

OUTDOOR ACTION DAY TRIP APPLICATION FORM

Rev. 7/98

NAME _____ CLASS/AFFILIATION _____

CAMPUS ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

TYPE OF TRIP: _____ TRIP DATES: _____

DO YOU HAVE PREVIOUS OUTDOOR EXPERIENCE WITH THIS ACTIVITY? ☐ No ☐ Yes If yes, please describe your experience below:

MEDICAL INSURANCE (Required):

Insurance Provider	Policy Number

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 hereby grant permission for any photos that are taken during this activity to be used by the Outdoor Action Pprogram in promotional or other material.

I acknowledge that my participation in this trip is voluntary. I am aware that my participation in this trip may involve 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, gastro-intestinal infections from drinking untreated water, heat or cold related illnesses, falls, inclement weather, lightning, difficult trail conditions, animal stings or bites, and river crossings. I understand that there is a specified fee associated with participating in this trip and that I am responsible for paying that fee. I also understand that I am responsible for and must return any Outdoor Action equipment that I borrow for this trip.

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.

SIGNATURE (Required): _____ DATE: _____

PARENT OR GUARDIAN SIGNATURE _____ DATE: _____
(Required if participant is under 18)