

Enrollment Deadlines

Monday, November 18, 2013: student agreement, insurance form, and health form due.

Enrollment materials may be returned to:

**John Ware
Wofford College
429 N Church St
Spartanburg, SC 29303
Email: warejm@wofford.edu
Phone: (864) 597-4362**

Wofford College has paid a \$250 equipment deposit for each participant to defray the cost of items purchased or rented from NOLS. Any gear rented or purchased from NOLS in excess of the \$250 deposit will be billed to the participant directly post-course.

Final acceptance is contingent upon receipt and approval of the materials listed above, as well as full tuition balance. 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 rehabilitations 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.

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.

NOLS Cancellation Policy

We strongly urge you to purchase refundable plane tickets and trip protection.

Should a participant leave the course early for any reason, the student will be charged for expenses incurred in the evacuation. 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 costs associated with these cases.

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 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 give NOLS permission to use my name, contact information and picture in promotional materials.

I prefer that NOLS does not share my contact information with other organizations.

Signature of Applicant: _____

Date: _____



I N S U R A N C E F O R M

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. The student will be responsible for obtaining any necessary pre-admission review.

Student Name

Course Code

WOKE 01/10/2013

Birth Date (dd/mm/yyyy)

Application ID # (Office Use Only)

No One Will Go On A Course Without Health Insurance Coverage. If you do not already belong to a regular health program, we suggest a short-term policy, which you may buy from your local insurance agent. Non- U.S. citizens, please indicate your primary health coverage and any out-of-country travel insurance.

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

Agreement Number

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



NATIONAL OUTDOOR LEADERSHIP SCHOOL
STUDENT AGREEMENT
(INCLUDING ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND
AGREEMENTS OF RELEASE AND 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 (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 programs primarily live, camp and travel out of doors, but may also include indoor classrooms. Activities vary from program to program and include, among others, camping, hiking and backpacking through mountainous and other terrain, mountaineering and climbing on rock cliffs, steep snow, ice or glaciers, whitewater kayaking, rafting and canoeing, sea kayaking, ocean sailing, horsepaking, skiing, snowboarding, fishing, and caving. I further understand and acknowledge that the activities of the programs have risks, including certain risks 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 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 activities:

- NOLS activities may be strenuous, physically and emotionally.
- NOLS programs usually occur in remote places. They occur on lands open to the public, and exposed to the acts of persons not associated with NOLS. 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 without limitation walking, hiking, climbing, paddling and repetitive lifting. 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, river crossings, 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, drowning, becoming lost, and other risks usually associated with such travel, including environmental risks.
- Equipment may fail or malfunction.
- Camping risks include without limitation burns and cuts, sprains, strains and other injuries from slips, falls, and lifting, and illnesses including diarrhea and flu-like illness. Meals are prepared over 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.
- Environmental risks and hazards include flowing, deep and/or cold water; 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. Possible injuries and illnesses include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

- 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; unwelcome touching while acting the role of patient in a scenario; and emotional distress in response to training scenarios.

In addition, on courses that include a wilderness medicine training module through WMI of NOLS, students may also use and practice with various medical equipment. Training, under close staff supervision, may include the option of injecting, and being injected, by fellow students. Risks associated with this training include being inadvertently stuck by a needle.

In addition, on courses that include a wilderness EMT module (Wilderness Rescue Semester) that is taught in town, students will spend some of their time at local hospitals in contact with patients. They also may need to arrange their own transportation to locations away from the primary classroom to practice scenarios or training at local hospitals. This travel is not supervised by NOLS and includes the use of personal vehicles and/or carpooling in vehicles 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, 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 students, including minors, may have "free" time before, during and after their course. NOLS has no responsibility for students during their 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 NOLS cannot continually monitor the behavior and activities of students and students must accept responsibility for themselves and others whether or not under the direct supervision of NOLS staff.
- NOLS programs 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 programs may be subject to dangerous road travel, political unrest, riots, demonstrations, banditry, terrorism and other criminal conduct, including drug related activities.
- NOLS activities are instructional in nature and students will be challenged to expand their skills and judgment.
- NOLS may from time to time use the services of private contractors for certain tasks, including, for example, transportation. NOLS is not responsible for the acts or omissions of such contractors.



