

OUTDOOR ACTION MULTI-DAY TRIP APPLICATION FORM

Rev. 3/98

FIRST NAME _____ LAST NAME _____ CLASS/AFFILIATION _____
 CAMPUS ADDRESS _____ PHONE _____
 HOME 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:

If you have other outdoor experience, please describe below. _____

EQUIPMENT: Varies with the type of trip

- _____ I **DO NOT** have a sleeping bag and need one provided.
- _____ I **DO NOT** have a frame backpack and need one provided.
- _____ I **DO NOT** have hiking boots. (OA cannot provide boots).

MEDICAL INSURANCE (Required):

Insurance Provider	Policy Number
Family Physician	Telephone 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 smoke-free and substance-free program—tobacco products, alcohol or drugs of any kind are prohibited. I hereby certify that I am aware that my participation in this trip involves physical activities in wilderness locations, which may have limited access to hospital medical care. I am aware of the potential hazards of this activity, including but not limited to: inclement weather, difficult trail conditions, river crossings, falls, insect stings, and transportation to and from the activity. 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 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, gastrointestinal infections from drinking untreated water, heat or cold related illnesses, falls, inclement weather, lightning, difficult trail conditions, animal stings or bites, and river crossings. 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. 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.

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 (Required if participant is under 18): _____ **DATE:** _____

(Please fill out the reverse side of form.)