



ALUMNI TRIP

APPLICATION PACKET

THE NOLS ALUMNI TRIP APPLICATION PROCESS

- 1 | Call the NOLS Alumni Relations Department (800-332-4280) with a non-Amex credit card to supply a \$200/person tuition deposit. Once the application materials are approved, the deposit is non-refundable and is applied to the tuition balance.
- 2 | Download, print and complete the attached application materials. The forms include:
 - a. **Application,**
 - b. **Insurance Information,**
 - c. a self-or medical professional's **Medical Screening Form** (type depends on the course or trip); and,
 - d. **Student Agreement.**
- 3 | Mail, fax (307-332-8811) or scan/email (alumni@nols.edu).
- 4 | We'll review your materials and follow up with a call or email confirming your enrollment.

QUESTIONS? CALL US  800.332.4280

NOLS ALUMNI RELATIONS DEPARTMENT

284 LINCOLN STREET
LANDER, WYOMING
USA 82520

PLEASE RETURN THE COMPLETED APPLICATIONS TO:

NOLS Alumni
284 Lincoln Street
Lander WY, 82520

E-mail: alumni@nols.edu Fax: 307.332.8811
For questions, please call the alumni office at: 800.332.4280

Alumni Trip Name and Date:

How did you learn of this trip?

Personal Information First:

Middle:

Last:

Preferred:

CONTACT INFORMATION

Permanent Address:

Mailing Address (if different):

Home Phone:

Cell Phone:

Work Phone:

E-mail:

WORK INFORMATION

Occupation:

Employer:

If student, where?

NOLS ALUMNI TRIPINSURANCE 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 canceled 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: _____

Temporary or Work Phone: (_____) _____ Height: _____ Weight: _____

Permanent Phone: (_____) _____ Sex: _____ Age: _____

As a student of the National Outdoor Leadership School (NOLS), your health history is important for your safety as well as other course members. Please carefully consider the specific description of the course you are applying for when completing this health form. For any “yes” answers please provide additional information. If we have questions we will discuss them with you prior to going into the field.

NOLS disinfects all wilderness water with chlorine, chlorine dioxide, or by boiling. Not all of these methods are effective against cryptosporidium. Immunocompromised people may wish to obtain an appropriate water filter.

Full Disclosure: In the interest of the health and well-being of both the applicant and the other expedition members, please answer the questions honestly and completely 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. However, failure to disclose a health condition that becomes relevant while on your course may result in dismissal from NOLS.

PARTICIPANT: 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

6. Neurological problems? Epilepsy? _____ 6. 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. Any other health complaint? _____ 11. YES NO
12. Do you see a medical/physical specialist of any kind? _____ 12. YES NO
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13. Treatment for menstrual cramps? _____ 13. YES NO NA
14. Are you pregnant? _____ 14. YES NO NA
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15. Do you have any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes, hyperlipidemia, tachyarrhythmia, symptomatic bradycardia (syncope, dizziness), unexplained chest pain (especially with exercise) or immediate family history of early cardiac death (<50 years old)? 15. YES NO

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

16. Do you have a history of knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations? _____ 16. YES NO
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17. Head Injury? Loss of consciousness? For how long? _____ 17. YES NO

18. Do you have any physical, cognitive, sensory or emotional condition that would require special consideration? _____ 18. YES NO

19. Are you currently in, or have you had, psychotherapy with a mental health professional? _____ 19. YES NO
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20. Do you have any history of substance abuse, depression, anxiety, ADHD, eating disorder or suicidal thoughts? _____ 20. YES NO
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21. Do you have any allergies, e.g. insects, bees, medications, food, environmental, other? _____ 21. YES NO
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22. Do you have any dietary preferences? (e.g., vegetarian, vegan) (NOLS may not be able to accommodate all preferences) _____ 22. YES NO
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23. Are you currently taking or have you been prescribed any medications in the past two years?
 (Please list below)_____23.YES NO

All students must be able to take their medication without assistance from NOLS staff.

Medication	For What Condition	Dosage (amt/frequency)	Date Prescribed

24. History of Frostbite or Acute Mountain Sickness?_____24.YES NO

25. History of heat stroke or other heat related illness?_____25.YES NO

26. Do you exercise regularly?_____26.YES NO

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

27. Do you smoke or use tobacco products? _____ 27.YES NO

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

28 Swimming ability (CHECK ONE):_____ Non-swimmer_____ Recreational_____ Competitive _____

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

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.

Participant's Signature:_____DATE:_____

Parent or Guardian signature required if participant is under age 18:_____

STUDENT AGREEMENT

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



Student Name (Print)

Application ID #

Please read this document carefully. It must be signed by all students and a parent or guardian if the student is a minor. "Student" includes adult and minor students, 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 student 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 students 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. 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. Students 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 and flu-like illness, and other debilitating or life-threatening conditions.

- Equipment may fail or malfunction.
- On most courses wilderness first aid training is conducted and students 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, students 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 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, a student's capabilities, environment, terrain, water and weather conditions, natural hazards, travel 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 is not responsible for students, 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 students, 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 students during this free time and students accept the risks that arise from this unsupervised free time. 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.
- During the course, between the stated start and end dates and times, except during free time as described above, students 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 students and students 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. Students accept the risks of instructional activities, which are intended to challenge students 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 student) 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 student’s) participation in this NOLS course is purely voluntary, and I wish to (or have the minor student) 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 student’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 student for whom I sign), arising in whole or part from my (or the minor student’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 student’s) family, a rescuer, another student, 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 student), in connection with my (or the minor student’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. For activities that occur on National Park Service and U.S. Forest Service Region Four lands and to the extent required by law, the above release and indemnity provisions are limited to claims arising from my (or the minor student’s) own negligence, or willful, reckless, or intentional misconduct.

OTHER PROVISIONS

I have verified with my (or the minor student’s) physician and/or other medical professionals, or otherwise satisfied NOLS, that I have (or the minor student has) no past or current physical or psychological condition that might affect my (or the minor student’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 student is) able to participate without causing harm to myself (or to themselves) 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 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. The responsibility for determining a student’s health status is not NOLS’ but, rather, the student’s, guided by family and the student’s health care provider. However, NOLS reserves the right to refuse admission or remove a student from a course for any reason it deems is in the best interests of the student or the school.

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

