not automatically cancel your enrollment. If we have a question on your capacity to successfully complete the course, we will contact you to discuss it. Failure to disclose a health condition that becomes relevant while on your course may result in dismissal from NOLS.

I realize that failure to disclose 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 course. On the basis of the course description, and what I know or suspect about my physical and psychological health, I am fully capable of participating in this NOLS course.

By my signature, I confirm that the information provided on this form will be an accurate and complete representation of my health history.

**Participant’s Signature** ___________________________ Date ________________

Parent or Guardian signature required if participant is under age 18 ___________________________

You are not accepted on the course until this health form has been reviewed and approved by NOLS personnel.

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.

Please circle YES or NO for each item. Each question must be answered. **If you circle YES, please explain briefly in the space provided or attach an additional page.**

General Medical History

Do you currently have or have a history of:

1. Respiratory problems? Asthma? ___________________________ 1. YES NO
   Is the asthma well controlled with an inhaler? What triggers an attack? Last episode? Ever hospitalized?
   _______________________________________________________________________________________

2. Gastrointestinal disturbances? ___________________________ 2. YES NO
   _______________________________________________________________________________________
3. Diabetes? _______________________________ 3. YES  NO

4. Bleeding or blood disorders? _______________________________ 4. YES  NO

5. Hepatitis or other liver disease? _______________________________ 5. YES  NO


7. Seizures? _______________________________ 7. YES  NO

_____________________________________________________________________________________________________

8. Dizziness/vertigo or fainting episodes? _______________________________ 8. YES  NO

9. Migraines? How frequent and are they debilitating? _______________________________ 9. YES  NO

10. Disorders of the urinary or reproductive tract? _______________________________ 10 YES  NO

_____________________________________________________________________________________________________

11. Are you pregnant? _______________________________ 11. YES  NO  N/A

( Due to the risk of complications in a remote environment, NOLS does not allow students to attend who are pregnant)

12. Do you have any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic bradycardia (syncope, dizziness), unexplained chest pain (especially with exercise), or immediate family history of early cardiac death (<50 years old)?

12. YES  NO

Depending on your history, risk factors and age, a stress ECG or waiver from your cardiologist may be required.

_____________________________________________________________________________________________________

13. In the past three years, have you had any knee, hip, ankle, leg or foot injuries (including sprains) and/or surgery? _______________________________ 13. YES  NO

_____________________________________________________________________________________________________

- Do you have full range of motion? Full strength? _______________________________ YES  NO
- What is the most rigorous activity participated in since the injury/surgery?

_____________________________________________________________________________________________________

14. In the past three years, have you had any arm, elbow or back injuries (including sprains) and/or surgery? _______________________________ 14. YES  NO

_____________________________________________________________________________________________________

- Do you have full range of motion? Full strength? _______________________________ YES  NO
- What is the most rigorous activity participated in since the injury/surgery?
15. Head Injury? Loss of consciousness? For how long? _________________ 15. YES  NO

Mental Health

Applicants with a history of a mental health disorder within the past three years, which may have required psychotherapy, medication, hospitalization or residential treatment, need to be in a period of stability ranging from six months to two years, depending on the condition, before they will be accepted for a course. Applicants should be gainfully occupied such as attending school or employed. NOLS is not appropriate for applicants just leaving residential treatment facilities.

16. Have you been diagnosed with a mental health condition?  16. YES  NO
17. Are you currently prescribed medication or engaged in psychotherapy for any of the conditions or symptoms noted below?  17. YES  NO
18. Please indicate any of the following conditions or symptoms that have been present.

- suicide (thoughts, ideation, attempt)
- substance use disorder (drugs/alcohol)
- eating disorder (anorexia/bulimia)
- obsessive-compulsive disorder
- academic/career/family issues
- ADHD
- anxiety
- PTSD
- depression
- self-harm
- obsessive-compulsive disorder
- bipolar disorder
- other ________________________________

Please provide specific details and dates of diagnoses and psychotherapy:
____________________________________________________________
____________________________________________________________

19. Do you have any physical, cognitive, or sensory condition that would require consideration?  19. YES  NO

20. Do you plan to take any prescription or non-prescription medications on the course?  20. YES  NO

NOLS courses travel in remote areas where access to medical care may be one or more days away. Students must understand the use of any prescription medications they may be taking. 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 supervision or assistance from NOLS staff.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Date First Prescribed?</th>
<th>For What Condition?</th>
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_________________________________________________________________________
**Allergies**

*Regardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions are required to bring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know how to use it.*

21. Are you allergic to or have a medically related intolerance to any food?  ___________  21. YES NO

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

22. Do you have any dietary preferences? (e.g., vegetarian, vegan, gluten free)  ___________  22.YES NO

(NOLS may not be able to accommodate all preferences)

_____________________________________________________________________________________________________

23. Have you had an allergic reaction to insect bites, bee or wasp stings, or medications resulting in hives, swelling of face/lips or difficulty breathing?  ___________  23.YES NO

**Cold, Heat, Altitude**

24. History of frostbite or Raynaud’s Syndrome?  ___________  24.YES NO

25. History of heat stroke or other heat related illness?  ___________  25.YES NO


27. Do you have any disease or history of surgery not already mentioned?  ___________  27. YES NO

_____________________________________________________________________________________________________

28. Do you exercise regularly?  ___________  28.YES NO

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Duration/Distance</th>
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_____________________________________________________________________________________________________

29. Do you smoke, vape, or use tobacco products?  ___________  29.YES NO

Tobacco (or nicotine) and vaping is not allowed on NOLS courses or property.

30. Swimming ability (Circle One): ______ Non-swimmer ______ Recreational______ Competitive ______

**NOLS SUGGESTS A TETANUS IMMUNIZATION WITHIN 10 YEARS OF THE START DATE OF THE COURSE.**

If medications or health condition changes prior to course start, please inform NOLS.
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) 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 age (or if the participant is a resident of Alabama and is under 19 years of age) (or if the participant is a resident of Mississippi and is under 21 years of age), at least one parent or guardian must also sign. I agree for myself, and on behalf of the minor participant, to all of the terms in this agreement. I have legal authority to act on behalf of the minor participant.

Parent/Guardian Signature ___________________________ Date Signed ______/_____/____

Please return all four pages of this document to NOLS.