



Dear Parent/Guardian,

Your child will be participating in an Outward Bound Course with their school or organization. This will be an overnight wilderness expedition in one of the California's beautiful parks.

Our programs are designed to be physically, mentally and emotionally challenging. These courses are fun and engaging for students, but your child may also experience feelings of hesitation, homesickness or frustration. These are natural feelings that can arise from being outside of their comfort zone, which is where the real learning begins to take place.

As a parent or guardian, your encouragement in the weeks leading up to the course can be the key to your child's success while on course.

Your support in this process can begin now:

- Please fill out all forms **completely** (it is **not** necessary to have a doctor fill out the medical forms). Student *and* parent signatures, as well as detailed contact information, are very important.
- Talk to your child about the experience they are about to have. Are they excited? Nervous? Do they have questions?
- Please look at your personal calendar and your child's school calendar to make sure there are no conflicts on the course dates.

We look forward to working with you to help your child make the most out of this incredible opportunity. Should you have any questions, please reach out to your child's teacher or program leader for more information.

Warm regards,

The Outward Bound California Team



OFFICE USE ONLY

FOLLOW-UP
APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER: _____ START DATE: _____

Applicant

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____ Age at Program Start: _____ DOB: _____

Address: _____ Height: _____ ft. _____ inches Weight: _____ lbs.

City/State/Zip: _____ Sex identified as: Male

Home Phone: _____ Female

Cell Phone: _____ _____

E-mail: _____ Occupation: _____

**Parent/Custodial Guardian 1
(if applicant is under the age of 21)**

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

**Parent/Custodial Guardian 2
(if applicant is under the age of 21)**

Title: Dr. Mr. Mrs. Miss Other: _____

Name: _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under the age of 21)

Name: _____

Home Phone: _____

Relationship to Applicant: _____

Cell or Work Phone: _____

Ethnic Background (optional)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian (Non-Hispanic) | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Multi-Ethnic | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> Do Not Know Ethnicity |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> African American | <input type="checkbox"/> Other: _____ |

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. **Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.** If you (or your child) arrive at the program start with a pre-existing medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL PROBLEMS

Do any of the following apply to you? If YES check the box next to the item and provide details in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs

- How long symptom/condition lasts
- How you care for symptom/condition

- Date of last occurrence
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Heart Murmur	_____
<input type="checkbox"/> Irregular Heartbeat / Palpitations	_____
<input type="checkbox"/> Chest Pain / Pressure	_____
<input type="checkbox"/> Circulation Problems	_____
<input type="checkbox"/> Frostbite	_____
<input type="checkbox"/> Heatstroke	_____
<input type="checkbox"/> Frequent Dizziness / Fainting	_____
<input type="checkbox"/> History of Altitude Sickness	_____
<input type="checkbox"/> Severe Headaches / Migraines	_____
<input type="checkbox"/> Head injury with neurological impairment	_____
<input type="checkbox"/> Tuberculosis / Positive TB test	_____
<input type="checkbox"/> Asthma or COPD	_____
<input type="checkbox"/> Active or History of Hepatitis	_____
<input type="checkbox"/> Lyme Disease	_____
<input type="checkbox"/> Seizure Disorder / Epilepsy	_____
<input type="checkbox"/> Seizure within past 6 months	_____
<input type="checkbox"/> Bleeding / Blood Disorder	_____
<input type="checkbox"/> Sickle Cell Anemia	_____
<input type="checkbox"/> Sickle Cell Trait	_____
<input type="checkbox"/> Hypoglycemia (low blood sugar)	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Thyroid Problems	_____
<input type="checkbox"/> Gastro-intestinal Problems	_____
<input type="checkbox"/> Special Diet	_____
<input type="checkbox"/> Food Allergies	_____
<input type="checkbox"/> Kidney Problems	_____
<input type="checkbox"/> Urinary Tract Problems	_____
<input type="checkbox"/> Bedwetting	_____
<input type="checkbox"/> Orthopedic Problems	_____
<input type="checkbox"/> Broken Bones within past year	_____
<input type="checkbox"/> Hearing Impairment	_____
<input type="checkbox"/> Vision Impairment	_____
<input type="checkbox"/> Skin Problem	_____
<input type="checkbox"/> Motion Sickness	_____
<input type="checkbox"/> Sleep Walking	_____
<input type="checkbox"/> PMS/Menstrual Problems (severe)	_____
<input type="checkbox"/> Currently Pregnant	_____
<input type="checkbox"/> Medical Equipment/ Devices	_____
<input type="checkbox"/> Other	_____

