

Buccaneer Outdoor Adventure Trip Details & Registration Packet

Buccaneer Outdoor Adventure (BOA) is a unique Outdoor Orientation experience preparing traditional age freshmen and transfer students (age 23 and under) for college life at East Tennessee State University. The scenic Appalachian Mountains, as well as ETSU's campus, will be explored via fun outdoor activities led by experienced Campus Recreation Outdoor Adventure staff. In addition to meeting new students and building friendships prior to the beginning of the school year, participants will have an opportunity for self-discovery and exploration of the great outdoors, as well as asking questions and getting ready for college.

2018 Trip dates and registration deadlines:

July 30 – Aug. 2, register by July 20

Aug. 6 - 9, register by July 27

Aug. 20 - 23*, register by Aug. 10

Sign-up early; space is limited and is on a first-come, first-served basis.

Trip Activities:

A variety of activities will occur, for example: the ETSU Basler Team Challenge & Aerial Adventure Course, bicycling, hiking, trail service, lake and river paddling and evening programming. No previous outdoor experience is necessary; instruction and equipment will be provided for all activities. The outdoor activities do have requirements for physical abilities; participants must be able stretch, reach, balance & climb, hike for 3-4 hours at approximately 2 miles an hour and paddling activities will last approximately 3-4 hours per day.

Trip Lodging:

Participants will sleep in ETSU Residence Halls the first night & tent camp for the 2nd and 3rd nights.

*Trip 3 (Aug. 20 - 23): Early move in to residence hall on Aug. 19th between 1:00 and 5:00 pm is permitted for BOA participants who are confirmed to attend BOA trip #3. BOA begins at 10:30 am on August 20th.

Will you be living on campus for the Fall Semester? YES___ NO___ If yes Hall name: _____

Fees and Registration:

The cost of the BOA is \$150 per person. The fee includes equipment, transportation**, accommodations**, meals and activities. Space is limited, and registration will be completed on a first come first served basis. To secure a spot on a trip the full trip fee must be paid (online) and this 4 page registration packet must be fully completed and submitted. To submit payment go to: etsu.edu/boa and click on "REGISTER FOR BOA" button to pay by credit or debit card (cash is not accepted) select the "PAY FOR BOA" button. To pay via another method please contact outdooradventure@etsu.edu.

For more information: We welcome your questions about BOA - Contact David Mueller at 423-439-7981 or email OutdoorAdventure@etsu.edu

Participant registration confirmation will be sent after payment has been made & registration packet has been submitted. Registered trip participants will receive an e-mail confirmation with further details about the trip.

**Fees do not cover transportation to/from ETSU at the start/end of the program, which participants must arrange for themselves.

**For trips 1 and 2: if participants need housing the night prior to and / or the night concluding the trip the cost is \$15 per night for a residential room in an ETSU Housing facility (cost includes taxes and linens).

Student's full name: _____

Shirt size – circle one: S M L XL XXL

E-mail address: _____

Cell Phone number: _____ Home/other number: _____

Mailing address: _____

Date of trip you are signing up for: _____ Are you able to switch to a different trip date if needed? Yes___ No___ If yes, which trip date(s) could you attend? _____

What do you hope to gain from your participation in BOA (check all that apply):

- To learn about the outdoors
- To develop outdoor skills
- To have fun
- To meet other students
- To help prepare for college
- To start college experience in a unique way
- To explore the area
- To develop leadership skills
- Other, please specify: _____

How did you hear about the Buccaneer Outdoor Adventure trip (check all that apply):

- Email
- Facebook
- Word of mouth
- Orientation session
- Campus Rec/BOA website
- Orientation website
- BOA postcard in the mail
- Other, please specify: _____

Dietary preferences (P) or restrictions (R) – circle P for preference or R for restriction:

- Vegetarian: P R
- Vegan: P R
- Lactose Free: P R
- Gluten-free: P R

List any nut or food allergies, and what is a safe distance: _____

Do you require special accommodations or have any physical limitations that might limit your participation?

Circle one: YES NO If yes, please specify: _____

Individuals with disabilities, please contact Dave Mueller at OutdoorAdventure@etsu.edu to discuss your limitations & special accommodations needed prior to registering for BOA.

For trips 1 & 2: Participants will need to be on campus by 11:30am on the start date for their trip and the trip will conclude at approximately 12:00pm on the last day of the trip. Do you want to reserve a Residence Hall room* before or after the BOA trip?
 YES – Date(s): _____ NO _____

For trip 3: Participants will need to be moving into Residence Hall on Aug. 19th between 1:00-3:00pm; BOA will begin at 3:30pm. With those not living in a Residence Hall in the fall accommodations will be made. Will you be living in an ETSU Residence Hall at the start of the Fall semester? YES____ NO____

*Cost is \$15 per night (price includes taxes); linens are not included; reservation is required; fee must be paid directly to Housing upon check in at Residence Hall.

Terms of agreement- please initial by each term, and sign/date below:

Photo release: I grant full permission for/to ETSU, including but not limited to Campus Recreation and First Year Programs, to use photographs, videos and other types of recordings of me in advertising and promotional materials.

Cancellation and refund policy: If a participant cancels more than 15 days prior to their trip date a full refund will be granted; if a participant cancels less than 15 days prior to their trip date a refund will NOT be granted. Cancellations must be made in writing and sent to muellerd@etsu.edu.

Trip minimum numbers: If a trip does not reach min. # required ETSU reserves the right to cancel it; if this happens participants would have the option to choose to go on another trip or will receive a full refund.

