

# Overnight Backpacking



CAMPUS RECREATION  
Outdoor Adventures

**Beyond BOW (partnered with UNL Outdoor Adventures Center)**



**When:** April 28<sup>th</sup> (Sat) – 29<sup>th</sup> (Sun) 2018

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

**Cost:** \$95 per person. State park permit will also be required. Write checks to: Nebraska Game and Parks Foundation.

**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 clothes make sure it is dry cotton**

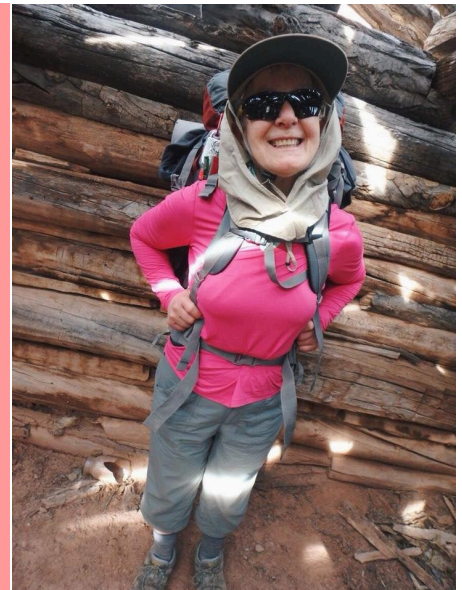
**Send forms and payment to: Nebraska Game and Parks**

**Attn: Julia Plugge, BOW Program, 4703 N 44th St, Lincoln, NE 68504**

## 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



This is a service of the Division of Student Affairs

UNL Campus Recreation welcomes persons with all abilities. Please inquire about the availability of accommodations for special needs. UNL does not discriminate based on any protected status. Please see [go.unl.edu/nondiscrimination](http://go.unl.edu/nondiscrimination).

**Adventure Trip Program Form**  
University of Nebraska  
Outdoor Adventures

**WAIVER AND RELEASE OF LIABILITY for Campus Recreation Outdoor Adventure Activities**

**DISCLAIMER: The UNIVERSITY OF NEBRASKA is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while warming up, practicing, traveling, playing, or participating in **Campus Recreation Outdoor Adventure Activities** for any reason whatsoever, including ordinary negligence.

This WAIVER and RELEASE OF LIABILITY was executed this \_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_, at Lincoln, Lancaster County, State of Nebraska by \_\_\_\_\_, (Releasor) in favor of the **UNIVERSITY OF NEBRASKA and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (University).**

The Releasor wishes to participate in **Campus Recreation Outdoor Adventure Activities**. In consideration for the privilege of participation in the program, the Releasor consents and agrees to the following:

1. **Releasor** certifies that he/she is physically capable, has no medical condition (mental or physical), and is not under the influence of drugs or alcohol or any illicit or prescription drugs that might create risks to **Releasor** or other participants in Campus Recreation Activities. He/she will take responsibility for physical fitness and capability to perform under normal conditions of Campus Recreation Activities. **Releasor** is encouraged to get his/her physician's opinion prior to participating in any Campus Recreation Activities. In the event of a medical emergency, the University of Nebraska or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expenses involved.
2. **Releasor** has hereby been made aware that participation in Campus Recreation Activities has the following non-exclusive list of certain risks which I accept:

**Activities**

Activities presently involve programs that primarily live, camp and travel out of doors, but may also include indoor classrooms. Physical activities include, but are not limited to, walking, hiking, backpacking, climbing, paddling, and repetitive lifting. Certain activities will require **Releasor** to travel by vehicle, raft, canoe, kayak, sail and other boats, skis, bicycle, on foot and by other means, over improved and unimproved roads/ trails, mountainous and other strenuous terrain, and off-trail terrain that may be unprotected from falls, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, slippery rocks, steep or crevassed glaciers, ocean tides, currents, waves, surf, and reefs. Campus Recreation may discontinue or add certain Activities at its sole discretion. **Releasor** understands, acknowledges and agrees that the activities listed above are inherently dangerous.

**Risks**

Travel risks that **Releasor** has been made aware of include exposure to vigorous activity involving severe respiratory and cardiovascular stress, collision, falling, capsizing, drowning, becoming lost, and all manner of injury, including, but not limited to: death; head, eye, neck, and spinal injury resulting in complete or partial paralysis; brain damage; heart attack; blisters; cuts; lacerations; abrasions; dismemberment; concussions; contusions; strains; sprains; dislocations; fractures; cold and heat injuries; water immersion; drowning; lightning strikes; injury to bones, joints, muscles, internal organs; and environmental conditions. In addition, I understand and accept the incidental risks of travel to and from the site of activity; participation at sites that may be remote from available medical assistance; and the possible reckless conduct of other participants.

