



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?

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



Student's Name

Age

Course Code

Application ID#

INFORMATION FOR THE STUDENT AND/OR PARENT/GUARDIAN

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 this health form. A "Yes" answer does not automatically cancel an applicant's enrollment. If we have any question on the applicant's capacity to successfully complete the course we will contact you to discuss it. However, failure to disclose a health condition that becomes relevant while on your course may result in dismissal from NOLS.

By my signature, I confirm that the information provided on this form, will be an accurate and complete representation of my (or the minor student's) health history.

****Signature**** (signed by parent/guardian for students under 18 years of age)

____/____/_____
Date

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.

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? YES 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 inhalers (MDI) with them for their course (we suggest two, having one as a backup). An aerochamber/spacer is also recommended.

What triggers an attack? Last episode? Ever Hospitalized?

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

Examiner's specific comments: _____

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO
5. Hepatitis or other liver disease? YES NO

Examiner's specific comments: _____

6. Neurological problems? Epilepsy? YES 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? YES NO N/A
(Due to the risk of complications in a remote environment, NOLS does not allow students to attend who are pregnant)

Cardiac History

12. 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)? YES NO

Depending on the applicant's history, risk factors and age, a stress ECG or waiver from their cardiologist may be required.

Examiner's specific comments: _____

Muscle/Skeletal Injuries/Fractures

Does the applicant currently have or have a history within the past three years of:

13. Knee, hip, leg, or ankle injuries (including sprains) and/or surgery? YES NO

• Type of injury or surgery? When did the injury or surgery occur? _____

• Is there full range of motion? Full Strength? NO YES

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

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

14. Shoulder, arm or back injuries (including sprains) and/or surgery? YES NO

• Type of injury or surgery? When did the injury or surgery occur? _____

• Is there full range of motion? Full Strength? NO YES

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

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

15. Any other joint problems? YES NO

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

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

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

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 need to be gainfully occupied such as attending school or employed. NOLS is not appropriate for applicants just leaving residential treatment facilities.

17. Has the applicant been diagnosed with a mental health condition? YES NO

18. Is the applicant currently prescribed medication or engaged in psychotherapy for any of the conditions or symptoms noted below? YES NO

19. Please indicate any of the following conditions or symptoms that have been present.

- | | | |
|---|---|---|
| <input type="checkbox"/> suicide (thoughts, ideation, attempt) | <input type="checkbox"/> ADHD | <input type="checkbox"/> autism spectrum disorder |
| <input type="checkbox"/> substance use disorder (drugs/alcohol) | <input type="checkbox"/> anxiety | <input type="checkbox"/> PTSD |
| <input type="checkbox"/> eating disorder (anorexia/bulimia) | <input type="checkbox"/> depression | <input type="checkbox"/> self-harm |
| <input type="checkbox"/> obsessive-compulsive disorder | <input type="checkbox"/> bipolar disorder | |
| <input type="checkbox"/> academic/career/family issues | <input type="checkbox"/> other _____ | |

Please Provide **Specific** Details and dates of diagnoses and psychotherapy:

20. Does the applicant have any other physical, cognitive, or sensory condition that would require consideration? YES NO

If yes, please describe how the condition affects the applicant: _____

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

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

Medication	Dosage	Date First Prescribed?	For What Condition?
_____	_____	_____	_____
_____	_____	_____	_____

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 required 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: _____

23. Does the applicant have any dietary preferences? (e.g., vegetarian, vegan, gluten free) YES 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? YES NO

Examiner's specific comments: _____

25. Any other allergies? YES NO

Examiners Specific Comments: _____

Cold, Heat, Altitude

26. History of frostbite or Raynaud's Syndrome? 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? _____

29. Any other disease or surgery not already mentioned? YES NO

Examiner's specific comments: _____

Fitness

Please provide details concerning the student's exercise regimen:

30. Does the applicant exercise regularly? YES NO

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level Easy Moderate Competitive

Activity _____ Frequency _____

Duration/Distance _____ Intensity Level Easy Moderate Competitive

31. Does this person smoke, vape or use tobacco products? YES NO

Tobacco (or nicotine) is not allowed on NOLS courses or property. We recommend that the applicant quit now.

32. Is this person underweight? overweight? If so, how much? _____ YES NO

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

Physical Examination

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

NOLS requires a tetanus immunization within 10 years of the start date of the course. Expeditions outside the U.S. may require additional immunizations. Please refer to your course travel information for specific details.

_____ / _____ / _____ _____ _____
Blood Pressure Pulse Last Tetanus Inoculation Height (inches) Weight (lbs.)

General Appearance, Impressions and Comments:

_____ (_____) _____
Examiner's Name Phone

_____ Street

_____ City _____ State _____ Zip

By my signature, I attest that the person named on page 1 of this form is medically cleared to participate on a NOLS course based on the expedition information provided on page 1 of this form along with the background information provided by the applicant and my physical examination of them.

_____ / _____ / _____
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)

Name (Print) _____

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. 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

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 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) Participants 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, Participants 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 Participant 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. 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 Participant’s) own negligence, or willful, reckless, or intentional misconduct.**

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 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 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

