

# Overnight Backpacking



CAMPUS RECREATION  
Outdoor Adventures

Beyond BOW (partnered with UNL Outdoor Adventure Center)



**When:** June 18<sup>th</sup> (Sat) – 19<sup>th</sup> (Sun)

**Where:** Indian Cave State Park (Meet at the Park Headquarters Saturday at 1pm); Finished by 2pm Sunday

**Cost:** \$95 per person

**Experience needed:** Able to walk at least two miles with a 20-25 pound backpack on

**Meals provided:** Saturday – Dinner; Sunday – Breakfast and Lunch

**Gear provided:** tents, sleeping bags, sleeping pads, stoves, kitchen, food and first aid

**What to bring:** Worn-in hiking boots; Camp shoes (old tennis shoes/sandals); Sun hat + stocking cap; Rain jacket + pants; 1-2 fleece/down layers\*; Midweight hiking socks\*; Underwear\*; Long underwear\*; Hiking shorts and/or pants (light & quick-drying)\*; short-Sleeve top\*; Long-sleeve top\*; Sunscreen; Lipbalm; Bug spray; Toiletries; Toilet paper kit; Blister care kit (moleskin); Two 1 Liter water bottles; Headlamp/flashlight + extra batteries

**\*If you bring cotton make sure it is dry cotton**

## Education –Escape- Enjoyment

### What will I learn?

- Trip Planning, Preparation and 12 Essentials
- Clothing: Regulating Body Temperature Clothing: Layering Principles & Layers; Boots and Footwear
- Leave No Trace Seven Principles: Be Considerate of Others, Respect Wildlife, minimize Campfire Impacts, Plan Ahead and Prepare, Travel and Camp on Durable Surfaces, Dispose of Waste Properly, Leave what you Find
- Equipment: Packs, Sleeping Bags, Tents / Shelter/ camp set-up
- Stoves and Cooking Demonstration
- Hygiene and Sanitation
- Menu Planning and Packing Food; Energy and Nutrition Requirements
- Fluid Recommendations/Water Purification
- Navigating with Map and Compass



## Overnight Backpacking – Beyond BOW Registration

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address (required): \_\_\_\_\_

Previous Hiking Experience: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you learn about this program? \_\_\_\_\_

### Check List:

- I have carefully read over the flyer and understand what will be required
- I have filled out the medical form and returned to Julia Plugge

### Payment: (registration will not be confirmed until payment is received)

- Check for \$100 is included – payable to Nebraska Game and Parks Foundation
- I paid by Paypal

### Send payment, registration and medical forms to:

Nebraska Game and Parks Commission

Attn: Julia Plugge

2200 N. 33<sup>rd</sup>, Lincoln, NE 68503

Email: [Julia.Plugge@nebraska.gov](mailto:Julia.Plugge@nebraska.gov)

Fax: (402)471-6130

Additional information will be emailed closer to the date.



# EMERGENCY MEDICAL AUTHORIZATION

The Medical History Questionnaire is correct to the best of my knowledge, and I am able to engage in all activities, except as noted by me and a physician. In the event of an emergency, I hereby give permission to a physician to hospitalize, secure proper anesthesia, or to order injection or surgery or other medical procedures required by the emergency situation.

I give consent for the Nebraska Game and Parks Commission (hereinafter "NGPC") and/or their agents to provide medical attentions, transportation and emergency medical services as warranted by the circumstances.

I represent that I am in good physical condition and I am not aware of any disease or injury that would be aggravated or result in my being incapacitated or injured during any program participation except as designated herein.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## LIABILITY/MEDICAL RELEASE

If I am injured or suffer any illness or disease while residing at and participating in programs of the NGPC except as may be caused by the grossly negligent or reckless conduct of the NGPC and their agents, servants, employees and volunteers I agree to hold NGPC and their designees harmless for any said illness or disease.

I further understand and agree to abide by the general rules and conduct prescribed for guests of the Nebraska State Parks and that violation may result in a denial of privileges and forfeiture of all fees paid and immediate removal from Nebraska State Park.

I have read this release, I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of NGPC.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

## MEDICAL HISTORY QUESTIONNAIRE

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Family Medical Ins. Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

### ALL INFORMATION WILL BE CONFIDENTIAL Please circle "YES" or "NO" and provide additional details where required.

1. Are you allergic to any medication (aspirin, penicillin, etc)?	NO	YES	List _____
2. Do you take any medication on a permanent or semi-permanent basis?	NO	YES	_____
List with reason _____			
3. Have you ever had a seizure?	NO	YES	When _____
4. Have you ever been told by a doctor that you have epilepsy?	NO	YES	When _____
5. Have you ever been treated for diabetes?	NO	YES	When _____
6. Have you ever been told by a doctor that you were anemic?	NO	YES	When _____
7. Have you ever had a serious accident?	NO	YES	When _____
8. Do you have or have you ever had high blood pressure?	NO	YES	When _____
9. Do you have or have you ever had the following diseases:			
Hay fever	NO	YES	When _____
Fainting spells	NO	YES	When _____
Frequent diarrhea	NO	YES	When _____
Severe stomach aches	NO	YES	When _____
Menstrual problems	NO	YES	When _____
Ear ache or ear infection	NO	YES	When _____
Heart disease	NO	YES	When _____
Lung disease (pneumonia, etc.)	NO	YES	When _____
Kidney disease (infection, etc.)	NO	YES	When _____
Liver disease (mononucleosis, etc.)	NO	YES	When _____
Hepatitis	NO	YES	When _____
10. Have you ever been told by a doctor that you have asthma?	NO	YES	When _____
List medication _____			
11. Do you have or ever had a hernia or rupture?	NO	YES	When _____
12. Have you been "knocked out" unconscious, had a concussion or head injury?	NO	YES	When _____
13. Have you stayed overnight in a hospital?	NO	YES	When _____
Why? _____			
14. Are you currently under the care of a mental health professional?	NO	YES	When _____
15. Are you currently taking any behavior modification medication?	NO	YES	When _____
Why? _____			

**IMMUNIZATIONS:** Tetanus Toxoid — date of last inoculation \_\_\_\_\_

This MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE, and I understand any intentional omission of a material fact of the medical history questionnaire is grounds for dismissal from program(s) and expulsion from the property of NGPC.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date