



CAMPUS RECREATION

## Camp Owls Expedition Packet

**Welcome!** We are excited you have decided to go on Camp Owls: The Expedition. You will be a crew member with fellow FAU students as you hike the Blood Mountain trail in North Georgia. "Crew" means contributing to your group in ways that lead to success. This is referred to as good Expedition Behavior (EB). You'll get a chance to lead the crew, cook, navigate, and much more. At the end of the trip there will be a day of service at a local park as a way to give back to the area.

Your Camp Owls Student Staff will be contacting you closer to the trip to answer any questions you may have about gear, itinerary, and expectations. Registration for this trip does include a backpack, sleeping bag, and sleeping pad. Please let us know if you'll be bringing your own.

Included in this packet:

- Participant Expectations\*
- Photo Release\*
- Packing/Gear List
- Trip Waiver\*
- Medical Form\*
- Itinerary

*\*These forms need to be completed and returned to Campus Recreation no later than a week before your trip.*

Congratulations on deciding to challenge yourself and expand your horizons in preparation for your time at FAU!

*Now, let's TAKE FLIGHT!*

Sarah Canatsey  
Assistant Director, Outdoor Adventures

Emily Mille, '17  
Student Manager

Youkendy Mera, '17  
Student Manager



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## Camp Owls Participant Expectations

*To ensure the safety and enjoyment of everyone in your group, we ask that the following expectations are understood and followed. Please review, sign, and return a copy of this form with your medical form and waiver. Remember that you are considered a student on these trips and are subject to any disciplinary action through the Dean's office for infractions of the Student Code of Conduct.*

**Feet Safety:** One of our most valuable assets are our feet. Whether you are hiking, walking around camp, or in the waters there are dangers you need to be aware of that could ruin your trip experience. Glass, rocks, oysters, and shells are just some of these hazards. Because of this we will ask that you ALWAYS wear shoes when you are walking on the ground or in the water.

**Technology:** We spend our daily lives “plugged in” as we are constantly bombarded with requests that take us away from being present. Take this opportunity to disconnect and practice being present with those around you. We understand that many people use their phones as their alarm clock and camera. Please plan to bring a camera if you want pictures and we'll make sure you don't oversleep!

**Drugs, Alcohol, and Tobacco:** None of these items will be allowed on the trip. Beyond the obvious reasons why these aren't allowed, being an active member of a group requires you to be fully engaged in activities with full mental capabilities.

**Leave No Trace (LNT):** LNT is a set of principles that guide an outdoor ethic. The areas we frequent will only be accessible for future trips and generations if we help to take care of them. We may ask you to do, or not do, certain things in order to follow these principles. [www.lnt.org](http://www.lnt.org)

**Inclusion/Diversity:** Good expedition behavior takes participation of the whole crew. Alienating crew members through coarse language, inappropriate jokes, and degrading names does not help foster an emotionally safe environment. Please be kind to others through your words and actions. As Thumper would say, “If you don't have anything nice to say, don't say anything at all.”





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**Crew, Not Passengers:** You'll hear us refer to your group as a crew. This is very different than being a passenger. You will be expected to contribute to the daily chores (cooking, cleaning, etc) and offer your help for the success of the whole group. Many times we lose awareness of the needs around us; use this experience to connect back.

I, \_\_\_\_\_, have read and understand the Camp Owls expectations. I understand these are all part of being a part of a community focused on the emotional and physical safety of everyone. I am ready to commit to following these expectations and holding my fellow group members to them as well.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## PHOTO/VIDEO RELEASE FORM

I hereby give permission for the name, likeness and biographical material of the participant listed below to be used solely for the purposes of Florida Atlantic University-related promotional material and publications and waive any rights of compensation or ownership thereto.

\_\_\_ Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ Other

Name of Participant (please print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### OFFICE USE ONLY:

M F • W B H A O \_\_\_\_\_ HR \_\_\_\_\_ TOP: \_\_\_\_\_ BOT: \_\_\_\_\_

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# The Expedition Packing List

