NOLS

NOLS WILDERNESS MEDICINE

Medicine in the Wild Tucson, AZ April 10 - May 5, 2022

Welcome to the NOLS Wilderness Medicine's Medicine in the Wild course!

Congratulations on your acceptance to this unique training opportunity. **Your course code is MED 4/10/2022 (Course ID 17235)**.

Your instructors will include faculty from NOLS Wilderness Medicine and a senior resident from the Harvard Affiliated Emergency Medicine Residency. The course medical director is Dr. Stuart Harris, Director of Wilderness Medicine, Department of Emergency Medicine, Massachusetts General Hospital.

There are several forms for you to read, and in some instances complete, in preparation for your course. You should download these forms from the course information section of https://www.nols.edu/portal/wmi/courses/17235

Forms due February 9, 2022 include:

- NOLS Wilderness Medicine Course Statement
- NOLS Student Agreement
- Health Information
- Insurance Information
- COVID-19 Disclosure

Form due March 11, 2022:

Travel Itinerary

Forms to support your course preparation include:

- Course Description
- Travel and Logistics Information
- Equipment List
- Syllabus for Medical Schools

Please plan for a very focused but fun course. Don't hesitate to phone or email us with any questions or suggestions you may have. For further questions please contact NOLS Wilderness Medicine at: 1-866-831-9001 or wilderness_medicine@nols.edu.

See you soon!

Lori Karker Senior Admissions Officer

NOLS WILDERNESS MEDICINE COURSE STATEMENT (17235) Medicine in the Wild Tucson, AZ April 10 - May 5, 2022

The deadline to submit enrollment forms and payment for balance of course fees is FEBRUARY 9, 2022.

Student Name:								
In addition to this 2-page Co	ourse Statement, please	return the following forms:						
Student Agreement (including assumption of risks and agreements of release and indemnity)								
Health Information								
Insurance								
Travel Itinerary (due March 11, 2022)								
Balance Due		1						
Tuition	\$5,235							
Less: Deposit	(\$500.00)							
Balance Due	\$4.735.00							

Ways to Pay Your Balance

- Online at https://www.nols.edu/portal/account/login/. If you do not have an account you can create one.
- Mail a check.
- Call the office with a credit card number.

NOLS Cancellation Policies

For Medicine in the Wild (MED) course, if you cancel or withdraw from a course:

- 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.
- Once the course has begun, the full tuition is non-refundable and non-transferable.
 NOLS will consider exceptions on a case by case basis.

Name:	Phone:	Day ()	Eve. ()	
Address:				
Street		City	State	Zip
Relationship to applicant:	parent spouse employer partne		friend guardian	
Dietary Needs vegetaria	n food allergies			
Medical School Informatio	n (Must be a 3 rd or	4 th year medica	l student to participa	te)
Year: Sch	ool:			
Residency Interest Area:				
Did you sign up with another	medical student yo	ou wish to camp v	with? If so, who?	

Admission Policies

NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health, 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.

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. A qualified student is one who meets the NOLS Essential Eligibility Criteria (EEC) and/or the NOLS Wilderness Medicine EEC. If NOLS reasonably determines that a disability could lead to an inappropriate level of danger to the student or others, based upon a particular activity, then that person may be ineligible for that particular course but would not be excluded from consideration for other opportunities offered by NOLS.

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.

Drug and Alcohol Policy

The possession or use of any type of illegal drugs or alcohol is strictly forbidden during your course. Students in violation of the drug and alcohol policy will be expelled from their course.

Tobacco and Nicotine Policy

The use of tobacco and nicotine products (including gum, patches and e-cigarettes) is not allowed at any time during your NOLS course. Students found violating the tobacco and nicotine policy will be subject to disciplinary action, and that violation may warrant expulsion.

Personal Electronics

A key element to a NOLS education is time spent in wilderness. The benefits of this include being closer to nature, time away from society and civilization, and being in an environment where natural forces predominate. NOLS does not permit students to use personal cell phones, smartphones, satellite phones or other communication devices including personal locator devices (e.g. SPOT), while in the backcountry. Additionally, students are not permitted to take personal music players (iPods/MP3 players, etc.) or to use tablets (i.e., iPads) as cameras in the backcountry. Instructors will be carrying sufficient communication equipment (usually a satellite phone) to handle emergencies that may arise. Additionally, each daily travel group will be carrying a personal locator beacon on backcountry sections.

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 me and NOLS 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	ignature of Applicant	Dat	9
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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 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 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 evacuation, 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.

