

Instructions:

- **Complete this Registration form**
- **Complete the Medical History form**
- **Sign the Release & Indemnification form**
- **Complete Ouzel Registration Online**
- **Enclose deposit**

Mail to GWR, Attention: Chase, before the announced registration deadline
Complete one set of forms per person

Trek Name: _____

Trek Dates: _____

Registration Deadline: _____

Your Name: _____ Age: _____

GWR Graduation Date: _____

Current Address: _____

Current daytime phone: _____ Evening phone: _____

email address: _____

Deposit enclosed: _____ Balance Due: _____

Person to contact in case of an emergency: _____

Relationship? _____ Day Phone #: _____ Evening phone # _____

Any dietary restrictions? _____

Please let us know your Travel Plans:

How will you get to GWR? _____

Are you interested in a GWR arranged van from the airport?

(Call for details).

What have you been doing since GWR?

Check-in, (names) _____

Date: _____ (month) _____(year)

(feelings about trek, goals, fears, expectations)

Expectations _____

____ Lots of fun, everyone will pitch in, ask if something is new or you don't understand

Logistics _____

____ Med forms & Releases?

____ Doctor's didn't sign med forms. You are taking you health into your own hands

____ On any Medications, or anything we should know about you?

____ Look at route & tide tables & currents

____ Days in the field, backpacking/boating and camping.

____ Typical Day's schedule

____ Meals as one big group.? need to assign cooks & cleaners or get volunteers daily?

____ Remoteness to medical facilities, hard to communicate, radios & cell phones do not always work.

____ Consider leaving personal cell phones at home to enhance your wilderness experience

Environment and Hazards _____

____ Terrain: mostly on trails, steep slopes & ropes, snow, slippery rocks, boulders, river crossings.

____ Ocean hazards: currents & tide rips, water temperature, wind, hypothermia, barnacles & sharp rocks

____ Weather: cold, rain, snow, cold, can change fast.

____ Animals: bears, raccoons, cougars; all food in bear cans/ boats, no food in packs or tents.

____ Serious risk exists.

____ Swimming Policy & PFD Policy

Camping in Style _____

____ 1) care of self and others (Self Leadership)

- responsibility to be safe yourself; and to look out for safety of everyone else
- you will be given specific instructions regarding safety throughout the trek
- subjective hazards, the human factor; inattention, poor judgment, etc.

____ 2) care of the environment:

- Leave No Trace techniques will be taught throughout

____ 3) care of equipment:

- weatherproofing: at night & when away from camp; techniques covered throughout the trek

Smoking Policy _____

____ Not when gathered as a group, when hiking/in boats, in tents, downwind of nonsmokers

____ Butts in bags; never directly in pockets of clothing or packs (smell)

____ No butts on ground

Next Events _____

- Transition into next activity: Gear List, LNT Video

All participants must sign the Orientation Participation Form.

If a participant is absent from the orientation, the Staff must review this checklist and document the process.

I attest that the topics checked above have been described to the participants departing on this trek.

Name

Signature

Date

NAME_____ HEIGHT_____ WEIGHT_____

PERMANENT PHONE_____ SEX _____ AGE_____

This medical history form provides information that may help us to improve your health and safety in connection with a trek or other activity sponsored or organized by Gray Wolf Ranch Incorporated ("GWR").

GWR treks are wilderness expeditions varying in length from three to ten days that visit remote areas where evacuation to modern medical facilities may take days. Other GWR activities take place in areas where medical treatment may not be readily available.

Physical conditioning is highly recommended before participating in a trek or other strenuous activity.

On a GWR trek you may experience some or all of the following field conditions:

- Weather conditions can be extreme, with temperatures ranging from -20 degrees F. to + 100 degrees F. Prolonged storms, high winds, intense sunlight, sudden immersion in cold water and/or high seas are possible.
- Physical demands may include carrying a backpack weighing between 45-75 pounds over uneven terrain such as snow, ice, rocks, boulders, fallen logs, or slippery surfaces, as well as ascending and descending steep mountain slopes. Peak climbs can be to altitudes as high as 8,000 feet.
- Physical demands on sea-kayaking, rowing, sailing and canoeing treks may include paddling / rowing heavily loaded kayaks, longboats, or canoes, lifting and carrying boats over uneven terrain, and climbing over the bow of a longboat at chest height.
- On a GWR trek, participants will experience long, physically demanding days, set up camp, prepare their own meals, and sleep outdoors. Each participant is expected to take good care of themselves.
- Wilderness water is disinfected with iodine or by boiling. These methods are not effective against cryptosporidium.
- An individual with a compromised immune system should communicate this condition on this form so an appropriate water filter can be selected.