I have read and understand the general information about NOLS and its courses in the NOLS Catalog of Courses and/or at the NOLS website. This information includes NOLS' Admission Policies, the statement titled Risk Management at NOLS, the NOLS Enrollment Packet and other material provided by NOLS describing or related to my program. 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' activities is not complete and that other, including unknown or unanticipated, risks, inherent and otherwise, may result in property loss, injury, illness or death. I acknowledge that my (or the minor student's) participation in this NOLS program 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 activity as well as any other risks of enrolling or participating in a NOLS program. 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 or participation in an activity of NOLS. 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 or participation in an activity of NOLS. 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 land and to the extent required by law, the above release and indemnity provisions do not extend to the Released Parties' negligence.

Other Provisions

I have verified with my (or the minor student's) physician and 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 in the program, other than as described on the health form submitted to NOLS. I am (or the minor student is) able to participate without causing harm to myself (or to himself or herself) 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 suitability for a course is not NOLS' but, rather, the student's,

guided by family and her or his physician. NOLS reserves the right to refuse admission or remove a student from a course for any reason it deems in the best interests of the student or the school.

NOLS is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me (or for the minor student). I understand that situations may arise in which third-party medical care is not available and which require NOLS staff to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance of the NOLS Physician Advisor by way of NOLS' written Medical Protocols. Any third-party medical care provider is authorized to exchange pertinent medical information with NOLS. Costs reasonably associated with medical services, including evacuation, shall be borne by me.

NOLS may use my (or the minor student's) name, photo, video, or other image in promotional materials and press releases.

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 your NOLS course you voluntarily withdraw or are 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.

This agreement applies to any and all claims and activities, including those occurring before, during, or after the course, including any free time. 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. THE AGREEMENT MAY ONLY BE MODIFIED IN WRITING AND IF APPROVED BY NOLS.

Student Signature

____ / ____ / ____
Age Date Signed

If the student is under 18 years of age (or if the student is a resident of Alabama and is under 19 years of age) (or if the student is a resident of Mississippi and is under 21 years of age), at least one parent or guardian must also sign. I agree for myself, and on behalf of the minor student, to all of the terms in this agreement. I have legal authority to act on behalf of the minor student.

Parent/Guardian Signature

____ / ____ / ____
Date Signed

H E A L T H F O R M

For NOLS Office Use Only	<input type="checkbox"/> Initial Review OK	<input type="checkbox"/> Detailed Review OK
<input type="checkbox"/> Check Further	Date ____ / ____ / ____	AO Initials _____

_____	_____	_____
Student's Name	Course Code	Application ID#
(_____) _____	(_____) _____	
Daytime or Temporary Phone (circle one)	Permanent Phone	
_____	_____	_____
Gender	Age	NOLS Grad Non Grad

NOLS Expedition Information for the Medical Professional

National Outdoor Leadership School courses are wilderness expeditions, varying in length from eight days to three months. NOLS expeditions operate in remote areas where evacuation to modern medical facilities may take days.

Weather conditions can be extreme depending on the course type. Temperatures may be extremely cold (-40°F) or extremely hot (+100°F). Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.

Physical demands on the applicant may include carrying a backpack weighing between 55-85 pounds over uneven terrain such as snow, rocks, boulders, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. Elevations for backpacking courses range from sea level to 12,000 feet. Peak climbs on mountaineering courses may be as high as 14,000 feet. The India and Denali expeditions may reach elevations of 18,000 feet and 20,000 feet respectively. Physical demands of sea kayaking and river courses require paddling heavily loaded kayaks, canoes or rafts and lifting and carrying boats over uneven terrain.

Living conditions. While participating on a NOLS expedition, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each student is expected to take good care of him or herself. On some courses, students may have the option to fast without food, for up to five days.

