



## 2017/2018 MWS ADMISSION POLICIES

**Final approval of an applicant by MWS for participation on an expedition is contingent upon receipt of the complete application (online 'Application Form', signed 'Admission policies', signed 'Liability Waiver', and signed 'Medical Form') and the full tuition balance.**

MWS seeks motivated students who are in good physical and emotional health and are excited to spend prolonged periods of time in the wilderness, learn technical outdoor skills, and develop solid communication skills. MWS is not an appropriate choice for youth dealing with mental health, behavioral, or substance abuse issues. In keeping with MWS' primary mission to provide expedition opportunities to Montana youth, MWS gives expedition and scholarship preference to Montana students over students from out of state. We reserve the right to deny admission to anyone we believe to be unable to meet the physical, mental, or emotional demands of our expeditions.

### **Equal Opportunity**

MWS does not discriminate on the basis of race, gender, religion, sexual orientation, national origin or disability in the administration of its admission policies.

If MWS believes that an applicant's disability may endanger the safety of the applicant or group, MWS will not approve the application and will seek to identify alternative MWS activities in which the applicant can safely participate, when possible.

### **1- Montana Wilderness School Payment and Cancellation Policy**

**Registration Fee: All students are required to pay an Expedition Registration Fee at the time of their application.** This registration fee, along with the complete application, is necessary to secure your spot on the course.

- This fee will be refunded if a student is not accepted on an expedition.
- This fee will be refunded if a course is cancelled by MWS and the student does not transfer to another expedition.

**Deposit: All students need to pay their deposit right away once their application is accepted.**

- Deposits constitute 25% of total tuition due, meaning 25% of the tuition amount not covered by scholarship. They are non-refundable.
- Full tuition scholarship students do not need to pay a deposit.
- If an expedition is cancelled by MWS, deposits will be fully refunded 100%, unless the student enrolls in another expedition.
- If a student does not pay the deposit upon his/her acceptance by MWS, the student loses their reserved spot.

**Tuition Balance: Payment of total tuition balance (due by the student and not covered by scholarship) is expected at the latest 30 days before the start of the expedition.**

- Any student enrolling within 30 days of the start of their expedition needs to pay the total tuition balance once their application is accepted.
- Balances can be refunded up to 30 days before the beginning of an expedition if student withdraws from the expedition. Within 30 days of the expedition start date, course balances become non-refundable and non-transferable.
- If a student does not pay the tuition balance more than 30 days before the start of the expedition, the student loses their reserved spot. The student can rollover the deposit towards

another spot on the same expedition or another expedition if there is availability at time of tuition balance payment, or use their deposit credit on an expedition the following year, if student's age allows for it.

**Cancellation policy:**

- **MWS reserves the right to cancel an expedition.** In this unlikely situation, **all tuition payments (including registration fee) will be refunded.** However, MWS is not responsible for other costs associated with these cases. MWS recommends to students to purchase a trip insurance to protect their investment in the unlikely case of an expedition cancellation.
- MWS reserves the right to change an expedition location up to the day of departure.
- MWS reserves the right to shorten an expedition's duration.
- If an enrolled student has an unforeseen accident making his/her participation on the expedition impossible, MWS will require a medical certification and fully refund his/her tuition when possible, on a case by case basis, depending on the circumstances and date of the accident.

**2- Montana Wilderness School Evacuation, Expulsion and Behavioral Policy**

- Should a participant need to leave the expedition early for any reason, the Montana Wilderness School reserves the right to charge the student for expenses incurred in the evacuation, and no refund will be provided.
- **The Montana Wilderness School will expel any student who exhibits behavior that is unsafe, disrupts or distracts from the educational mission of an expedition.** All forms of harassment, physical violence toward another student or staff, use of drugs and alcohol, theft or misuse of MWS equipment, egregious disregard of instructions or MWS procedures are examples of behavior that will lead to expulsion. If a student is expelled, there will be no refund.

**Please read carefully the following section and sign in the box below:**

"The information provided in this application is accurate and complete. I have read all of the MWS expedition information and admission policies and I understand an MWS expedition is physically and emotionally challenging, and involves living and traveling with a group of diverse participants.

Applicant (and parent/s or guardian/s), if the applicant is accepted, will:

- Abide by MWS admission policies
- Follow the Montana Wilderness school risk management procedures and environmental practices as explained by my instructors
- Engage each day as an expedition member and try my best throughout the course
- Be a reliable expedition member: by following directions, sharing in the work load and being a team player
- Be respectful and considerate towards other students and instructors
- Meet the expectation that students neither bring, obtain, nor use tobacco, alcohol or illegal drugs
- Refrain from any exclusive relationships, sexual activity, physical violence toward others, and/or any bullying

Applicant's signature: _____	Date ___ / ___ / ___
Applicant's Printed Name: _____	
Parent/Guardian's signature ( <b>required</b> ): _____	Date ___ / ___ / ___
Parent/Guardian's Printed Name: _____	



### Permission to Use Photographs and Video

Photos and videos are used by Montana Wilderness School for purposes including educating students and parents about MWS expeditions and showing donors the positive impact their financial support has in making affordable outdoor experiences available to young people. MWS would appreciate your cooperation in these efforts by completing this form, however, please note that permission to use photographs and video is **not** a requirement for participation in an MWS expedition.

