

NAME: _____



**Outdoor Leadership and Entrepreneurship
Immersion Experience**

TOBACCO, DRUG, AND ALCOHOL USE POLICY

Tobacco, non-prescription, “recreational” drugs, including alcohol, are **UNACCEPTABLE** during any part of the Outdoor Leadership and Entrepreneurship Immersion Experience because:

1. They are contrary to **professionally accepted behaviors**.
2. They impair judgment, which creates dangers to you the user and others in and out of the group.
3. They impede mental concentration, which is very necessary in challenging activities.
4. Their use by some group members alters the dynamics of the group for the negative and negatively impacts the experience as a whole.
5. They compromise the integrity and reputation of the Outdoor Leadership and Entrepreneurship Program and Snow College.
6. They endanger the integrity and reputation of the instructors.

Therefore, the use of tobacco, drugs, and alcohol are **ABSOLUTELY PROHIBITED** during all portions of OLE Immersion Experience. The penalty for violating this policy is **failure of the courses and removal from the program, which may include removal from the field at the participant’s expense**.

Participants Signature

Date

NAME: _____



**OUTDOOR LEADERSHIP & ENTREPRENEURSHIP IMMERSION EXPERIENCE
ACKNOWLEDGEMENT AND ASSUMPTION OF PERSONAL RESPONSIBILITY**

I understand that objectives for the OLE Immersion Experience include

I understand that although the instructors of the OLE Immersion Experience have taken precautions to provide proper organization, supervision, instruction and equipment for the course and each activity, it is **impossible** for Snow College, the Outdoor Leadership and Entrepreneurship Program, and the instructional staff to guarantee absolute safety.

Also, I understand that I share the responsibility for safety on the course and I assume that responsibility.

I agree to comply with the instructions and directions of OLE instructional staff during the course.

I understand that participation on this course may be **physically, mentally, and emotionally strenuous**.

I understand that any use of alcohol or other illegal drugs while on this course is prohibited and will lead to an **automatic F** (Failure) in the course and potential removal from the course at my expense (see Drug and Alcohol Use Policy and Tobacco Use Policy).

As a participant of the OLE Immersion Experience, I realize group equipment may be provided by Snow College. Group equipment includes all equipment provided by the program such as tarps, tents, stoves, cooking gear, etc. I understand that as a participant, it is my responsibility to take care of the group equipment so that damage, loss, or destruction does not occur. I also understand that I may be required to pay an equal amount of money for any group equipment that is lost, damaged, or destroyed due to group negligence or by my own personal negligence.

I have read the policy on Acknowledgement and Assumption of Personal Responsibility and agree to abide by it as stated.

Participant Signature

Date

Outdoor Leadership and Entrepreneurship
Snow College
Ephraim Utah 84627
(435)851-1688

I release the rights for use of my photograph and/or likeness for purposes of educational use, marketing, and/or promotional materials to the instructor and/or Snow College.

YES NO

NAME: _____



OUTDOOR LEADERSHIP & ENTREPRENEURSHIP IMMERSION EXPERIENCE ASSUMPTION OF RISK

LIABILITY RELEASE, WAIVER DISCHARGE AND COVENANT NOT TO SUE

Release executed by _____ (your name), whose address is _____ (your address) to Snow College.

I. Activity:

I desire to participate in the Outdoor Leadership and Entrepreneurship (OLE) Immersion Experience, to be held Fall Semester 2013, and I fully understand and appreciate the dangers, hazards, and risks inherent in participating in the OLE Immersion Experience and in associated transportation, which dangers include but are not limited to, broken bones, sprained ankles, burns, hypothermia, or other physical, mental, or emotional injury, including death, catastrophic injury (including dismemberment), environmentally related factors such as cold, rain, snow, wind, heat, lightning, thunder, indigenous plants and animals, and property damage. I understand that the list of such dangers is not a comprehensive list and that other risks may be associated with my participation in OLE Immersion Experience. I also understand that this activity is oriented toward novices and that participants' backgrounds are varied and diverse.

II. Voluntary Participation:

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the OLE Immersion Experience on behalf of myself, my family, heirs, and personal representative(s), I, the undersigned, agree to assume all the risks and responsibilities surrounding my participation in the OLE Immersion Experience, the transportation, and in any independent research or activities undertaken as an adjunct thereto, and in advance release, waive, forever discharge, and covenant not to sue the Snow College, its governing board, officers, agents, employees, and any students acting as employees (hereafter called the "Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

III. Medical Attention

I understand and agree that Releasees may not have medical personnel available during the OLE Immersion Experience. I understand and agree that Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment. Further, Releasees shall not be responsible or liable for any costs or other charges related to such medical treatment.

IV. Personal Automobiles

I understand that any personally owned automobiles used in conjunction with the OLE Immersion Experience are not insured or otherwise covered or indemnified by Snow College for any personal property damage, personal injury, or liability. I understand that if I utilize a personally owned automobile I am required to carry auto liability insurance as required by the State of Utah. Further, if I agree to be a passenger in a vehicle that is not owned and/or operated by a Snow College faculty member or representative, I hereby assume any and all risks that may be associated with riding in such vehicle and will hold the Releasees harmless from any and all loss, damage, injury, or liability that may arise from such act.