I understand that NOLS will gather student 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 student) may cause to NOLS facilities or gear. NOLS is not responsible for loss, theft or damage to a student'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 student) 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 student and the parent(s) or guardian of a minor student 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.

approved by Nobs III writing.		
Student Signature		/ Date Signed
If the student is under 18 years of age (or (or if the student is a resident of Mississip also sign. I agree for myself, and on behal legal authority to act on behalf of the mind	pi and is under 21 years of age) If of the minor student, to all o), at least one parent or guardian must
Parent/Guardian Signature		/ Date Signed

Please return all four pages of this document to NOLS.

HEALTH FORM SELF-REPORTING FORM



Nar	ame:	Course Title:
Hei	eight: Weight: Age:	
plea can con	ease answer the questions honestly and con ncel your enrollment. If we have a questic	and well-being of both yourself and the other expedition members, apletely on this health form. A "Yes" answer does not automatically on on your capacity to successfully complete the course, we will health condition that becomes relevant while on your course may
to in	inform NOLS should there be any change $$	could result in serious harm to myself and fellow students. I agree in my health status prior to the start of the course. On the basis of suspect about my physical and psychological health, I am fully
-	y my signature, I confirm that the informa presentation of my health history.	tion provided on this form will be an accurate and complete
P	Participant's Signature	Date
You		is health form has been reviewed and approved by
NO		llorine dioxide or by boiling. Chlorine dioxide may not be effective sed people may wish to obtain an appropriate water filter.
	ease circle YES or NO for each item. Each riefly in the space provided or attach an ac	n question must be answered. If you circle YES, please explain Iditional page.
Ger	eneral Medical History	
Dog	o you currently have or have a history of:	
1.	Respiratory problems? Asthma? Is the asthma well controlled with an inh	
2.	Gastrointestinal disturbances?	

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3.	Diabetes?	<u> .</u> 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?			NO
10.	Disorders of the urinary or reproductive tract?			NO
11.	Are you pregnant?	11	. YES	NO I
12.	Do you have any history of cardiac illness or significant risk factors, such as known corol disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic (symptomatic cardinal disease), unavaloined short pain (orpogially with exercise), or immediate for	e bra	adycard	
12.		e bra nily 12	adycard history .YES	of NO
	disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic (syncope, dizziness), unexplained chest pain (especially with exercise), or immediate far early cardiac death (<50 years old)? Depending on your history, risk factors and age, a stress ECG or waiver from your cardio	e bra nily 12 logi	adycard history .YES st may l	of NO
	disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic (syncope, dizziness), unexplained chest pain (especially with exercise), or immediate far early cardiac death (<50 years old)? Depending on your history, risk factors and age, a stress ECG or waiver from your cardio required. In the past three years, have you had any knee, hip, ankle, leg or foot injuries	e bra nily 12 llogi	adycard history .YES st may l	NO NO NO
13.	disease, hypertension, diabetes mellitus, hyperlipidemia, tachyarrhythmia, symptomatic (syncope, dizziness), unexplained chest pain (especially with exercise), or immediate far early cardiac death (<50 years old)? Depending on your history, risk factors and age, a stress ECG or waiver from your cardio required. In the past three years, have you had any knee, hip, ankle, leg or foot injuries (including sprains) and/or surgery?	c bree bree bree bree bree bree hilly 12 llogi	adycard history . YES st may l	NO NO NO

