



OASES

ADVISOR INFORMATION



Dear Teachers & Parents:

Thank you very much for your interest in OASES, and for your willingness to mentor and advise a delegation of students as they participate in this exciting conference! One or two advisors are welcome to accompany your delegation of up to six students from your school. As an advisor, you will fulfill an essential role as you manage registration and travel logistics for your delegation, transport your delegation to and from The Outdoor Academy, and supervise your students during the conference. Below is a specific list of advisor responsibilities and the steps to follow as you register your delegation.

- ▶ Obtain approval from your school's administration to lead a delegation. In the process, research your school's standards for transporting and supervising student groups during overnight trips off campus.
- ▶ Complete the following registration documents: a general registration form (1 page), a medical information form (1 page), a description of behavior expectations for OASES participants (1 page), and a liability waiver (2 pages).
- ▶ Collect all registration forms and conference fees from each student in your delegation (\$45 per student, checks payable to The Outdoor Academy, no fee required for advisors and OA Alumni). Please check these documents for parent signatures! If your delegation includes OA alumni, collect their registration documents as well; however, they do not need to submit any payment. Don't hesitate to request their help with collecting all participant registration paperwork!
- ▶ Photocopy all student registration documents, and bring these forms with you as you travel to OASES (so that you have parental permission and contact/medical information for each participant with you).
- ▶ Mail all original registration documents and fees, including any advisor and alumni documents, to The Outdoor Academy (our address appears on the registration form). Please note the following:
 - All registration documents must be submitted by April 1.
 - Application packets will be processed in the order in which they are received until the conference is full.
 - We will notify you by e-mail or telephone when your application packet has been processed.
 - If we receive an application packet after the conference is full, we will return all the enclosed checks.
- ▶ Arrange transportation for your delegation to and from The Outdoor Academy, with guidance from your school administration and the permission of your participants' parents.
- ▶ Supervise your delegation while at OASES, and distribute student medications at the appropriate times.

If you have concerns or questions about these responsibilities, please call us at 828-877-4349 or e-mail us at "oases@enf.org". You will receive additional information (such as a packing list and directions to The Outdoor Academy) several weeks prior to OASES. Also, there will be a meeting of all parent and faculty advisors shortly after your arrival to campus to review program guidelines, answer questions, and become acquainted with one another.

For most schools, OASES will take place during regular school days. Depending on your drive-time to The Outdoor Academy, your delegation may need to depart from your school early on Wednesday morning. Your delegation may miss some classes on that day, and will miss classes on Thursday and Friday. Please work with your administration and the students of your delegation to address any concerns or responsibilities that result from this situation.



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ADVISOR REGISTRATION FORM



Advisor's name: _____ (circle one): Male Female

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell: _____ E-mail: _____

Emergency contact name: _____ Phone: _____

School you are representing: _____ (circle one): Faculty member Parent

How did you learn about OASES? _____

TO REGISTER FOR OASES:

Please initial and sign below

_____ I will investigate my school's standards for supervising overnight trips off campus, and I will maintain these standards during OASES and our trip to and from The Outdoor Academy.

_____ I will arrange transportation for my delegation to and from The Outdoor Academy, with the approval of the participant's parents and my sending school.

_____ I will supervise the care and well-being of my delegation to OASES, including supervising the distribution of prescription medications to these students.

Signature: _____ Date: _____

List the (up to 6) students who comprise your delegation:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

" I have completed my own registration documents (this page, plus the next four pages).

" I have collected all registration documents and fees (\$45/student) from the students in my delegation.

" I have collected the registration documents from any Outdoor Academy alumni and/or a second advisor (no fee required).

" I have photocopied all registration documents so I have copies I can bring with me to OASES.

Finally: compile ALL original registration documents and mail them in one envelope (postmarked by April 1) to the address at right:

**OASES MAILING
ADDRESS:**

**OASES Director
The Outdoor Academy
43 Hart Road
Pisgah Forest, NC 28768**



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MEDICAL INFORMATION



This form is to meant to provide the administrators of The Outdoor Academy with the information they need to provide appropriate care for OASES participants, both in the regular course of the program and in the unlikely event of an emergency.

If you run out of room at any time while filling out this form, please attach additional pages or write on the back.

PARTICIPANT'S FULL NAME:

ALLERGIES: Please list all known allergies to food, medication, etc.

| ALLERGY | REACTION | MANAGING THE REACTION |
|---------|----------|-----------------------|
| | | |
| | | |

MEDICATIONS: Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at OASES. Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

| MEDICATION & DOSAGE | WHEN TAKEN | REASON FOR TAKING |
|---------------------|------------|-------------------|
| | | |
| | | |

DIETARY RESTRICTIONS: Please circle foods that the participant DOES NOT or CANNOT eat:

- Red meat
 Pork
 Eggs
 Other (describe):
 Poultry
 Seafood
 Dairy products

GENERAL QUESTIONS: Please circle items if the participant has any of the following conditions, then provide further information on the back of this form.