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. All participants and a parent or legal guardian must sign this document.**

\_\_\_\_ I do                      \_\_\_\_ I do **not**

Grant the Montana Wilderness School the right to take photographs and video of me (my son or daughter.) I irrevocably grant the Montana Wilderness School, its assigns and transferees the royalty-free right to use the same world-wide in perpetuity, in any media now known or hereafter developed, for any lawful purpose including, but not limited, to publicity, illustration, advertising, and Web content. I waive any right to inspect or approve such use.

**Participant and Parent agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate. *Participant and Parent must sign below.***

\_\_\_\_\_  
Participant Signature (required)                      Date                      Print name here

\_\_\_\_\_  
Parent or Guardian Signature (required)                      Date                      Print name here

\_\_\_\_\_  
Address                      (street)                      (city)                      (state)                      (zip)

\_\_\_\_\_  
Phone number (with area code)                      E-mail



**MONTANA WILDERNESS SCHOOL  
Acknowledgement and Assumption of Risks &  
Release and Indemnity Agreement**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Application ID # (assigned by MWS)

**PLEASE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING. All participants and a parent or legal guardian must sign this document.** Throughout this document, participants will be referred to sometimes as 'minor' or 'child,' and parent or guardian will be referred to as 'Parent.' In consideration of the services of Montana Wilderness School and its employees, independent contractors, agents, representatives, volunteers, board members, outfitters, third party providers, and all other persons or entities associated with them (collectively referred to in this document as 'Montana Wilderness School' or 'MWS' or "provider") **participant and Parent, acknowledge and agree as follows:**

The Montana Wilderness School expeditions' educational and recreational activities include, but are not limited to, rock climbing, rappelling, mountaineering, whitewater pack-rafting, whitewater rafting, hiking, camping, backpacking, and canoeing (referred to in this document as 'activities' or 'these activities'). Participant or Parent must inform MWS about any limitations the participant may have, which includes informing MWS if the participant believes he or she is not capable of completing any task assigned to the participant or continuing with the activity scheduled. **Participant and Parent acknowledge that participating in these activities involves inherent risks, hazards and dangers that can cause or lead to injury, property damage, illness, mental or emotional trauma, disability or death to participant or others. The following includes some, but not all of those risks, hazards and dangers:**

**Risks present in outdoor, mountainous, or remote environments** include storms, strong winds, avalanches, snow or ice, falling rocks or other objects, lightning, high altitudes, rapidly moving rivers or streams, currents, waves, whitewater, stream or river crossings, extremely hot or cold weather or water, contaminated water, wild animals, disease carrying or poisonous animals or insects and other natural or manmade hazards. Possible injuries and illness include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

**Risks in decision making** including, without limitation, the risk that MWS or a co-participant may misjudge weather, terrain, water conditions, or route location, or they may misjudge a participant's capabilities. MWS will do its best to anticipate weather and water conditions, however, weather, snow and water conditions can be unpredictable and may change suddenly.

**Equipment** may be misused, or may break, fail, or otherwise malfunction.

**Remote locations** present risks including delays and difficulties with communication, transportation, evacuation and medical care. Medical facilities may be hours or even days away from the program location. Activities occur on lands open to the public, and exposed to the acts of persons not associated with MWS and who may potentially pose a risks to students.

**Travel** may be by foot, motor vehicle, boat, raft, canoe, horse, bicycle or other means and can be over rough and hazardous terrain. Travel risks include collision, falling, capsizing, drowning, becoming lost, and other risks usually associated with such travel, including environmental risks. Occasionally small groups of students hike at times during the day, and without instructors.

**Conduct** risks include the potential that the participant, other participants, or third parties (e.g. general public, rescue personnel, or medical personnel) may act carelessly or recklessly.

**Camping** risks include, but are not limited to, injuries such as burns and cuts, sprains, strains and other injuries from slips, falls, and lifting, and illnesses including diarrhea and flu-like illness. Meals are prepared over gas stoves and water may require treatment before use. Students with food allergies or sensitivities may come in contact with food they are allergic to.

