

A TruAdventure Enrollment Form

(Please complete a separate form for each participant)

For Office Use Only

App rec'd _____

ID# _____

Add Type _____

Registration Deadlines!

Registration for **TruAdventure** opens on **November 4, 2016** and will remain open until **May 1st, 2016** on a space available basis. Enrollment is limited by camping spot spaces. Entry to the program after May 1 will only be granted if a previously-registered participant withdraws and appropriate accommodations are available. **Please honor these deadlines so that we may properly serve you!**

First Name and M. I.	Last Name
Street Address	City/State
Maiden Name <small>(Used to identify alumni in our records)</small>	ZIP Code
Evening Phone	Daytime Phone
Cell Phone	E-Mail Address

Please place an X next to the box or boxes that best describe you.

Alumnus (Year? ____)	K- 12 Teacher	College Professor	Lifelong Learner!
NE Missouri Resident	Truman Participant	Other (including spouses)	

Trip Selections

	I am applying for the Grand Canyon Rim-to-Rim Tour (\$650)
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T-Shirt (Provided Free) Please select your size

	Small		Medium		Large		X-Large		XX-Large
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Special Dietary Needs

Please indicate any special dietary needs (e.g.: allergies, vegetarian, gluten free). We will endeavor to accommodate these needs to the extent options are available. We have no control over breakfasts provided by hotels.

Fees

A **non-refundable** deposit of \$20 is required to hold your spot at the time of registration.

A payment of half of the balance is due on or before May 1, 2016.

All final registration payments, regardless of registration date, are due by May 30, 2016.

Refunds over and above the deposit may be obtained by written request provided the participant withdraws before May 30, 2016. Registrations are final, and no refunds will be available, after this date.

Tuition for Rocky Mountain Trip	\$650	
Fee for Transportation In University Vans To and From RMNP	\$50	
	TOTAL	\$

If you wish to pay by personal check, please enclose your deposit check (Make check payable to the *Truman Institute* and include "TruAdventure" on the memo line). Truman also accepts electronic checks, which can be deducted directly from your checking account.

We also accept MasterCard, Visa, American Express, and Discover. There is a 2.75% convenience fee charged by TouchNet Information Systems, a secure third-party transaction vendor, when you pay with a credit card.

Please visit our website at <http://institute.truman.edu/truadventure.asp> for detailed instructions, or call Jana Morton at 660-785-5406 for more details.

Photo Release

Photos and videos taken during TruAdventure may be used to promote future years' events.

I give Truman State University permission to utilize for University purpose all images taken of me. I understand that I will not be paid regardless of how the images are used. All photographs, proofs, negatives, and electronic images and all rights therein shall remain the property of Truman State University.

Printed Name	Signature	Date

Informed Consent and Acknowledgment of Policies

I understand that the TruAdventure program involves moderately challenging physical activity, including climbing on rocky surfaces and unpaved paths, canoeing on open water, and hiking in a variety of weather conditions which may include particularly dry and/or wet conditions. I have read the material provided on the TruAdventure website and will read any written material sent to me prior to the trip. I further represent that the information I will provide on the attached health history form is an honest description of my current health status and should I have any doubts about my ability to participate in the program, I will discuss my plans with my family physician. I understand that a non-refundable deposit is required at the time of application and that participant refunds (over and above the deposit amount) are only available to those who withdraw prior to May 30, 2016. Those who do not complete the program are not eligible for refunds.

Printed Name	Signature	Date

TruAdventure

Health History Form

(This information will remain confidential and will only be used to help participants in the event of an emergency and to identify in advance any conditions which might impede a participant from having a safe and enjoyable excursion.)

Name: _____ Your Contact #: _____

Gender: _____ Age: _____ Birth Date: _____

General Health History

Do you have any of the following conditions?

