

OUTDOOR ACTION FROSH TRIP 2000 FACULTY/STAFF APPLICATION

(Please fill out all sections and please print.)

Date in: _____

Payment: Yes No

↓ Office Use Only

FIRST NAME _____ LAST NAME _____

DEPARTMENT _____

SEX _____ AGE _____ SS# _____

CAMPUS ADDRESS _____ PHONE _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

TYPE OF TRIP: List your 1st, 2nd, and 3rd choices. We will do our best to accommodate your request.

____ BACKPACKING TRIP ____ BACKPACKING AND ROCK CLIMBING TRIP ____ OUTDOOR ADVENTURE TRIP
____ CANOEING TRIP ____ BACKPACKING AND CANOEING TRIP

SPECIAL TRIP NEEDS: Please indicate any non-medical special needs you have that would help us place you in the appropriate trip.

I keep the Jewish Sabbath

Disability (please send us a description of your needs)

Other _____

EQUIPMENT: Participants will need sleeping bags and frame backpacks. We can provide these on a limited basis. If you can bring your own or borrow, *please* do.

____ I **DO NOT** have a frame backpack with hip belt and need one provided.

____ I **DO NOT** have a sleeping bag and need one provided.

T-SHIRT SIZE (100% cotton): SMALL MEDIUM LARGE XLARGE XXLARGE

MEDICAL INSURANCE (Required):

Insurance Provider	Policy Number
Family Physician	Telephone Number

PLEASE COMPLETE THE APPLICATION AND RETURN IT BY FRIDAY, MAY 26, 2000 TO:

**OUTDOOR ACTION PROGRAM
330 Alexander Road**

If you are selected to participate, the cost for the trip is \$150. Faculty and staff are selected in early July. A detailed information packet will be sent to you at that time with information about how to prepare for the trip.

DESCRIBE ANY PREVIOUS OUTDOOR EXPERIENCE: _____

I hereby certify that the answers set forth here are true. I understand that the goals of Outdoor Action are to provide a safe wilderness experience in a supportive group environment. As part of Princeton University, Outdoor Action adheres to the University standards of respect for others. Outdoor Action is a tobacco-free and substance-free program—tobacco products, alcohol or drugs of any kind are prohibited. I am aware that as a participant I am required to follow the policies and guidelines set by the Outdoor Action Program and instructions from the Outdoor Action Leaders.

I hereby certify that I am aware that specific personal equipment is necessary for my participation in this program and that it is my obligation to provide this equipment. I acknowledge that my failure to provide the necessary equipment may prevent my full participation in this trip. I also understand that I am responsible for and must return any Outdoor Action equipment that I borrow for this trip. I understand that there is a specified fee associated with participating in this trip and that I am responsible for paying that fee. I hereby grant permission for any photos that are taken during this activity to be used by the Outdoor Action program in promotional or other material.

I acknowledge that my participation in this trip is voluntary. I am aware that my participation in this trip involves activities in remote locations with limited access to hospital medical care. I am aware of the potential hazards of this activity, including, but not limited to, insect bites and stings, gastro-intestinal infections from drinking untreated water, infections, heat or cold related illnesses, falls, inclement weather, lightning, and difficult trail conditions. There are risks of travel as well, including risks associated with motor vehicles and poor driving conditions.

I believe that I have been fully and adequately briefed regarding the risks inherent in the trip. I have weighed the dangers inherent in this trip, the risks presented to my own health and well being, and my personal desire to participate in this trip. I have concluded that the risks are acceptable and are outweighed by my desire to participate.

In consideration of Princeton University enabling me to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith. I hereby release the Trustees of Princeton University, its officers, agents, employees, and students, from any and all claims that I may have as a result of personal injury (including death), or property damage arising out of or connected in any way with this program, unless those claims arise as a direct result of the gross negligence or willful misconduct of Princeton University. This release includes claims arising out of the rendering of emergency medical procedures or treatment, if any. I hereby give my consent to Princeton University and thereby to leaders in the Outdoor Action Program for medical treatment should it be required during this trip. In the event that a parent or guardian cannot be reached, I hereby give permission for transport to and treatment at a hospital facility. This waiver is binding on my heirs and assigns.

YOUR SIGNATURE: _____ **DATE:** _____

(PLEASE COMPLETE REVERSE SIDE OF FORM)