**Educational** During activities, wilderness first aid training is conducted and students may participate in realistic simulated injury and illness scenarios and will at times act the role of patient, being handled, carried and otherwise treated as patients of a simulated medical emergency. Risks may include being dropped or otherwise mishandled while being carried; unwelcome touching while acting the role of patient in a scenario; and emotional distress in response to training scenarios. In addition, on courses that include a wilderness medicine training course through Aerie Backcountry Medicine, students may also use and practice with various medical equipment.

**These and other risks, hazards and dangers may result in participants falling, being struck, colliding with objects or people, experiencing vehicle or boat collision or capsize, drowning, reacting to weather conditions or increased exertion, suffering gastro-intestinal complications or allergic reactions, becoming lost or disoriented, or experiencing other problems. These and other circumstances may cause hyperthermia, hypothermia, frost bite, altitude related illness, dehydration, burns, heart or lung complications, broken bones, head injury, paralysis, or other injury, damage, death or loss.**

**Participant and Parent acknowledge:**

- I have accurately completed all required forms and reviewed and understand all MWS information and materials received;
- I have disclosed to MWS any medical or physical conditions which may effect my (or my child's) participation in the activities;
- MWS representatives are available if I have questions about the physical demands of and the risks associated with these activities;
- MWS owners, board members, staff and contractors cannot assure participant's safety or eliminate these or other risks.

**Participant and Parent further acknowledge that participant is voluntarily participating with knowledge of the risks. Therefore, participant and Parent assume and accept full responsibility for the risks of these activities (both known and unknown), and for any injury, damage, death or other loss suffered by participant, resulting from those risks or resulting from participant's or Parent's negligence or other misconduct, including, but not limited to, failure to disclose medical and health history information to MWS.**

**Participant and Parent agree as follows:**

- (1) **to release and agree not to sue** Montana Wilderness School, with respect to all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter collectively 'claim' or 'claims'), in any way connected with my/my child's enrollment or participation in these activities. **I understand and agree to hereby release, indemnify, and hold harmless all claims I may have against Montana Wilderness School and agree that neither I, nor anyone acting on my behalf, will make a claim against Montana Wilderness School, as a result of any injury, damage, death or other loss suffered by me or my child;**
- (2) **to defend and indemnify** ('indemnify' meaning protect by reimbursement or payment) **Montana Wilderness School** with respect to all claims brought by or on behalf of me, my child, a family member, heirs, executors, representatives, estates, another participant, or any third party, that are in any way connected with my/my child's enrollment or participation in these activities or use of **Montana Wilderness School** equipment or facilities.

**To the fullest extent permitted by law, this agreement includes any claims caused or alleged to be caused, in whole or in part, by the negligence of Montana Wilderness School, and includes claims for personal injury, property damage, wrongful death, breach of contract or otherwise.**

Participant and Parent agree that the substantive laws of the State of Montana (but not any law that would apply the laws of another jurisdiction) govern this document and all other aspects of my and my child's relationship with Montana Wilderness School and that any mediation, suit, or proceeding must be filed or entered into in Montana.

Any portion of this document deemed unlawful or unenforceable shall not affect the remaining provisions, and those remaining provisions shall continue in full force and effect.

**By signing this document you may be waiving your legal right to a jury trial to hold provider legally responsible for any injuries or damages resulting from risks inherent in the sport or recreational opportunity of for any injuries or damages you may suffer due to the provider's ordinary negligence that are the result of the provider's failure to exercise reasonable care.**

**Participant and Parent agree: I have carefully read, understand and voluntarily sign this document and acknowledge that it shall be effective and binding upon me, my minor children and other family members, and my heirs, executors, representatives and estate. Participant and Parent must sign below.**

\_\_\_\_\_  
Participant Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Parent or Guardian Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
Additional Parent or Guardian Signature (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name here

\_\_\_\_\_  
**Address** (street)

\_\_\_\_\_  
(city) (state) (zip)

\_\_\_\_\_  
**Phone number** (with area code)

\_\_\_\_\_  
**E-mail**



**MONTANA WILDERNESS SCHOOL  
YOUTH MEDICAL & EMERGENCY INFORMATION  
AND CONSENT FOR MEDICAL/SURGICAL/EMERGENCY TREATMENT AND TRANSPORT**

*The Montana Wilderness School **highly recommends** that every student schedule a pre-expedition physical exam with a medical doctor to insure they are physically capable of participating on the expedition. Please provide complete answers to all questions*

**GENERAL INFORMATION:**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**PRIMARY EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**ALTERNATIVE EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COVERAGE:** Each participant is responsible for her/his own medical expenses, including the cost of medical evacuation. Each participant is required to have her/his own medical insurance through an annual policy or a travel medical policy during the expedition. Medical evacuation is expensive and may not be covered under a medical insurance policy. It is strongly recommended that medical evacuation coverage be verified under an existing policy or purchased separately for the expedition. It is advisable to consider trip cancellation insurance.