Environmental risks that the **Releasor** has been made aware of include, but are not limited to, flowing, deep and/or cold water; insects, snakes, predators, and large animals; animal and insect bites/ stings may expose participant to illnesses/ diseases; falling and rolling rock; lightning, avalanches, flash floods, falling timber, and forces of nature, including weather which may change to extreme conditions. Possible injuries and illness include hypothermia, frostbite, immersion foot, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Camping risks that the **Releasor** has been made aware of 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 open fires. Water may require disinfection before use. While staff work to minimize or limit exposure to food allergies or sensitivities participants may come in contact with offending food types.



### HEALTH STATEMENT and MEDICAL RELEASE for Campus Recreation Activities

Any person participating in Campus Recreation Activities must sign the Waiver and Release of Liability form.

The proposed activity provided by Campus Recreation requires participation in physical exercises, which by their nature are inherently physically demanding. Many of the activities will challenge you and cause surges in respiration, blood pressure, and pulse rates. It is imperative that you are medically free of any conditions, which might create undue risks to yourself or others who depend on you. Good physical condition will increase your enjoyment of these activities. If there is any doubt about your ability to safely participate in this experience, you should have a physical examination prior to participation.

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Gender M / F  
Email \_\_\_\_\_ University ID# \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In an emergency, notify: _____	Relationship _____
Home Phone _____	Work phone _____
Address _____	City _____ State _____ Zip _____

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_ Last Physical Exam \_\_\_/\_\_\_/\_\_\_

#### Health History

Please list or identify any *physical or medical conditions* or *medications* you are taking that might impact your activity or create a hazard to you while participating in the Campus Recreation Program. If you provide this information, it will be used to assist or provide assistance to you if an injury or life threatening situation should occur during your participation in Campus Recreation Programs.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please identify your personal medical / health insurance carrier and policy number.

\_\_\_\_\_

You are encouraged to seek your doctor's input prior to participating in Campus Recreation Programs if you have any type of condition that impairs your judgment or motor skills. Reasonable ADA accommodations may be requested and will be considered.

### Representation, Consent, and Emergency Authorization

This Health History is true and accurate so far as I know and believe, and that my health is satisfactory to participate in the programs of Campus Recreation.

I hereby consent and give my permission to the University of Nebraska and Campus Recreation and the medical personnel selected by them to render such emergency medical diagnosis and treatment as is deemed necessary, including but not limited to X-ray examination, injection, anesthesia, and/or surgery for me. Such authorization for emergency treatment shall also include, but not be limited to, costs incurred for the provision of such aid, treatment, and arranging evacuation if it is determined that such evacuation is medically necessary and desirable. I further agree and will assume financial responsibility for the costs of any specialized means of evacuation and the necessary medical care. I understand and acknowledge that these costs are my responsibility.

I also understand and agree to abide by any restrictions placed on my activities by Campus Recreation during my participation in Campus Recreation Activities.

Participant \_\_\_\_\_ (printed) \_\_\_\_\_ Date \_\_\_\_\_

### For Participants younger than 19 years of age Representation, Consent, and Emergency Authorization

This Health History is true and accurate so far as we know and believe, and that the participant's health is satisfactory to participate in the programs of Campus Recreation.

**The Parent/Legal Guardian and I hereby consent and give our permission to the University of Nebraska and Campus Recreation and the medical personnel selected by them to render such emergency medical diagnosis and treatment as is deemed necessary, including but no limited to x-ray examination, injection, anesthesia, and/or surgery for the participant.** Such authorization for emergency treatment shall also include, but not be limited to, costs incurred for the provision of such aid, treatment, and arranging evacuation if it is determined that such evacuation is medically necessary and desirable. **We further agree and will assume financial responsibility for the costs of any specialized means of evacuation and the necessary medical care. We understand and acknowledge that these costs are our parent/legal responsibility.**

We also understand and agree to abide by any restrictions placed on the participant's activities by Campus Recreation during the participation in Campus Recreation Activities.

Participant \_\_\_\_\_ (printed) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ (printed) \_\_\_\_\_ Date \_\_\_\_\_

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

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Email \_\_\_\_\_