Honors College Outdoor Adventure
First Year Trip

Registration Information
The First Year Trip is a weeklong backpacking adventure in the beautiful Pecos Wilderness Area of New Mexico from August 2-9th, 2017. Join upper class, experienced OU Honors student guides as well as some of your fellow incoming Honors freshmen for a week of fresh air, philosophical conversations around a campfire, and no showers!

The program is open to all members of the Class of 2021 who are 18 by August 2, 2017. If you have no prior experience, don't worry! No previous experience is required. Many participants come having never spent a night in the woods. Every small group is led by both male and female OA Leaders who are OU students and will teach you many of the skills you need to live in the outdoors. If you have special needs, please contact us directly to talk about them.

Check-in takes place at the Honors College located on the Norman campus of the University of Oklahoma on Wednesday, August 2th, 2016 from 7:30 am to 8:00 am.

Registration is limited. Spaces will be allocated on a first-come, first-serve basis. Submitting a registration form does not guarantee a spot on the First-Year Trip.

Cancellation Policy
All cancellations must be submitted by the listed cancellation dates via e-mail to oa@ou.edu.

- July 1 and before: Full Refund
- July 2 to July 14: 50% Refund
- July 15 and later: No Refund

Cost
Please enclose a check or money order for $500.00 payable to "The University of Oklahoma”. Please note that registration is limited. To ensure your spot, we suggest you turn in your application as soon as possible.

Completed Applications
Send this application, signed by you and a parent or guardian along with your payment (checks made payable to The University of Oklahoma), to:

Honors College
Outdoor Adventure Program
1300 Asp Ave., Rm #160
Norman, OK 73019

Deadline to Apply: July 20th, 2017
An email will be sent as confirmation for your participation in the program. If you do not receive this confirmation e-mail by July 5, please contact us to confirm that we received your application. If enrollment is filled, we will notify you, and place you on our waiting list.

Questions
If you have any questions, please contact us at oa@ou.edu.
An informational guide is available online, with specific information on what items to bring, where/when to arrive, and other important info and FAQs at: http://www.ou.edu/content/honors/student-life-resources/outdooradventure.html

*OA does not discriminate based on race, ethnicity, sex, creed, religion, sexual orientation, national origin, or disability.
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Personal Information Form

Name:

Preferred Nickname:

Do you have a Facebook?: Y N

OU E-mail*:
* For confirmation and correspondence purposes. A confirmation email with additional information will verify your registration.

Home (Permanent) Address:

Birthday:

Will you be 18 by August 2, 2017?: Y N

T-Shirt Size: S M L XL XXL

Special Needs:
  o Vegetarian/Vegan (circle one)
  o Disability (please provide a letter detailing your needs)
  o Food Allergy:
  o Other:

Looking at the gear list, what equipment would you need to borrow? Please check all that apply. Equipment is free to rent, but there is a limited number available.
  o Backpack
  o Sleeping Mat
  o Sleeping Bag
  o Pack Cover

OU ID No.:

Gender*: Male Female Other

Height:

Weight:

Alt. Summer Mailing Address (if different)

Home Phone: (  )

Cell Phone: (  )

**Be aware that there is no cell reception at Jack's Creek Campground**

Important Contact Information

Nicolette Nicar and Will O'Donnell, OA Staff Sponsors, will remain at Jack's Creek Campground
Email: nnicar@ou.edu; willodonnell03@ou.edu

Santa Fe National Forest Office
Phone: (505) 438-5300

Pecos Ranger Station
District Ranger: Steve Romero
PO Drawer 429
Pecos, NM 87552
Phone: (505) 757-6121

Las Vegas Ranger Station
Phone: (505) 425-3534
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1. Which best sums up your experience with camping and hiking?
   A. I’ve built a tent fort in my living room
   B. I’ve been camping/hiking a few times in my life
   C. I go camping/hiking several times per year
   D. Man v. Wild was made about me

2. What is the farthest that you have ever hiked at one time?
   A. There are stairs in my house. They seem pretty long sometimes.
   B. 1-4 miles
   C. 4-7 miles
   D. 8+ miles

3. What is the most difficult terrain you have encountered?
   A. Paved walking trails/sidewalks
   B. Flat, well-maintained dirt
   C. Some rocky terrain with varying elevation
   D. Rough terrain with many steep changes in altitude

4. Ideal Pet?
   A. Dog
   B. Honey Badger
   C. Dolphin
   D. Other ___________________________

5. Participants will be divided into three groups of varying route difficulty. Which group would you prefer to be in? Keep in mind that grouping is based on compatible skill level and physical compatibility.
   A. Easy-Moderate (5-6 miles per day, moderate elevation change)
   B. Moderate (6-8 miles per day, moderate elevation change)
   C. Strenuous (8-10 miles per day, extreme elevation change)

6. Gourmet food does not exist on the trail. Which best describes what you will eat?
   A. I only eat things I see made on the Food Network
   B. I only eat well-balanced, prepared food
   C. I will eat most things especially when I am hungry
   D. Is it edible? Yes? Okay, I will eat it then

7. What sense of humor do you have (you may select more than one)?
   A. I only like knock-knock jokes appropriate for all ages
   B. If it was in The Hangover, it was funny
   C. I enjoy a good joke no matter what the content is
   D. Jokes make me ill

8. Mark where you would fall on this spectrum pertaining to your outdoor physical capabilities

Jabba the Hutt  Mountain Goat

__________________________________________________________________________—Average——
9. What are you looking to get out of the Outdoor Adventure trip?

