

Personal Information

Student's Name: _____ Age: _____

Contact Number: _____

Email Address: _____

Guardian(s)' Name: _____

Primary Contact Number: _____

Primary Email Address: _____

Program

Please Specify which program you are applying for:

Program Name: _____

Program Dates: _____

Enrollment Forms

The following forms are required for enrollment. If there are any eligibility or health concerns, you will be contacted and may be required to provide a clearance letter for participation from a licensed health care provider.

- Student Eligibility (Page 2)
- Medical Release and Health Form (Page 3)
- Physical Activity Readiness Questionnaire (Page 4)
- Code of Conduct (Page 5)
- Participant Agreement, Liability Release and Assumption of Risk (Page 6-7)

Non-Discrimination Policy

Onward and Upward does not discriminate against any person of the basis of race, color, sex or sexual orientation, gender identity religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

Privacy Policy

We respect your student's privacy. Onward and Upward will not share your information with anyone outside of our organization unless required to do so in an emergency medical situation. On over night programs, students share tents with their same gender peers. Privacy for dressing, cleansing, toileting and self-care is largely determined by the participant's own efforts.

We look forward to sharing an adventure with you!

Student Eligibility

Onward and Upward's programs engage students in adventure; encouraging students to step outside of their comfort zone. These experiences offer the opportunity to actively engage in teamwork, leadership, mindfulness, social and emotional learning. Although there is therapeutic value in participating in our programs, these programs are not treatment programs.

Some individuals require a level of care that is outside of Onward and Upward's scope of practice or care that cannot safely be provided in a wilderness environment. Onward and Upward's programs are not a suitable for youth who are struggling with the following issues:

1. Active suicidal or homicidal ideation
2. History of serious suicide attempts
3. Violent behaviors or serious violent offences
4. Untreated sex offenders
5. History or risk of active psychosis
6. Extensive history of fire-setting behavior
7. Addictions to substances requiring a monitored detoxification process
8. Physical conditions or diseases limiting their ability to safely participate in the program
9. Physical conditions or diseases requiring ongoing nursing care or medical supervision

Full disclosure of any of the above conditions is required. If you are unsure if the program is right for your student, we would be happy to discuss the program and your student's goals with you. If our program is not suited for your student we will make a referral.

Does your student have any of the above conditions? Yes No

Does your student have any medical conditions that would prohibit your student in participating in the programs activities? Yes No

Please disclose any of the above conditions or any other concerns:

Signature: _____ Date: _____

Print Name: _____

Relationship to Child: _____

Physical Activity Readiness Questionnaire

There are many health benefits to be gained when children and young people exercise regularly. It is sensible however to consider their health status prior to commencing a physical exercise program. This is a standardized questionnaire that aims to identify in health concerns to your child engaging in physical activity.

Participant's Name: _____ Last Name: _____

The following questions relate to the health of the young person. Please read the questions carefully and provide a correct answer by circling Yes or No. Where necessary, please provide details.

	YES	NO	Details
Has a doctor ever diagnosed your child with a heart condition?			
Has your child recently had chest pains during or after exercise?			
Does your child ever feel faint or have spells of severe dizziness?			
Is your child currently receiving treatment or medication for high blood pressure?			
Is your child currently receiving treatment or medication for any other condition?			
Has your child broken any bones in the past six months?			
Does your child suffer from any bone or joint problems which exercise may aggravate?			
Does your child suffer from epilepsy or chronic asthma?			
Is your child diabetic? If yes, is the diabetes type 1 or Type 2?			
Has your child undergone any recent surgery?			
Is there any other reason which has not been mentioned that may affect your child if they took part in physical activities?			

It is important to note that if you have answered "YES" to any of the above questions, there may be restrictions on your child's ability to engage in physical activity, and we may require a licensed health care provider to clear your child to engage in physical activity.

I confirm that the above answers are correct, at this point in time, to the best of my knowledge and belief.

Signature: _____ Date: _____

Relationship to Child: _____

Rules of Conduct

These rules are in place to protect the wellbeing of students and staff. Failure to abide by these rules may result in removal from the program and possible criminal prosecution. All participants are held to the following rules of conduct:

- Students must avoid behavior that endangers themselves or others, including staff.
- We do not permit use or possession of alcohol, drugs or tobacco products.
- Over-the-counter medications and prescriptions may only be self-administered with specific permission from parents or physicians. All medication is held by appropriate staff and self-administered by participants under staff supervision.
- Weapons or articles which staff believe could be used as a weapon, including personal knives, are not allowed.
- Students may not leave the program without permission of staff or their parent(s)/guardian(s).
If a participant makes a request to leave the program, staff will notify their parents/guardians to discuss the options for exiting the program. Sometimes while on backcountry portions of the program immediate departure from a program is not available.
- Students may not engage in violence or threaten violence. Violent behavior includes both physical aggression, verbal aggression or sexual misconduct.
- Onward and Upward follows an established risk management plan. Students may not engage in risky behaviors or fail to follow instructions regarding safety issues.

Failure to abide by these rules may result in dismissal from the program and possible criminal prosecution. If these rules are broken during a backcountry portion of the program evacuation fees may be accrued and will be charged to the student's parent/guardian.

I have read, understand and agree to follow the rules of conduct:

Student Name	Student Signature	Date
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I have read and understand the rules of conduct. I agree to accept responsibility for any financial evacuation fees that may accrue as a result of my student being dismissed from the program.

Parent/Guardian Name	Parent/Guardian Signature	Date
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PARTICIPANT AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Onward and Upward, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OU"), I hereby agree to release, indemnify, and discharge OU, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in fishing, bicycling, orienteering, leadership and team building initiatives, community service projects, challenge course activities, low and high ropes course activities, trail building, mountaineering, hiking, camping, snowshoeing, skiing, and backpacking activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain and slips and falls; water hazards; accidental drowning; being struck by rock fall, icefall or other objects dislodged or thrown from above; the use and potential or actual failure of climbing ropes and equipment; weather conditions; equipment failure; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; travel in remote areas with poor or no access to emergency and/or medical services; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, OU employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OU from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OU's equipment or facilities, including any such claims which allege negligent acts or omissions of OU.
4. Should OU or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against OU, I agree to do so solely in the state of Alaska, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.
7. During OU courses instructors take photos and record video footage for visual displays. As a participant in these various activities, I give my permission to use those images for grant reports, updating the OU website/web media, PowerPoint presentations used at forums, or at special school and family-involvement events.
8. OU values learning through experience. Therefore, this method of education often requires students to travel in order to partake in activities around the community and in outdoor wilderness settings. I understand that transportation is required to engage my student in these activities and approve these various forms of transportation: school bus, school district van, OU vehicle, or the teacher's private automobile.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OU on the basis of any claim from which I have released them herein.

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

Print Name _____ Phone Number: _____

Address _____ City

_____ State _____ Zip _____

Email _____

Participant Age _____ Participant Date of Birth _____

Participant Signature _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by OU to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless OU from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature: _____ Date: _____

Print Name: _____