V. Binding Effect

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named Releasees. I further agree to save and hold harmless, indemnify, and defend Releasees from any claim by me or my family, arising out of my participation in the OLE Immersion Experience.

VI. Informed Consent

In signing this Release, I acknowledge and represent that I have fully informed myself of the content of the foregoing waiver of liability and hold harmless agreement by reading it before I sign it, and I understand that I sign this document as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I am voluntarily participating in this activity, despite the possible dangers and risks and despite this Release.

VII. Competence/Health Insurance

I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and that I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in this activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me.

VIII. Compliance with College Policies.

Participant agrees to comply with all laws and College policies, including the Student Code of Conduct, while engaged in the OLE Immersion Experience or any associated travel. Participant further agrees that he/she shall not be under the influence of any ALCOHOLIC BEVERAGES or ILLEGAL DRUGS while engaged in the OLE Immersion Experience or any travel related or for a minimum of twelve hours prior to the start of the OLE Immersion Experience or any travel related to OLE Immersion Experience.

IX. Governing Law/ Severability

I further agree that this Release shall be construed in accordance with the laws of the State of Utah. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

IN WITNESS WHEREOF, I have executed this release this _____ day of _____, 20_____.

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

STUDENT/PARTICIPANT:

WITNESS:

(Signature)

(Signature)

(Printed Name)

(Printed Name)



**OUTDOOR LEADERSHIP & ENTREPRENEURSHIP
IMMERSION EXPERIENCE**

PARTICIPANT AGREEMENT AND ASSUMPTION OF RISK FORM

NAME:

Trip Description: Outdoor Leadership and Entrepreneurship Immersion Experience

Dates: Fall 2013

Activity/Risk Description: Outdoor Living /Backcountry Travel, Group Activities/Other forms of adventure travel in primitive, remote environments.

PARTICIPANT INFORMATION:

Participant's Name	Student ID #	
Permanent Address:	Date of Birth:	Sex:
City, State, ZIP:	Phone: ()	

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First:	Backup Contact (Relative or Friend):
Relation to Participant:	Relation to Participant:
Daytime Phone: ()	Daytime Phone: ()
Evening Phone: ()	Evening Phone: ()

INSURANCE POLICY INFORMATION

Yes No The above named participant is covered by health insurance.

Policy Holder's (P. H.) Name:	P. H.'s Date of Birth:
Address:	Relation to Participant:
City, State, ZIP:	Occupation:
P. H. Employer's Name:	
Employers Address:	
Insurance Company Name:	
Insurance Company Address:	
Policy #:	Plan #:

ASSUMPTION OF RISK FORM (ATTACHED)

Yes – I have completed and signed the attached Assumption of Risk Form. I understand this form must be signed prior to participation.

NAME: _____



**OUTDOOR LEADERSHIP AND ENTREPRENEURSHIP IMMERSION EXPERIENCE
MEDICAL INFORMATION FORM**

Please circle YES (Y) or NO (N) to identify if you have had an incident or occurrence of any of the following in the last five years (attach another sheet if needed)

High Blood Pressure	Y N	Intestinal Problems	Y N
Irregular heart beat	Y N	Bladder infection	Y N
History of Hepatitis	Y N	Kidney Problems	Y N
Bleeding disorder	Y N	Hearing impairment	Y N
Seizure within the last year	Y N	Vision Impairment	Y N
Chronic headaches	Y N	Sleep walking	Y N
Respiratory problems	Y N	Neck or back problems	Y N
Asthma	Y N	Shoulder problem	Y N
Diabetes	Y N	Knee problem	Y N
Ankle problem	Y N	Hand/foot problem	Y N
Hypoglycemia	Y N	Currently pregnant	Y N
Frostbite	Y N	Intolerance to cold	Y N

If yes was answered for any of the above items, please explain in the space provided:

Allergies? (including medicines, foods, bites/stings, etc.- when was your last allergic reaction and what happened? Do you take medication for it?)

Medications? (list any and all medications you are currently using including over the counter products. **Also identify name, dosage needed and how many times a day - bring an amount adequate for the length of the trip in the original containers with dosages**)

Medical History? (Are you currently seeing a doctor? List all Medical visits made within the last two years, the date, and any treatment you received)

Initial

NAME: _____

Dietary Needs/Preferences?

Do you feel that you are physically and mentally capable of participating in this course? (Your participation in this course will include time outside in potentially harsh conditions carrying a heavy pack for extended periods of time in remote natural environments.)

Is there anything else that instructor needs to be aware of that may influence you participation in the Immersion Experience?

You are responsible for any information that has been omitted or withheld from this form.

This health history is correct as far as I know, and the person herein described has permission to engage in all activities except as noted.

Initial

Authorization for Treatment:

I hereby give permission to the medical personnel selected by the Instructional Staff to order x-rays, routine tests, treatment and necessary transportation for me/or my child. I hereby give permission to the physician selected by the Instructional Staff to secure and administer treatment, including hospitalization for myself as named above. The completed forms may be photocopied for off-campus trips.

Signature

Witness: _____ Date: _____