Respiratory Problems? Asthma? Yes No

Is the asthma controlled with an inhaler? Yes No

Have you ever been hospitalized because of asthma? Yes No

What triggers an attack? _____

Date of last attack? _____

Gastrointestinal Disturbances? Yes No

Diabetes? Yes No

How do you control it? _____

Low blood sugar? Yes No

Bleeding, DVT (deep vein thrombosis) or blood disorders? Yes No

Hepatitis or other liver disease? Yes No

Neurological problems? Epilepsy? Yes No

Describe: _____

Have you ever had a Seizure? Yes No

Describe: _____

Dizziness or fainting episodes? Yes No

Migraines? Yes No

Medications used to treat, their frequency and severity? Describe _____

Disorders of the urinary or reproductive tract? Yes No

Any other disease? Yes No

Describe: _____

For FEMALE participants to complete:

Do you have regular menstruation? Yes No
If NO, is this due to menopause Yes No
Ovarian cysts? Yes No
Treatment of medication for menstrual cramps? Yes No
Is there any chance you are pregnant? Yes No

Cardiac Screening

Have you ever been told you have hypertension or are pre-hypertensive? Yes No
If YES, what is a typical blood pressure for you? Yes No
Is your blood pressure controlled with medication?
Do you have any cardiac problems (e.g., heart murmur, cardiac arrhythmia, cardiac myopathy)? Yes No
Have you ever experienced unusual shortness of breath with exertion? Yes No
Have you ever experienced unexplained chest pains or discomfort with exertion? Yes No

Musculoskeletal Screening

Have you experienced either injury or surgery to any of the following areas within the last 3 years?

Foot/Ankle?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Knee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hip/Thigh?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Lower Back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest or Upper Back?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neck?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Shoulder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Elbow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Wrist/Hand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

****Please provide more information on anything that you marked as "Yes".**

Type of injury: _____
How long ago did this occur? _____
Do you have continuing issues with this injury today? Yes No
If Yes, please explain: _____

Type of injury: _____
How long ago did this occur? _____
Do you have continuing issues with this injury today? Yes No

If Yes, please explain: _____

Type of injury: _____
How long ago did this occur? _____

Do you have continuing issues with this injury today?

Yes

No

If Yes, please explain: _____

****Add an additional sheet if needed to explain all injuries**

Do you have any current musculoskeletal issues that cause you discomfort or pain?

Yes

No

If Yes, please explain: _____

Have you ever experienced a concussion?

Yes

No

If so, when and to what extent? Was there loss of consciousness?

Mental Health Screening

Have you had treatment, counseling, or hospitalization for a mental health issue?

Yes

No

Are you currently in treatment or counseling, including medication?

Yes

No

If yes, for what issue?

Suicide

ADD/ADHD

Substance abuse/chemical dependency

Eating disorder

Depression

Anxiety

Panic attacks

Other? _____

Allergy Screening

Are you allergic to any foods?

Yes

No

Describe: _____

Are you allergic to insect bites or bee stings?

Yes

No

Describe: _____

If appropriate please bring a personal supply of epinephrine, preferably in a pre-loaded autoinjector and know how to use it.

Any other allergies?

Yes

No

Describe: _____

Medications

Are you allergic to any medications?

Yes

No

Describe: _____

Are you currently taking any prescription or non-prescription medications? If so, please list information

Medication	Dosage	Side Effects/ Reactions	For what condition?

Cold, Heat, Altitude

History of frostbite, Raynaud's Syndrome or hypothermia?

Yes

No

Describe: _____

Have you traveled to any destination above 600 feet in elevation?

Yes

No

If so, did you have any difficulty or symptoms such as: nausea, loss of appetite, headache, or anything else?

Describe: _____

History of acute mountain sickness, high altitude pulmonary/cerebral edema?

Yes

No

Describe: _____

History of heat stroke or other heat related illness?

Yes

No

Describe: _____

Fitness

Do you exercise regularly?

Yes

No

If so, what do you do: _____

Emergency Contact Information

Name: _____ Relationship to you: _____

Home Phone#: _____ Cell Phone#: _____

Emergency Contact Address: _____

Insurance Information**

Name of Insurance Company: _____

ID or Policy Number: _____ Group: _____ Plan: _____

Contact Information: _____

****Please provide a copy of the front and back of your insurance card if possible and attach to form.**

TruAdventure staff may contact you about answers provided on this health history form. The goal of these conversations will be to gain further information or clarify information so that we may provide you with the best and safest experience possible. If our staff determines it necessary to ask a participant to seek medical clearance prior to participation in the program, that medical clearance from a licensed health professional will be required before the participant will be allowed to participate in a TruAdventure trip.

TruAdventure

Participant Agreement & Code of Conduct (Including acknowledgement and assumption of risks)

Please read this document carefully. It must be signed by all participants and is designed to provide informed consent for participation in the field excursion of the above named program. It also outlines expectations for participation in the field excursion and participant behavior during the trip.