A. ALLERGIES Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required (if any)

B. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication, please list any medications taken or changed within the past 3 months. Also list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects

NOTE: If you are taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician’s dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

C. HOSPITALIZATIONS/EMERGENCIES Please list any hospital, psychiatric, or urgent care visits within the past 1 year.

Date of Visit/Admittance	Reason	Length of Stay

D. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
 Blood pressure may be taken with apparatus at a local grocery or drug store.

E. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years).

F. PERSONAL HISTORY based on the past year.

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below.

- ADHD
- Anxiety Disorder
- Depressive Disorder
- Eating Disorder
- Learning Disability
- Personality Disorder
- Substance Related Disorder
- Other _____
- Autism Spectrum Disorder
- Bipolar Disorders
- Disruptive and Conduct Disorder
- Intellectual Disability
- Obsessive-Compulsive Disorder
- Schizophrenia Spectrum Disorder
- Trauma and Stressor Related Disorder

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide details on the spaces below.

- Medication(s)
- Out Patient Counseling
- Day Treatment
- Residential Treatment
- Psychiatric Hospitalization

Describe: _____

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician:

Prescribing Physician Name: _____ Therapist Name: _____
 Phone Number: _____ Phone Number: _____
 Fax Number: _____ Fax Number: _____
 Email: _____ Email: _____

G. LIFESTYLE

Do any of the following apply to you? If YES check the box next to the item and provide details on the spaces below. **Include dates, amounts, reasons, etc.**

- Do you use alcohol? _____
- Do you use tobacco? _____
- Do you use recreational drugs or marijuana? _____
- Do you have a history or current problem with substance abuse or dependency? _____
- Have you been suspended or expelled from school in the past year? _____
- Have you been on probation or had any involvement with the justice system? _____

H. CURRENT EXERCISE ACTIVITY List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program!

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

I. SWIMMING ABILITY (CHECK ONE)

- Non-Swimmer
- Weak Swimmer
- Moderate Swimmer
- Strong Swimmer

OUTWARD BOUND
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and
LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Outward Bound California, and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, (collectively referred to as “OB”), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant’s safety, for managing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child’s) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child’s) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB’s supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child’s) participation, including but not limited to decisions regarding my (or my child’s) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child’s) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child’s) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under

their direction and control (collectively referred to as “the Released Parties”) from, and agree not to pursue a claim or sue the Released Parties or any of them for, any liability, claim, or expense in any way associated with my (or my child’s) enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child’s) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney’s fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child’s) enrollment or participation in the program or my (or my child’s) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This indemnity includes payment for attorney’s fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney’s fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of California (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in California.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child’s) photo or image for sale or reproduction in any manner it desires, including advertising or display. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD’S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD’S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

Participant signature

Date

Print name here

Date of Birth and Age

Parent or Legal Guardian signature

Date

Print name here



3-5 DAY WILDERNESS PACKING LIST

ITEMS YOU NEED TO BRING

You must bring these personal items.

- 1 pair comfortable closed-toed shoes for camp**
- 1 pair athletic pants** (nylon, warm up or fleece – NO COTTON)
- 1 pair of quick drying shorts** (NO jean shorts, sweat shorts, or short shorts)
- 1-2 T-shirts** (these can be cotton. Please, no inappropriate images or wording)
- 1 long sleeve sun-shirt** - synthetics preferred
- 2 pairs of underwear**
- 1 ball cap** or other sun protection hat
- Toothbrush and small toothpaste**
- Bandana or scarf**
- Personal medication in original prescription bottle** (to be given to instructors at course start)
- If you have asthma:
You MUST bring your inhaler!
- If you have anaphylactic allergies:
You MUST bring your Epi-pen!