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Travel Gear (provided):		
Please let us know if you will be bringing your own gear.		
Backpack		4000+ cubic inch internal frame pack, and some sort of weather protection; Internal or external frame
Pack cover		Large heavy duty garbage bags at a minimum
Sleeping Bag		Rated to 45 degrees minimum
Sleeping Pad		For comfort and insulation from the ground.
Clothing & Footwear		
Hiking boots		Good ankle support; Needs to cover the ankle; Sturdy, comfortable, broken in Boot/Trail Runner is okay only if it's a combo.
Hiking socks		1-2 pair
Base Layer (Top & Bottom)		One of each; Synthetic or wool
Underwear		As needed; As you see fit; Multiple pair
Hiking Shorts/Pants		1 pair / fast drying; Synthetic or wool
Top (shirt, etc.)		1 additional base or mid layer top –synthetic/wool
Insulating Top		Top–fleece, wool, etc; Fleece, down, etc. Jacket for warmth; Thermal
Rain Jacket		Water, and wind-proof shell;
Rain pants		1 pair of bottoms
Hat		one warm; wool/fleece
Gloves		Gloves for warmth
Camp Shoes		Comfortable, closed toe; Keens, Old running/tennis shoes, Crocs, etc.
Miscellaneous		
Eating Supplies		Spork, bowl, plate, etc. and as needed; Tupperware recommended
Water bottle		At least 3L worth of water bottles
Headlamp		With extra batteries
Personal		
Items/Toiletries		Toothbrush/paste, TP, contact solution, chapstick, feminine products, sunscreen, etc. (Leave the smelly products at home: deodorant, hair products, soap, lotions etc.)
Camp chair or sitting pad		
Journal/pen		
Bandanas		These are super useful!
OPTIONAL ITEMS		
Sunglasses		A good pair of sunglasses that block 100% of those harmful UV rays
Baseball Cap or Visor		This cap should shield your eyes from the sun and stay on during activity.
Liner Socks		Liner socks can help reduce friction on your heels and lessen the likelihood of blisters.
T-Shirts (As Needed)		Cotton. For around camp in good weather, for sleeping, not for activity.
Shorts (As Needed)		Synthetic shorts
Camera		We'll be leaving phones off the trail, so please bring a camera if you want to take pictures.
Misc Fun Item		Bring a smile to someone's face.
First Aid		meds, blister care items, Band-aids, duct/athletic tape



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

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

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS  
ASSUMPTION OF RISKS, AND HOLD HARMLESS AGREEMENT**

In consideration of participating in domestic and international trips, activities, and related events (hereinafter referred to as the "Trip") as a participant of the Florida Atlantic University's Outdoor Adventure Trip Program:

I, \_\_\_\_\_ for myself and my estate, heirs, administrators, executors, and assigns, hereby release and hold harmless the State of Florida, the Florida Board of Governors, the Florida Atlantic University Board of Trustees, and their respective officers, directors, employees, representatives, agents, and volunteers (collectively, the "Releasees"), from any and all liability and responsibility whatsoever, however caused, for any and all damages, claims, or causes of action that I, my estate, heirs, administrators, executors, or assigns may have for any loss, illness, personal injury, death, or property damage arising out of, connected with, or in any manner pertaining to the Trip, whether caused by my actions or negligence or the actions or negligence of the Releasees or any third parties or otherwise.

I fully understand that there are potential risks and hazards associated with the Trip and its related travel, including, but not limited to, possible injury or loss of life. I understand I must be healthy and reasonably fit in order to safely participate in the Trip. I further understand that while on the Trip, I will be visiting locations and interacting with persons that are not associated with or under the control or supervision of the Releasees. I also understand that the Releasees are not hosting, sponsoring, organizing or endorsing the Trip and that my participation in the Trip is solely as a participant in Florida Atlantic University's Outdoor Adventure Trip Program. Despite the potential risks and hazards associated with the Trip, I wish to proceed, and freely accept and assume all risks and hazards that may arise from my participation in the Trip and that could result in loss, illness, personal injury, death, or property damage, whether caused by the negligence of Releasees or any third parties or otherwise.

I further agree to comply with all applicable laws and ordinances, as well as with all Florida Atlantic University ("University") regulations, rules, policies and procedures. I understand that my behavior and conduct must remain consistent with the University Student Code of Conduct and all professional and behavioral standards of my college or academic program. I understand that any consumption of alcoholic beverages must be done in a lawful and responsible manner and in compliance with University policy. I understand that any violations of the University Student Code of Conduct or of any professional or behavioral standards of my college or academic program in any way relating to the Trip may subject me to disciplinary action by the University, including without limitation, loss of privileges and/or dismissal from my college or academic program or the University.

I further hereby agree to defend, indemnify and hold harmless the Releasees from any claim, judgment, settlement, loss, liability, damage, and costs, including court costs and attorney fees at both the trial and appellate levels that Releasees incur as a result of my participation in the Trip.

I further agree to give the University the right and permission to record my participation and appearance on videotape, audiotape, film, photography or any other medium and to use my name, likeness, voice and biographical information in connection with these recordings. The University may exhibit or distribute all or any part of these recordings for any educational or promotional purpose which the University and its employees deem appropriate. All such recordings shall be the University's property.

I will assume responsibility for all costs incurred by me on the Trip, including medical care, if needed. In the event that I am rendered unable to communicate due to illness, accident, or emergency while participating in the Trip, I hereby give permission to a physician selected by the Trip's personnel to hospitalize, secure proper treatment for; and to take whatever medical actions are necessary to treat me. I fully release and hold harmless the Releasees from any liability related to such actions. I understand that the Releasees are not providing any health or accident or other insurance to me while on the Trip and that, if desired, must purchase my own health, accident, evacuation and other insurance policies.