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Applica psychot from six should k leaving 16. Have any c 18. Plea su su su leaving	I Health ants with a history of a mental healt therapy, medication, hospitalization at months to two years, depending on the gainfully occupied such as attending residential treatment facilities. The you been diagnosed with a mental hasyou currently prescribed medication of the conditions or symptoms noted as indicate any of the following conducide (thoughts, ideation, attempt) abstance use disorder (drugs/alcohol) ting disorder (anorexia/bulimia) assessive-compulsive disorder ademic/career/family issues provide specific details and dates of described in the specific details and dates of describing the specific details and dates of describin	or residential treatment, need the condition, before they will ing school or employed. NOLS nealth condition? or engaged in psychotherapy below? litions or symptoms that have ADHD anxiety depression bipolar disorder other	d to be in a period of stability rangingle to be accepted for a course. Applicants is not appropriate for applicants just a period of a course. Applicants is not appropriate for applicants just a few presents are also period of the course o
psychot from six should k leaving 16. Have 17. Are y any o 18. Plea Sur Sur O bu	therapy, medication, hospitalization at months to two years, depending on the gainfully occupied such as attending residential treatment facilities. The you been diagnosed with a mental has you currently prescribed medication of the conditions or symptoms noted as indicate any of the following condicide (thoughts, ideation, attempt) abstance use disorder (drugs/alcohol) ting disorder (anorexia/bulimia) assessive-compulsive disorder rademic/career/family issues	or residential treatment, need the condition, before they will ing school or employed. NOLS nealth condition? or engaged in psychotherapy below? litions or symptoms that have ADHD anxiety depression bipolar disorder other	d to be in a period of stability rangingle to be accepted for a course. Applicants is not appropriate for applicants just a period of a course. Applicants is not appropriate for applicants just a few presents are also period of the course o
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any c	of the conditions or symptoms noted ase indicate any of the following condicide (thoughts, ideation, attempt) abstance use disorder (drugs/alcohol) ting disorder (anorexia/bulimia) assessive-compulsive disorder ademic/career/family issues	below? litions or symptoms that have ADHD anxiety depression bipolar disorder other	17. YES NO been present. □ autism spectrum disorder □ PTSD □ self-harm
18. Plea □ su: □ su: □ ea: □ ob □ ac:	use indicate any of the following condition (thoughts, ideation, attempt) abstance use disorder (drugs/alcohol) ting disorder (anorexia/bulimia) assessive-compulsive disorder ademic/career/family issues	litions or symptoms that have ADHD anxiety depression bipolar disorder other	been present. autism spectrum disorder PTSD self-harm
□ su: □ su: □ eat □ ob □ ac:	icide (thoughts, ideation, attempt) bstance use disorder (drugs/alcohol) ting disorder (anorexia/bulimia) sessive-compulsive disorder ademic/career/family issues	□ ADHD □ anxiety □ depression □ bipolar disorder □ other	□ autism spectrum disorder □ PTSD □ self-harm
ac	ademic/career/family issues	other	
	, ,		
	you have any physical, cognitive, or sonsideration?		
	you plan to take any prescription or n	non-prescription medications	on the course? 20.YES NO
NO awa All to t	PLS courses travel in remote areas ay. Student's must understand the ustudents who are required by their take prescription medications on a chout supervision or assistance from	where access to medical car use of any prescription medi personal physician, psychia a regular basis must be able	re may be one or more days ications they may be taking. trist or health care provider
Medica [.]	tion Dosage	Date First Prescribed?	For What Condition?

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Allergies

	gardless of the allergen, individuals with a history of severe allergic (anaphylactic) reactions oring a personal supply of epinephrine, preferably in a pre-loaded auto-injector, and know ho		_
21.	Are you allergic to or have a medically related intolerance to any food?21. YI	ES 	NO
22.	Do you have any dietary preferences? (e.g., vegetarian, vegan, gluten free)22.Y. (NOLS may not be able to accommodate all preferences)	ES	NO
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.YF	ES	NO
Co	ld, Heat, Altitude		
24.	History of frostbite or Raynaud's Syndrome?24.YI	ES	NO
	History of heat stroke or other heat related illness?25.YI		NO
26 .	History of acute mountain sickness, high altitude pulmonary/cerebral edema?26.YI	ES	NO
27.	Do you have any disease or history of surgery not already mentioned?27. Y	ES	NO
28.	Do you exercise regularly?28.YI	ES	NO
	Activity Frequency Duration/Distance		
29.	Do you smoke, vape, or use tobacco products?29. Y	ES	NO
Γok	pacco (or nicotine) and vaping is not allowed on NOLS courses or property.		
30.	Swimming ability (Circle One): Non-swimmer Recreational Competit	ive_	
	LS SUGGESTS A TETANUS IMMUNIZATION WITHIN 10 YEARS OF THE START DATE URSE.	E OF	THE

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.

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

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

Please return both pages of this document to NOLS.



Travel Itinerary and Shuttle Request Form

Please return this form by March 11, 2022

Attn: NOLS Wilderness Medicine • 284 Lincoln St. • Lander, WY 82520 FAX 307-335-2355 • wilderness_medicine@nols.edu

Please complete and return this form regardless of whether you plan to use the shuttle.

The NOLS shuttle will depart the Tucson airport at **3pm** on **April 9**th, so you will need to arrive in Tucson prior to that time. To locate the shuttle after you arrive in Tucson, please look for someone in the baggage claim area #1 holding a NOLS sign. The return shuttle will depart at 6pm from NOLS Southwest to the Holiday Inn Express on May 5th. The shuttle fee is included in your course tuition.

Please keep us informed of your status if you experience any problems while traveling (e.g., delayed, canceled, or missed flights), by calling NOLS Southwest at (520) 749-0955. If you have any questions about travel arrangements, please call us before you purchase tickets.

Participant's Name	e		_ (NOLS Wilderness Medicine: Med in the Wild Program)						
Travel Information									
I intend to drive my	private vehic	ele (please cir	cle one):	Yes	No				
I intend to use the N	NOLS Shuttle	Service (plea	ase circle one):	Yes N	No				
If yes, Date of Arriva	al:								
Departure Airport	Airline	Flight #	Departure Time	Arrival Time	Arrival Airport				
Date of Departure:									
Departure Airport	Airline	Flight #	Departure Time	Arrival Time	Arrival Airport				