OPTIONAL ITEMS TO BRING

- small bottle of sunscreen (at least SPF 15)
- unscented lotion
- camera
- sunglasses
- small notebook and pen
- personal hygiene items for women
- extra glasses/contacts

Outward Bound provides all other equipment including warm clothing, raingear, sleeping bags, sleeping pads, backpacks, shelters, food, stoves, cups, bowls, spoons, etc.

ITEMS NOT TO BRING

- jewelry and other valuables
- electronics – phones, iPods or video games
- knives
- playing cards
- food, candy, or snacks
- soap, shampoo
- make-up or hair products
- deodorant

ITEMS WE CAN PROVIDE

You may bring your own, but instructors may advise you to use Outward Bound gear.

- 1 pair of comfortable hiking boots
- 1 set, top and bottom, synthetic long underwear (NO COTTON)
- 1 warm jacket
- 1 pair fleece pants
- 1 rain jacket
- 1 pair rain pants
- 1 warm hat
- 2 pairs wool socks
- 1 pair mittens/gloves
- 2 water bottles (1 Liter each)
- 1 sleeping bag (if you bring your own, it must be a 0 degree bag)
- Small flashlight or headlamp

NOTES ON CLOTHING

Because our program environments are characterized by unpredictable weather it can get cold, hot, or rain any time of the year. Our clothing list reflects the importance of the layering principle. Dressing in several light layers rather than one heavy layer allows more flexibility as the weather and workloads change. Wool and synthetics (polypropylene or fleece) retain much of their insulating ability when wet.

We advise you not to bring cotton clothing (except t-shirts, bandanas and underwear). Cotton retains moisture and loses almost all of its insulating properties when wet. And once cotton clothing gets wet, it stays wet.

We recommend thrift/second hand and/or outdoor clothing stores if you need additional gear, but you DO NOT need to spend money on gear, it is not necessary.

FREQUENTLY ASKED QUESTIONS

WHAT KIND OF FOOD WILL WE EAT?

While on course, you will be eating nutritious and portable food –grains, pasta, cheese, vegetables, fruit, and nuts –selected to meet high-energy demands for your program. Typical meals include burritos, macaroni and cheese, and peanut butter and jelly sandwiches. The diet may differ from what you are accustomed to at home. To prepare, we suggest you cut down on soft drinks, coffee, and junk food.

HOW WILL I STAY CLEAN? NO SHOWERS?

We are very aware of basic sanitation needs and take cleanliness seriously. You will wash your hands regularly and learn tricks of the trade to staying clean even though you will not be able to shower. Personal soap is not necessary as we provide all you will need.

WHAT HAPPENS IF THE WEATHER IS BAD?

The course will continue regardless of weather. Instructors will teach students basic safety precautions and protocols.

WHO ARE OUR INSTRUCTORS?

Outward Bound instructors are highly skilled and experienced outdoor educators, thoroughly trained in the latest instructional and safety management practices. Above all, you will find your instructors to be compassionate, sensitive, and ready to make your course a life-shaping experience. There will be 2 instructors with your group. We require our instructors to carry certifications in First Aid and CPR, and at least one is a Wilderness First Responder – a high level of wilderness medical training. In addition, all of our staff have been screened and cleared by the national FBI criminal record database and local police databases. Safety for you and for our staff is among our highest priorities.

DO I NEED MONEY?

You will only need money to pay for lost or broken gear. \$15-\$20 should be enough. You will not be need to spend personal money on course.

CAN I BRING MY CELL PHONE?

Participants may NOT bring cell phones or other electronic equipment on course. Each instructor is equipped with an emergency phone. Participants will not be allowed to place or receive calls during the course.

IS IT SAFE?

Outward Bound has an excellent safety record and the safety of our participants is a priority. We invest considerable time and resources in training our staff and reviewing our programs to ensure that they meet high standards of safety and quality. The accuracy of the information you provide on medical forms is a safety essential. Families will be notified immediately in the case of an emergency.

CONTACT OUTWARD BOUND

For any questions before or during your course, please contact us during business hours by phone or email:

Sean Altman – Program Coordinator
saltman@outwardboundcalifornia.org
415.346.0572

Russell Cowan – Program Coordinator
rcowan@outwardboundcalifornia.org
415.316.0579

For after-hours emergencies only: Call our general line at 415.933.6222 and press 5 for access to our 24-hour on-call phone.



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