**I HAVE READ THIS AGREEMENT AND THE STUDENT CODE OF CONDUCT, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT, AND I VOLUNTARILY (AND FOR FULL AND ADEQUATE CONSIDERATION) AGREE TO BE BOUND BY IT.**

Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_  
Name of Participant (I certify that I am 18 years of age or older)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Parent/Guardian's Name (If Participant is under 18 years of age)

\_\_\_\_\_  
Parent/Guardian's Signature

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

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



## Outdoor Adventures

### Participant Information

#### Medical and Waiver Form

#### PART 1 GENERAL INFORMATION

<b>PARTICIPANT</b>		Address: _____	
Legal Name: _____		APT# _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		City _____ State _____ Zip _____	
Z number: _____		Cell Phone #: _____	
		E-mail: _____	
<b>EMERGENCY CONTACT</b>		Daytime Phone #: _____	
Name: _____		Evening Phone #: _____	
Relationship: _____		Cell Phone #: _____	
E-mail: _____			
<b>INSURANCE INFORMATION</b>		If you do not have health insurance, please complete the No Insurance Addendum.	
Insurance Company: _____		Policy/Certificate # _____	
Prescription Plan #: _____		Group # _____	

#### PART 2 HISTORY: PAST AND PRESENT MEDICAL INFORMATION

##### A. Allergies- Including allergies to medications, foods, insect bites/stings

Allergy List Below	Reaction	Medication Required

##### B. Medications You Are Currently Taking- List any you are taking including over the counter, prescription, inhalers, herbal, etc.

Medications	Dose	Taken For	Current Side Effects

##### C. Dietary Restrictions

Vegan	<input type="checkbox"/> yes <input type="checkbox"/> no	Kosher	<input type="checkbox"/> yes <input type="checkbox"/> no
Vegetarian	<input type="checkbox"/> yes <input type="checkbox"/> no	Other:	
Gluten Free	<input type="checkbox"/> yes <input type="checkbox"/> no		



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

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

**D. Conditions:**

Have you experienced an asthma attack at any time in your life?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been diagnosed with type I or type II diabetes?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever visited a medical professional for a serious allergic reaction, or have you ever been given a shot of epinephrine for an allergy or anaphylaxis?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever received medical treatment for angina, a heart attack, any type of heart disorder/disease, or high blood pressure?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever seen a medical professional following a seizure, or are you currently being treated for any type of seizure disorder?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you had broken bones or joint injuries that cause recurring problems?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you currently pregnant?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you been diagnosed with any other medical condition that FAU's Outdoor Adventures staff members should be aware of?	<input type="checkbox"/> yes <input type="checkbox"/> no
If you checked "YES" to any question above, please provide additional information in this space:	
<i>FAU Outdoor Adventures reserves the right to require evaluation and release from a qualified physician prior to your participation in any activities.</i>	

- E. Signature-** Information provided on this form will only be shared with necessary staff, including but not limited to Camp Owls Trip Leaders, and by signing below you are authorizing disclosure of the information provided to necessary staff prior to your participation in any Campus Recreation events. Failure to disclose information or providing inaccurate medical information could result in serious harm to you.

**By signing this document I hereby give permission for FAU Campus Recreation to provide this form to necessary FAU staff, as well as any professional medical provider or emergency response personnel in the event of an accident/injury. In the event of an emergency, I hereby consent to any necessary treatment as determined by a qualified medical professional or emergency first responder for all emergency anesthesia, operation, hospitalization or other treatment that may be, in the judgment of the health care provider, necessary. And I agree to be responsible for the costs associated with any medical treatment. I certify that this medical record is complete and accurate to the best of my knowledge and that I have made no attempt to conceal information.**

\_\_\_\_\_  
Participant' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)



## **FAU Outdoor Adventures No Insurance Addendum**

*PLEASE NOTE: If you have insurance and filled out the information above, you do not need to fill out the section below.*

**I hereby acknowledge that I have voluntarily signed the Release of Liability, Waiver of Claims, Express Assumption of Risks, and Hold Harmless Agreement required for participation in the activities of Outdoor Recreation. In executing that Agreement, I understand that Florida Atlantic University does not carry medical insurance that covers students and will not be responsible for the cost of any medical issues that arise for Adventure Trip participants.**

I have read and understand this FAU Outdoor Adventures No Insurance Addendum. I understand that Florida Atlantic University highly recommends that I carry my own medical insurance during my participation in the FAU Outdoor Adventures Adventure Trip. I understand that Florida Atlantic University does not carry medical insurance that covers me and I assume all responsibility for myself to cover any related expenses.

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Signature of Participant

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Date

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Printed Name



## The Expedition Itinerary

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*\*\*Specific activities and trip details will vary by location. Below gives you a brief overview of what to expect.*

### **Saturday June 13**

- Meet at Campus Recreation and Fitness Center (Bldg 91), Boca Raton Campus (12pm)
- Challenge Course Program
- Duffle Shuffle
- Camp on Campus

### **Sunday June 14**

- Driving to North Georgia
- Start hiking
- Camping on trail

### **Monday June 15- Wednesday June 17**

- Hiking in North Georgia
- Camping on trail

### **Thursday June 18**

- Hiking
- Day of Service
- Camping at State Park

### **Friday June 19**

- Travel back to Campus
- Camp on Campus

### **Saturday June 20**

- Gear cleaning
- Pick up from Campus Recreation and Fitness Center (Bldg 91), Boca Raton Campus by lunch time