Activities and Risks

I, _____, understand that the seven-day field excursion trip TruAdventure involves doing physical activity and traveling in the outdoors. Activities will vary from hiking through higher altitudes between 6000 and 8000 feet, hiking over rocky and at sometimes steep terrain, horseback riding or rock climbing (a choice between the two), and whitewater rafting. I further understand and acknowledge that the activities of the trip have risks, including risks that are inherent to the activities. The same elements that contribute to the unique character of these activities can cause loss or damage of equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death. The following describes some, but not all, of the inherent risks of trip activities:

- Trip activities may be strenuous, physically and emotionally.
- The trip will occur in more remote locations. These lands are open to the public and exposed to the acts of persons not associated with the program or Truman State University. Remote locations may be hours away from medical care and medical care or evacuation could be significantly delayed.
- Equipment may fail or malfunction.
- Though efforts will be made to accommodate food allergies, participants with food allergies or sensitivities can come in contact with offending food types. Potable water will be available and provided, but is participants choose to drink from untreated sources, risks can include diarrhea and flu-like illnesses.
- Travel is by vehicle, raft, on foot and by other means, over improved and unimproved roads, rugged trails and off-trail terrain, including boulder fields, downed timber, creek crossings, high mountain passes, steep slopes, and slippery rocks. Travel risks include collision, falling, drowning, becoming lost, and other risks usually associated with such travel, including environmental risks.
- Environmental risks and hazards include flowing, deep and/or cold water, insects, snakes, predators, and large animals; falling or rolling rocks; lightning; falling timber, and forces of nature, including weather which may change to extreme conditions. Possible injuries and illnesses include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild and serious conditions.
- Decisions made by the trip leader, and other staff, contractors, and participants will be based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a participant's capabilities, environment, terrain, water and weather conditions, natural hazards, routes, and medical conditions.

I have read and understand the general information about the TruAdventure program. I have had a chance to ask questions via communication with the Truman Institute and the Instructor. Where I have had questions I have discussed these questions with the organizers.

Acknowledgement and Assumption of Inherent and Other Risks

I understand and acknowledge that the description above (“Activities and Risks”) of the inherent risks of TruAdventure is not complete and that other, including unknown or unanticipated, risks, inherent and otherwise, may result in property loss, injury, illness, or death. I acknowledge that my participation in this field excursion trip may result in property loss, injury, illness, or death. I acknowledge that my participation in this field excursion trip is purely voluntary, and I wish to participate in spite of and with knowledge of the inherent and other risks involved. **I acknowledge and assume the inherent risks described above and all other inherent risks of the field excursion trip. In addition, except with respect to an injury and other loss which occurs on lands whose rules and regulations prohibit my doing so as a matter of law, I expressly assume ALL risks of participating in the field excursion trip, inherent or otherwise, and whether or not described above.**

Printed Name

Signature

Date

Participant Code of Conduct

I understand that while on the field excursion trip I am representing myself and Truman State University. I promise to adhere to applicable federal, state, and local laws and to the following rules listed below.

- I will at all times consider the safety of myself and the group by acting responsibly and not taking unnecessary risks with my well-being or others.
- I will promote a safe and welcoming environment while on this trip regardless of gender, race, or sexual orientation by respecting my fellow trip participants' rights to their own beliefs, thoughts, and lifestyles by not engaging in any degrading or hurtful behavior, language, or comments.
- I will follow the instructions of the trip leaders and support staff at all times to maintain my safety and that of others on the trip.
- I will not drink alcohol, where prohibited by law or park policy, nor engage in any illicit drug use while on this trip.
- I will follow Leave No Trace Principles (instruction will be provided) and the rules and regulations of the parks to protect the environment that I am visiting.
- I will encourage a positive and fun learning environment for everyone by maintaining a positive attitude, contributing my own thoughts, ideas, and skills and encouraging my tripmates during our activities.
- If I have a conflict or problem with anyone, I will respectfully address the issue with the person(s) involved through open and mature discussion. If the problem cannot be resolved I will bring it to the attention of the trip leaders so that a resolution can be reached.

By signing this document I acknowledge and agree to adhere to the following behavioral code during the TruAdventure trip.

Printed Name

Signature

Date