



NOLS WILDERNESS MEDICINE

Wilderness Medicine Expedition Welcome Letter & Forms Packet

Welcome to the Wind River Range Backpacking Expedition!

Thank you for participating in this unique training opportunity through NOLS Wilderness Medicine. **Your course code is WME 8/23/21 (Course ID 16542).**

This packet includes the WME course statement, student agreement form, health form, and insurance form. These forms should be returned with your tuition balance by **June 24, 2021**. Final acceptance on this course is contingent upon receipt and approval of the materials listed, as well as tuition balance.

In addition, there are several documents for you to read in preparation for your course, including: Course Description, Travel & Logistics, Equipment List, and Required Reading accessible at: <https://www.nols.edu/portal/wmi/courses/16542>

For further questions regarding course travel and logistics, please contact the NOLS Wilderness Medicine Admissions team at 1-866-831-9001 or wilderness_medicine@nols.edu.

Please plan for a focused but fun course. Don't hesitate to phone or email us with any questions or suggestions you may have.

Sincerely,

NOLS Wilderness Medicine Admissions Team
284 Lincoln St.
Lander, WY 82520
wilderness_medicine@nols.edu
Direct Line 1-866-831-9001
Fax 307-335-2355

NOLS WILDERNESS MEDICINE

Course Statement Wilderness Medicine Expedition Wind River Range Backpacking, Lander, WY August 23 – August 31, 2021

The **DEADLINE** to submit enrollment forms and payment for balance of course fees is **JUNE 24, 2021**.

Student Name: _____

In addition to this 2-page Course Statement, please return the following information from the forms packet:

- _____ Student Agreement Form (including assumption of risks and agreements of release and indemnity)
- _____ Health Form
- _____ Insurance Form
- _____ COVID-19 Disclosure

Tuition and Balance Due

Tuition	\$2,425.00
Less: Deposit	(\$500.00)
Balance Due	\$1,925.00

A deposit of \$500 is required to reserve your spot on the course. Payment in full is welcome. The balance of tuition is due 60 days prior to the first day of the course. You can pay your balance by mailing in a check (with driver's license number), calling the NOLS Wilderness Medicine office with credit card information (Visa or MasterCard), or online at <https://www.nols.edu/portal/account/login/>. If you do not have an account, you can create one.

NOLS Cancellation Policies

- If you cancel or leave a course for any reason:
 - Greater than or equal to 60 days prior to the course start date, NOLS will retain a \$35.00 administrative fee and refund your deposit/tuition.
 - Between 60 days of the course start date and 5 p.m. Mountain Time on the last business day before your course begins, you may either transfer your enrollment and funds, minus a \$35.00 administrative fee, to another scheduled course or NOLS will retain your deposit.

NOLS WILDERNESS MEDICINE

- Once the course has begun, the full tuition is non-refundable and non-transferable. NOLS will consider exceptions on a case by case basis.
- Participants will be required to reimburse NOLS for the expenses incurred in evacuating them from the course.
- Although we rarely need to do so, we reserve the right to cancel a course or change a course duration, tuition or location. NOLS is not responsible for associated costs in these cases.

Tuition Protection and Travel Insurance

Protect your investment and guard against unforeseen expenses. NOLS recommends that students purchase optional Tuition Protection and Travel Insurance provided by Aon Affinity. Shop policies online at www.mdmgroup.net/nols.

Person to notify in case of emergency (required for all applicants)

Name: _____

Phone: Day: _____ Evening: _____

Address: _____

Street

City

State

Zip

Relationship to applicant (circle one):

Parent

Spouse

Other relative

Friend

Guardian

Employer

Partner

Applicant's Work History

Occupation: _____

Title: _____

Employer: _____

Admission Policies

NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health both physically and emotionally, and are socially responsible. NOLS is not an appropriate choice for individuals dealing with behavioral, motivational or rehabilitation issues. We will deny admission to anyone we believe to be unable to meet the physical, mental, social or safety demands of our courses.

Student Behavior and Discipline

NOLS will expel any student who exhibits behavior that is unsafe or disrupts or distracts from the educational mission of a course. Harassment, use of drugs and alcohol, theft or misuse of property, low motivation and disregarding instructions are examples of behavior that will lead to expulsion. If a student is expelled, there will be no refund.

NOLS WILDERNESS MEDICINE

Equal Opportunity

NOLS does not discriminate on the basis of race, color, religion, creed, sexual orientation, national origin, age or disability in the administration of its admission or employment policies.

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the NOLS information. I understand the relationship between NOLS and me will be governed by the substantive laws of the State of Wyoming and any suit, mediation, or arbitration of any dispute with NOLS must be filed exclusively in the State of Wyoming. I understand that I am not accepted on my course until all the enrollment forms have been received and approved by NOLS. I give NOLS permission to share my contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested. I also give NOLS permission to use my name, contact information and picture in promotional materials.

Signature of Applicant: _____ **Date:** _____

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. At times students 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. 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, 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 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.** Nothing in this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement shall be interpreted as me (or the minor student) releasing NOLS from liability for injuries, damage, death, or other loss to me (or the minor student) 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 student) with safe and defect-free equipment.

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.

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

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. 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.

- | | | |
|---|---|---|
| <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:

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. Student's 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?
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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

26. History of acute mountain sickness, high altitude pulmonary/cerebral edema? _____ 26. 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

Activity	Frequency	Duration/Distance
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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.



INSURANCE FORM

NOLS requires that all students have their own health 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.

Student's Name

Course Code

Birth Date (dd/mm/yyyy)

Application ID #

Please Attach a Photocopy of Your Insurance Card.

NAME AND ADDRESS OF PERSON UNDER WHOSE NAME THE POLICY IS CARRIED

Name Street Address

City, State/Province Zip/Postal Phone Date of Birth

INSURANCE COMPANY INFORMATION

Name Policy Number

Group Number (if you have one) Agreement Number (if you have one)

ADDRESS WHERE CLAIMS MUST BE SUBMITTED

Name Street Address

City, State/Province Zip/Postal Phone

IF GROUP INSURANCE, GIVE NAME OF GROUP (EMPLOYER, UNION OR ASSOCIATION THROUGH WHICH THE STUDENT IS INSURED)

Name

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 also bring washable 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 acknowledged 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.