- Recent major injury or illness
 Diabetes
 Any other medical concerns we should know
 Asthma
 Epilepsy
 about (please explain on back)

ACTIVITY RESTRICTIONS: Are there activities that this person should not do? What adaptations are necessary?

INSURANCE INFORMATION: Is the participant covered by insurance?

(circle one): Yes No

Name of insured:

Group #

ID #

Carrier Name:

Carrier phone:



OASES

BEHAVIOR EXPECTATIONS



Thank you very much for your interest in attending the Outdoor Academy Student Environmental Summit! We are looking forward to your arrival at our campus on April 28 for three days of exciting learning opportunities. As you know, delegations from numerous schools all over the southeast will be convening at The Outdoor Academy (OA) for this conference. In order to make this a safe, enjoyable, and memorable event for all participants, OA and its parent organization, Eagle's Nest Foundation (ENF) have established the following rules, which all OASES participants are expected to abide by:

HEALTH AND SAFETY:

- ▶ Smoking is not allowed anywhere on OA's campus or in ENF programs.
- ▶ Tobacco products, illegal drugs, alcohol, and weapons are forbidden.
- ▶ Separate dormitories will be established for males and females. In order to provide privacy, participants may only enter their assigned dormitory. Wherever possible, students will be housed with their assigned advisor. An Outdoor Academy staff member will also be housed in each dormitory for the purpose of providing supervision.
- ▶ All participants are expected to follow instructions, rules, and expectations as provided by OA and/or ENF staff.

DRESS AND APPEARANCE:

- ▶ Participants are asked to wear neat and clean clothing that is appropriate for the activity. Please **DO NOT** wear clothing that:
 - is revealing or sexually provocative.
 - contains references to alcohol, tobacco, or illegal drugs.
 - contains profanity, sexual connotations, or racial slurs.
- ▶ Shoes proper to the activity are to be worn at all times.
- ▶ Tattoos and body piercings should be unobtrusive and of a non-controversial content, as deemed by the OA administration.

Thank you for your attention to these guidelines, as they will ensure a safe event for all in attendance and for our current student body. If you have questions about the above policies please call us at 828-877-4349.

Please sign below to indicate that you understand and will support these policies.

Signature: _____

Print Name: _____

Date: _____



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RISK & LIABILITY WAIVER



Eagle's Nest Foundation and The Outdoor Academy Student Environmental Summit (OASES)

April 28 - 30, 2010

PARTICIPANT AGREEMENT

In consideration of the services of Eagle's Nest Foundation, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter individually and collectively referred to as "ENF"), I hereby agree as follows:

A. On behalf of myself, my parents, my heirs, assigns, personal representative and estate, I hereby release, quitclaim and discharge ENF from any and all liability which it might incur resulting from or relating in any way to any injury which I might suffer while attending OASES, whatever the cause of such injury, and whether it was foreseeable or not.

B. I also specifically agree as follows:

1. I understand that I must abide by ENF regulations and that possession or use of tobacco, drugs, or controlled substances not prescribed by a physician are prohibited. I also understand that if I fail to adhere to these policies, and am asked to leave the program as a result, I should not necessarily expect to be able to return to any future ENF programs.
2. I understand that ENF reserves the right to dismiss from its program any participant who breaks ENF policies or whose presence threatens the best interest of ENF.
3. I acknowledge that participation in OASES entails known and unanticipated risks that could result in emotional injury, paralysis, permanent disability or other significant physical injury or damage, or even death, to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of activities offered at OASES, and that a risk of such injury is inherent in this program.
4. I expressly agree and promise to accept and assume all of the inherent risks existing in this event and its activities. My participation in these activities is purely voluntary, and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ENF from any and all claims, demands, or causes of action, which arise out of the risks and damages of all kinds, whether resulting from risks inherent in this event and its activities and my use of ENF equipment or facilities, or from the negligence of ENF.
6. Should ENF or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold it or them harmless for all such fees and costs.
7. I certify that I have adequate health insurance to cover any damage I may suffer arising out of the risks inherent in this activity. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
8. I give ENF permission to administer medical treatment as it may deem fit, in its complete discretion, in the event of injury to my person during this event.

C. ENF has my permission to use my picture, image, and video footage in promotion and video promotions.

(continued on next page)

D. The parties agree that any claims directed at ENF which are subject to any portion of this Agreement, as well as any claims contesting the validity or applicability of this Agreement, shall be subject to mandatory mediation by the Transylvania County Center for Dialogue, in Transylvania County, North Carolina. In the event that such claims are not resolved through mediation, the parties agree that such claims shall be subject to mandatory arbitration in an arbitration proceeding conducted pursuant to the administration and rules of the American Arbitration Association, in Transylvania County, North Carolina. This Agreement shall be construed pursuant to the laws of the State of North Carolina, but without regard to which party drafted the same.

SIGNATURE OF ADULT PARTICIPANT

Signature: _____

Print Name: _____

Date: _____