Participants are expected to fully participate as able in all activities and adhere to all of the Outdoor Adventure Program's policies, guidelines, practices and other requirements for the trip. These policies include Leave No Trace practices ensuring minimum impact to the natural environment.

All participants are expected to assist with group tasks such as loading/unloading gear, cooking, etc.

Participants must assume all the potential risks of the trip and be responsible for their own actions.

PARTICIPANT SIGNATURE: _____ DATE: _____

ETSU Department of Campus Recreation – Buccaneer Outdoor Adventure Trip
Participation Information and Release Form

Please print legibly

First Name: _____

Last Name: _____

Student E#: _____

Email: _____

Cell Phone: _____

Do you have health insurance: Yes No

Home Address: _____

City/State: _____
Zip: _____
Home Phone: _____
Gender: M F Date of Birth: _____

Informed Consent, Acknowledgement of Risk, Assumption of Liability

I am aware and understand that participating in outdoor activities involves a potential risk of physical injury and death. I understand that outdoor activities are physically demanding and potentially dangerous. I agree and hereby state that I am solely responsible for my own participation and for my own physical and emotional well-being. I am aware and understand that participation is strictly voluntary and it is my own choice to participate. After due consideration of my own physical health, physical abilities and mental condition, I further state that in choosing to participate, I am not under the influence of any chemical substance including alcohol. I willingly and knowingly assume for myself, my heirs, family members, executors administrators and assigns all risk of physical and emotional injury which may occur during or after participating in any aspect of the program and hereby agree to hold the State of Tennessee, East Tennessee State University, Tennessee Board of Regents, its employees, its instructors, facilitators, volunteers and agents harmless for any liability arising out of my participation in the program. Should E.T.S.U. or anyone acting on their behalf be required to incur attorney’s fees and costs to enforce this agreement, I agree to indemnify (to assume the responsibility for payment of damages to someone else) and hold E.T.S.U. harmless for all such fees and costs. This release does not, however, apply to any physical injury or emotional harm caused by negligence or willful misconduct of E.T.S.U. its employees, its instructors, facilitators and agents.

East Tennessee State University assumes no responsibility for injuries received during Campus Recreation programs. All participants are reminded that participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation. I understand that ETSU has no blanket insurance and I assume all financial responsibility for all medical treatment.

I have had sufficient opportunity to read this entire document. I have read and understand it, and I agree to be bound by its terms.

Check the following box if the undersigned does not have health insurance: []

**I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND
AGREE TO BE BOUND THEREBY.**

PARTICIPANT SIGNATURE: _____ DATE: _____

IF UNDER 18 YEARS OLD – PARENT/GUARDIAN PRINT NAME: _____
Cell Phone #: _____ Home Phone #: _____
PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Outdoor Adventure Emergency Contact & Medical Questionnaire

PLEASE PRINT LEGIBLY

Name: _____

Date: _____

Date of Birth: _____

Activity/Trip: _____

Please Read: This trip involves participation in activities which are, by nature, physically demanding, and often times take place remote in locations without the opportunity for immediate medical attention. As a participant of an Outdoor Adventure Trip we require full disclosure of your current health. The information you provide is essential, as it may assist with your care in the event of an accident. Full and accurate completion of all sections is very important. The provided information will be kept confidential between the trip leader(s), and health care professionals in the event of an accident. This form is not used to evaluate your ability to participate in any activities. Only qualified health care professionals can make that decision. This form is intended to remind staff and participants of the seriousness of attempting outdoor and adventure activities with a pre-existing injury, heart problem or other conditions which might be aggravated by the event.

Who to Notify in Case of Emergency

Name _____ Relationship _____

Address _____ State _____ Zip _____

Cell Phone (____) _____ Work Phone (____) _____ Home Phone (____) _____

Insurance & Health Information:

Company _____ Policy # _____ Exp. Date _____

Answer Yes or No by circling:

1. Do you wear contact lenses? YES NO Do you wear glasses? YES NO

2. Do you have any allergies, seasonal, food or otherwise? YES NO

If yes, please list: _____

3. Are you currently taking any prescription or non-prescription medication? YES NO

If yes, please list: _____

4. Are you taking any medications regularly? YES NO

If yes, please list: _____

5. Do you have any respiratory problems? YES NO Do you have asthma? YES NO

If yes, please list: _____ Do you use an inhaler? YES NO

6. Have you ever suffered a head injury? YES NO Have ever had a concussion? YES NO

If yes, when and was it severe enough to see a doctor? _____

7. Do you have any medical conditions, past surgeries, hospitalizations or history of injury that would be important in the event of an emergency or that may restrict your participation in sports? (Diabetes, high blood pressure, epilepsy, dislocated shoulder, knee, etc.) YES NO

If yes, please list: _____

Give approximate date of your last Tetanus shot: _____

I certify that, to the best of my knowledge, I have no physical disability, conditions or impairment that would prohibit or limit participation in this rigorous activity.

Participant – Please Read and sign: I have honestly disclosed any medical, psychological or personal reasons that might affect my safety or the safety of others. I understand that ETSU has NO blanket insurance and I assume financial responsibility for all medical treatment.

Participant Signature _____ **Date** _____

Mail, fax or email scanned copy of fully completed and signed registration packet by the registration deadline to:

Mail: ETSU Campus Recreation
P.O. Box 70585
Johnson City, TN 37614
Attention: Outdoor Adventure

Email: OutdoorAdventure@etsu.edu
Fax: 423-439-7970