10. Intended major(s):

11. What was the last book you read for fun and enjoyed, and why?

12. What is one question we should have asked you and what is the answer to that question?

13. What is your most memorable outdoor experience?

14. What is the most inspiring thing you’ve ever heard/read?

15. Is there anything else that we should consider when placing you into a group?
University of Oklahoma Norman Campus
*Medical Information Form*

In the event of an emergency, I permit the University to share the following information with emergency response personnel.

Name: _____________________________________________ Date of Birth: __________________________________

Name of Insurance Policy Holder (Primary Insured): ______________________________________________________

Health Insurance: _____________________________________________ Insurance Phone: _________________________

Chronic Illness: _____________________________________________________________________________________

Treating Physician: __________________________________________________________________________________

Date of Last Tetanus Shot: ____________________________________________________________________________

Allergies:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Medications: (include dose and frequency):
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Other Pertinent Info:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

MEDICAL TREATMENT AUTHORIZATION

_______(Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

Emergency Contact:

Name ____________________________________________________________

Address __________________________________________________________

City __________________________ State ______ Zip _________________

Work Phone________________________ Home Phone________________________ Cell Phone ______________________

Additional Emergency Contact or if parent or guardian cannot be reached:

Name ____________________________________________________________

Address __________________________________________________________

City __________________________ State ______ Zip _________________

Work Phone________________________ Home Phone________________________ Cell Phone ______________________

*This Sheet Should Accompany Student on Any Trip

File Name: Medical Information Form
This is a legal and binding agreement which, when signed, will permanently limit your ability to recover from the University for injuries or losses you may cause or sustain as a result of participation in off-campus activities.

The University of Oklahoma is a state educational institution. References to the University of Oklahoma include its Board of Regents, officers, agents, faculty, employees, volunteers, students, UOSA, and administrative organizations.

I [print your name]_____________________________________________________ freely choose to participate in the Trip/Activity (name)___________________, which may include the following activities:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I understand that the University of Oklahoma is not an agent of and has no responsibility for any third party that may provide services including food, lodging, travel, or equipment. The University of Oklahoma has not reviewed the qualifications of the activity organizer or sponsor, and does not endorse or sponsor the program or its safety or quality.

I agree to inform myself about the potential dangers of the area I am traveling to and precautions I should take, including reviewing the State Department Consular Travel Information at http://www.travel.state.gov and the Centers for Disease Control Travelers Information at http://www.cdc.gov/travel/ for health and immunization information, and any other information that the Activity organizer, sponsor, or the University may provide.

Despite precautions, accidents and injuries can and will occur. I understand that the Activity and transportation may be dangerous and that I may be injured and/or lose or damage personal property as a result of participation in the Activity. Therefore, I FULLY AND COMPLETELY ASSUME ALL RISKS RELATED TO THE ACTIVITIES including death, injury, illness, or loss from accidents, theft of or damage to personal belongings.

To the fullest extent permitted by law, on behalf of myself, my spouse, heirs, representatives, executors, administrators, and assigns, I agree to forever RELEASE, INDEMNIFY, HOLD HARMLESS and COVENANT NOT TO SUE the University of Oklahoma from any cause of action, claim, or demand, including one related to bodily injury, property damage, death, or accident arising out of or related to my participation in the Activity.

I assure the University of Oklahoma that I have adequate health insurance to provide for any medical needs or costs that may result from my participation in the Activity.

My signature below indicates that I have read, understood, and freely signed this agreement, which shall take effect as a sealed instrument. I further certify that my date of birth is _____________(month/day/year), and that my present age is ______, and that I am otherwise legally competent to sign this agreement.

This agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma, and I consent to the jurisdiction of this state. I expressly agree that this waiver and release is intended to be as broad and inclusive as permitted and that if any portion is held invalid, the remainder shall continue in full legal force and effect.

Printed Name: _______________________________
Signature: __________________________________
Date: ______________________________________
Address: ___________________________________
Phones(s): __________________________________

If participant under age 18:
Parent’s Printed Name: ________________________
Parent’s Signature: ___________________________
Date: ______________________________________
Address: ___________________________________
Phones(s): __________________________________

****IMPORTANT****
READ ENTIRE AGREEMENT BEFORE SIGNING

Medical Treatment Authorization

_________ (Initial) I authorize the University of Oklahoma to act on my behalf in any medical emergency.

File Name: Waiver and Release Off Campus- 08/11/2009
University of Oklahoma Student Rights and Responsibilities Code

The University of Oklahoma Honors College Outdoor Adventure is a university-sponsored trip for incoming honors students. We expect behavior from our participants that is in line with that outlined by the OU Student Rights and Responsibilities Code. It is with this code that you will be held accountable and outside of which Outdoor Adventure will not be held accountable. Please make sure that you read and understand what is outlined, the code can be found here: http://www.ou.edu/content/dam/studentlife/documents/AllCampusStudentCode.pdf

Print and sign your name below indicating that you have read and understand that you are responsible to uphold what is outlined in OU’s Student Rights and Responsibilities Code, any violations of the code and any behavior that could endanger the safety of students, staff or faculty on the trip, can result in expulsion from the program at the expense of the participant.

____________________________
Printed Name

____________________________
Signature