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



In the interest of the personal safety of both the applicant and the other expedition members, please consider the questions carefully when completing the health form. A "Yes" answer does not automatically cancel a student's enrollment. If we have any question on the student's capacity to successfully complete the course we will call the student to discuss it.

The applicant is not accepted on the course until the health form has been reviewed and approved by NOLS admissions personnel.

Your detailed comments will expedite our review of this form.

Physician, F.N.P. or P.A.:

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

If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course and an aerochamber/spacer is 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 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. Any disease? YES NO
 12. Does this person see a medical or physical specialist of any kind? YES NO

(provide name / address)

If "yes" please specify the issue(s)



Questions 13 and 14 Are For Female Students Only:

13. Treatment or medication for menstrual cramps? YES NO
14. Is she pregnant? YES NO

Examiner's specific comments:

Cardiac History:

15. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes, family history of early cardiac death (<50 years old), hyperlipidemia, angina, tachycardia, bradycardia, or unexplained chest pain?

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 does he/she have a history within the past 3 years of:

16. Knee, hip 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 ROM? Full Strength? YES NO
• 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)



17. 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 ROM? Full Strength? YES NO
• 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) _____

18. 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) _____

19. 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) _____

20. Does the applicant have any physical, cognitive, sensory or emotional condition that would require a special teaching environment? YES NO
If yes, please describe how the condition effects you: _____

Mental Health

Students with a history of psychotherapy that required medication or has included hospitalization or residential treatment, needs 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.

21. Has he/she had psychotherapy? YES NO
22. Is he/she currently in treatment or psychotherapy? YES NO
23. Reasons for treatment or counseling?
 suicide ADD/ADHD
 substance abuse/chemical dependency family issues/divorce
 eating disorder (anorexia/bulimia) depression
 academic/career other _____

Please Provide **Specific Dates** and Details of psychotherapy and medications that were prescribed: _____

24. Name and telephone number of psychotherapist?

Name (_____) _____
Phone



Allergies

25. Is he/she allergic to any foods? YES NO

Describe: _____

26. Are there any dietary restrictions? Please specify. YES NO

vegetarian vegan other

27. Has he/she had any systemic allergic reactions to insects, bee/wasp stings, or medications involving hives, swelling of face/lips or difficulty breathing? YES NO

If appropriate please bring a personal supply of epinephrine, preferably in a pre-loaded autoinjector, and know how to use it.

Examiner's specific comments: _____

28. Any other allergies? YES NO

Examiners Specific Comments: _____

29. Water may be disinfected with iodine. Is iodine contraindicated? YES NO

Medications

30. Is he/she allergic to any medications? YES NO

If yes, please list: _____

31. 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. Written specific instructions are necessary. 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 additional supervision.

Medication	Dosage	Side Effects/Restrictions	Prescribed by?	For What Conditions?
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If Medication or Condition Changes Prior to Course Start, Please Inform NOLS.

Cold, Heat, Altitude

32. History of frostbite or Raynaud's Syndrome? YES NO

33. History of acute mountain sickness, high altitude pulmonary/cerebral edema? YES NO

When did the illness occur? _____

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

Examiner's specific comments: _____



Fitness (please provide details concerning the students exercise regime)

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

Does this person smoke? If so how much? YES NO

There is no smoking allowed on NOLS courses. We recommend that applicant quit now.

Is this person overweight? Underweight? If so, how much? _____ YES NO

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

Physical Examination A physician, F.N.P. or P.A. must read and fill out pages 1-6. **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 description for specific information.

_____	_____	____ / ____ / ____	_____	_____
Blood Pressure	Pulse	Last Tetanus Inoculation	Height	Weight

General Appearance, Impressions and Comments:

Examiner's Name (____) _____
Phone

Street Address ____ State _____ Zip

Physician, F.N.P. or P.A. Signature ____ / ____ / ____
Date

By my signature, I attest that the person named on page one 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 him/her.