Medical Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Medical Insurance company phone #: \_\_\_\_\_

Does insurance company require pre-authorization?  Yes  No If Yes, Phone #: \_\_\_\_\_

Physician/Health Care Provider's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Evacuation Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Evacuation Insurance company phone #: \_\_\_\_\_  Check if no insurance

Does insurance company require pre-authorization?  Yes  No If Yes, Phone #: \_\_\_\_\_

**MEDICAL AND PHYSICAL INFORMATION:**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Current tetanus vaccination?  Yes  No

**Exercise routine:** Detail your current activity below -or-  None

<i>Activity Level</i>	<i>Frequency Per Week</i>	<i>Approximate Time / Distance</i>	<i>Intensity</i>

**SWIMMING ABILITY:**  Cannot Swim  Can Swim 100 feet  Can Swim 500 feet  Strong Swimmer

**ALLERGIES:** Please list all allergies including medicines, food, bites, stings, plants, and animals:

No allergies

<i>Allergy</i>	<i>Reaction</i>	<i>Medication required</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**MEDICATIONS:** Please list all prescription and non-prescription medications you take and/or carry with you:

No medications

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amount/frequency)</i>	<i>Medication Initiated (month/year)</i>	<i>Side Effects</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HEALTH HISTORY:** Please check the appropriate box, and respond to all questions below:

Yes No

- 1. Diabetes: If yes, is participant insulin-dependent? Yes  No
- 2. Asthma or other respiratory problems?
- 3. Does participant smoke?
- 4. Any cardiac conditions, including high/low blood pressure, heart murmur, or irregular heartbeat?
- 5. Epilepsy or a seizure disorder: If yes, date of last seizure: \_\_\_\_\_
- 6. Bleeding disorders, anemia?
- 7. Neck/Back/Knee/Shoulder/Ankle problems?
- 8. Pregnant: If yes, what trimester? \_\_\_\_\_
- 9. Hospitalization/Emergency Room visit in the past year?
- 10. Operations/ Serious Injuries in the past five years?
- 11. Diagnosed eating disorder of any kind such as anorexia or bulimia
- 12. Anxiety



13. Other past or current medical issues/illness/requirements?  
  14. Counseling with a psychiatrist/psychologist/counselor within the past two years? Currently ongoing?  
 Yes  No

If any of the boxes above were checked yes, please provide a description including history, symptoms, hospitalizations, and any restrictions. Please refer to the number listed by the issue above, and attach additional pages as necessary. Be sure to detail any medications on page two.

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Are there any physical or medical conditions not listed above which may affect or limit participation?  
 Yes  No  If Yes, please explain (attach additional sheets as necessary):

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**Dietary Restrictions:** Are there any special dietary requirements? (Vegetarian, Vegan, Lactose Intolerant, ANY Food Allergies, Gluten Free, etc.)

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Please list any other information such as a recent traumatic event that may be helpful for us to know about to help ensure the student's physical or mental health on his/her expedition. (Attach additional pages as necessary)

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**PLEASE READ CAREFULLY:**

- **Please review the medical section of the form to be certain you have answered every question. A complete Medical and Emergency Information Form is required for participation in this program.**
- **All information on this form is confidential. It is possible to participate in our programs while having some medical/psychological difficulties, but the Montana Wilderness School must be aware of these conditions. Failure to disclose medical and health history information as requested could result in serious harm to the student and other participants in the program.**
- **The status of the student's participation will be determined after review of this form. In some cases further evaluation, possibly including consultation with your health care provider, may be necessary.**
- **Please review the Montana Wilderness School Acknowledgement and Assumption of Risks & Release and Indemnity Agreement. Pursuant to it, you are required to defend and reimburse Montana Wilderness School (including, but not limited to, its employees) if a hospital, medical, or evacuation provider attempts to collect payment from it for any services.**

**CONSENT FOR MEDICAL/SURGICAL/EMERGENCY TREATMENT AND TRANSPORT**

**SIGNATURES REQUIRED**

Consent is hereby voluntarily given for the applicant to attend a Montana Wilderness School program, and **for the Montana Wilderness School field staff to administer first aid to the participant in the back-country.**

**Some medical conditions in the field will result in an evacuation and consent is hereby voluntarily given for field evacuation of the participant.**

**Consent is hereby voluntarily given to the rendering of such care, including diagnostic procedures, surgical and medical treatment and blood transfusions, by authorized members of health care providers or their designees, as may be necessary in their professional judgment.**

I hereby acknowledge that no guarantees have been made as to the effect of such examinations or treatment on participant's condition.

I acknowledge that I am responsible for any and all charges in connection with the care, treatment, and transport of the participant.

I have read and understand this information and consent form. The information I provided is, to the best of my knowledge, correct and complete.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_