



MONTANA WILDERNESS SCHOOL

2023/2024 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. **Please see the [MWS Essential Eligibility Criteria](#) on our website for more information.**

1- Montana Wilderness School Payment and Cancellation Policy

Application Fee: All students are required to pay an Expedition Application Fee at the time of their application. This application 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 canceled by MWS and the student does not transfer to another expedition.

Deposit: All students need to pay their deposit within 10 days once their application is accepted.

- Deposits constitute 25% of total tuition due, meaning 25% of the tuition amount not covered by a scholarship. They are **non-refundable**.
- Students receiving a scholarship for the full tuition cost of an expedition do not need to pay a deposit.
- If an expedition is canceled by MWS, deposits will be fully refunded 100%, unless the student enrolls in another expedition.
- If a student does not pay the deposit within 10 days of acceptance by MWS, the student loses their reserved spot on the expedition.

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 a student withdraws from the expedition. Within 30 days of the expedition start date, course balances become non-refundable and non-transferable for any reason including family emergencies, injuries, and/or other life challenges.
- 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 the student's age allows for it.

Initials: _____

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 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 significant injury or personal/family emergency making their participation on the expedition impossible, MWS may require documentation of the nature of the emergency. Whenever possible, MWS will transfer the student’s tuition and enrollment to another course happening at a later date.

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, failure to disclose a diagnosis affecting participation, 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 safety policies, procedures, guidelines and environmental practices as explained by my instructors
- Be able to meet the [Essential Eligibility Criteria](#) for my chosen expedition or have spoken to MWS about reasonable accommodations.
- Engage each day as an expedition member and try their 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 (**required**): _____ Date _____

Parent/Guardian’s Printed Name: _____



MONTANA WILDERNESS SCHOOL

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

Student Name (Print)

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 they are 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 risk 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.

Initials: _____

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.

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, frostbite, 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 affect my (or my child's) participation in the activities;
- I have read and understand the Essential Eligibility Criteria and acknowledge that I meet the requirements for participation;
- 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 I agree here to waive 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, hold harmless 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.

Initials: _____

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 Legal Guardian Signature (*required*)

Date

Print name here

Primary Address - street

City

State

Zip

Parent or Guardian Phone Number

Parent or Guardian Email



**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 ensure they are physically capable of participating on the expedition. Please provide complete answers to all questions

GENERAL INFORMATION:

Name: _____ Gender: _____

Phone # (primary/mobile) _____ (secondary) _____

Address: _____

Parent/Guardian Name: _____

Phone # (primary/mobile) _____ (secondary) _____

Address (if different from above): _____

PRIMARY EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone # (primary/mobile) _____ (secondary) _____

Address (if different from above): _____

ALTERNATIVE EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone # (primary/mobile) _____ (secondary) _____

Address (if different from above): _____

INSURANCE COVERAGE: Each participant is responsible for her/his own medical expenses, including any costs of medical evacuation not covered by MWS provided evacuation insurance. Each participant is required to have her/his own medical insurance through an annual policy *or* a travel medical policy during the expedition. MWS does provide emergency evacuation insurance for all participating students, however it is advisable to consider trip cancellation insurance.

Medical Insurance company: _____ Policy number: _____

Medical Insurance company phone #: _____

Does your insurance company require pre-authorization? Yes No If Yes, Phone #: _____

Physician/Health Care Provider's Name: _____ Phone #: _____

Travel Insurance company: _____ Policy number: _____

Travel Insurance company phone #: _____ Check if no insurance

Does your travel insurance company require pre-authorization? Yes No If Yes, Phone #: _____

IF YOU HAVE A COPY OF YOUR INSURANCE CARD, AN EMAILED OR PHOTOCOPY IS GREATLY APPRECIATED.

MEDICAL AND PHYSICAL INFORMATION:

Age: _____ Height: _____ Weight: _____ Current tetanus vaccination? Yes No

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

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

If there are changes to medications, please notify MWS Admissions Staff prior to course departure.

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

MEDICATIONS STORAGE: Please list all medication storage requirements for above prescriptions:

<i>Medication</i>	<i>Storage Requirements</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. Mental Health or Behavioral History that would be helpful for us to know
- 14. Other past or current medical issues/illness/requirements?

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 send additional pages as necessary. Be sure to detail any medications as well.

Is participant currently in counseling with a psychiatrist/psychologist/counselor or has been within the past two years?

Yes No *We have a Mental Health and Safety Questionnaire that we will ask you to complete (separate document). This will help MWS create an individual mental health plan and support the participant experience on the expedition.*

Dietary Restrictions: Are there any special dietary requirements? (*Vegetarian, Vegan, Lactose Intolerant, ANY Food Allergies, Gluten Free, etc.*) **Please note, all food is pre-packed by our Operations Team prior to expedition launch. Aside from food allergies, please let us know if there is food you do not eat as it helps MWS provide the best nutrition for students while in the field. (If no dietary restrictions, write “none.”)**

Are there any physical or medical conditions not listed above which may affect or limit participation?

Yes No If Yes, please explain (send additional pages as necessary):

Please list any other information regarding current challenging, difficult life situations or traumatic events that may be helpful for us to know about to ensure the student's physical or mental health on his/her/their expedition. (Send additional pages as necessary). If there is no other information, write "none."

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 Essential Eligibility Criteria for Montana Wilderness School to understand the physical requirements for participation.
- 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



2024 Permission to Use Photographs and Video

Photos and videos are used by Montana Wilderness School for purposes including educating future 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 (or my child.) 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
Parent or Guardian Phone Number	Parent or Guardian Email	