This form is to be completed by the participant, carefully considering the above information. If there is an indication that a physical examination by a medical professional would be prudent, this form must be completed and signed by a medical professional. **GWR reserves the right to require a physical examination by a medical professional as a condition of participation.**

Cardiac Screening:

An individual over 35 years of age with two or more of the following risk factors should discuss trek participation with his or her health care provider. GWR may require a signature from a medical professional on this form indicating approval for trek participation. Please indicate below with a check if you experience any of these risk factors:

- high blood cholesterol
- high blood pressure
- diabetes
- smoking more than one pack per day
- unexplained chest pain, shortness of breath or palpitations
- current or prior cardiovascular disease
- a family history of cardiac disease (heart attack at <55 yrs)
- obesity

Please circle YES or NO for each item and explain "yes" answers below. Every question must be answered.

General Medical History

Do you currently have or do you have a history of:

Respiratory problems? Asthma?	1.	YES	NO
Gastrointestinal disturbances?	2.	YES	NO
Diabetes?	3.	YES	NO
Hypertension?	4.	YES	NO
Bleeding or blood disorders?	5.	YES	NO
Hepatitis or other liver disease?	6.	YES	NO
Neurological problems? Epilepsy?	7.	YES	NO
Seizures?	8.	YES	NO
Dizziness or fainting episodes?	9.	YES	NO
Disorders of the urinary or reproductive tract?	10.	YES	NO
Given the above statement on field conditions, is there anything else we should know?	11.	YES	NO

Please explain "yes" answers (include date(s) and current condition):

Muscle/Skeletal Injuries

Do you currently have or do you have a history of:

14. Knee, hip, ankle, shoulder, arm or back injuries (including sprains) and/or operations?	14.	YES	NO
--	-----	-----	----

Please explain "yes" answers (include date(s) and current condition):

Allergies

- 15. Any allergies? Insect bites or bee stings? 15. YES NO
- 16. Are you allergic to any medications? 16. YES NO

Please explain "yes" answers: _____

Medications

- 17. Are you currently taking any medications? 17. YES NO
- | Medication | Dosage (amt/freq) | Side Effects/Restrictions |
|------------|-------------------|---------------------------|
|------------|-------------------|---------------------------|

Altitude/Heat

- 18. History of frostbite or acute mountain sickness? 18. YES NO
- 19. History of heat stroke or other heat related illness? 19. YES NO

Please explain "yes" answers: _____

Fitness

- 20. Do you exercise regularly? 20. YES NO

Activity	Frequency	Duration/Distance	Intensity Level:		
			Easy	Moderate	Competitive
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 21. Do you smoke? If so, how much? _____ 21. YES NO

22. Swimming ability (Check One): Non-swimmer Recreational Competitive

Other

23. Is there anything else that we should know about your current health or physical abilities?

I certify that the foregoing information is a complete and accurate statement of the physical and psychological factors which may affect my ability to participate in a GWR trek or other outdoor activity. I realize that failure to disclose such information fully could result in serious harm to myself and other participants. I agree to inform GWR in a timely fashion should there be any change in my health status prior to the start of the activity.

By my signature below, I am authorizing GWR to disclose the information in this form to a medical professional or emergency response personnel if it is deemed reasonable in the sole judgment of GWR. I am also authorizing GWR to use and rely upon the information in this form in connection with my participation in a trek or other activity.

Signature _____ Date _____

Considering the information provided in this form, can this person participate in a GWR trek?

Yes _____ No _____

Medical Professional's Signature: _____

Date: _____

Medical Professional's Name: _____

Phone: _____

Address: _____