



CAMPUS RECREATION

Camp Owls Experience Packet

Welcome! We are excited you have decided to go on Camp Owls: The Experience. Whether you've chosen the Keys or Springs here in lovely Florida, you will have a great adventure exploring the area, meeting new friends, and learning about FAU from current students and staff. The weather will be hot, so make sure to pay attention to the packing list.

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. Sleeping bags and sleeping pads are available in limited quantity for rent.

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



CAMPUS RECREATION

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

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."



CAMPUS RECREATION

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: _____

Marketing and Creative Services

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The Experience Packing List

Backpack or Duffle Bag to pack all your stuff	All items besides sleeping bag/pad should fit inside
Water Bottles	Enough to hold 1-2 Liters of water; you will receive a Camp Owl water bottle at your pre-trip meeting.
Clothes to wear in van	
Shorts	Two synthetic shorts
T-Shirt	Two shirts which are not cotton based
Shoes	Closed toed shoes; running/tennis shoes; etc.
Clothes for Canoeing/Swimming	
Bathing suit	Swimwear
Water shoes	Flip-flops; heel support or strap recommended
Towel	You will get wet
Snorkel Fins/Mask	If you want to swim and see underwater
Sunscreen	For Sun protection when outdoors = 100% of the trip
Clothes to Sleep in	Pajamas and light breathable top
Sleeping Bag/Sheet and Light Blanket	Rated to 45°; FL is usually 80°F at night; you might only want to bring bed sheets.
Sleeping Pad or Therm-A-Rest	Provides comfort from rocks and roots; single inflatable pool raft will do, sleeping pads are available to rent for an addition fee but supply is limited
Eating Supplies	Bowl or Small Tupperware w/lid and spoon
Insulating Top/Rain Gear	Wind-proof or Waterproof Jacket; poncho
<u>Optional Recommended Items</u>	
Mosquito Protection	Bug Spray; light long pants and long sleeve shirt
Sun Protection	Polarized sunglasses; hat with a brim;
Camera	Waterproof recommended; TAKE nothing but photos
Stuff for van ride	iPod; book; snack; light conversation; playful banter
Toiletries	Toothbrush; toothpaste; odorless deodorant
No-See-Um Protection	Baby oil; Skin-So-Soft; bug spray will not work
Headlamp or Flashlight	A light source is needed for the night
Ear Plugs	To cancel the sounds of the night and snoring

NOTE:

The following group items will be supplied by FAU or third party vendor: food, cookware, stoves, tents, activity specific gear (kayak, canoe, snorkel, lifejacket, paddle, etc.)

The Department of Campus Recreation | www.fau.edu/campusrec | 561-297-4512

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

PARTICIPANT		Address: _____	
Legal Name: _____		APT# _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		City _____ State _____ Zip _____	
Z number: _____		Cell Phone #: _____	
		E-mail: _____	
EMERGENCY CONTACT		Daytime Phone #: _____	
Name: _____		Evening Phone #: _____	
Relationship: _____		Cell Phone #: _____	
E-mail: _____			
INSURANCE INFORMATION		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.

Signature of Participant

Date

Printed Name



The Experience Itinerary

CAMPUS RECREATION

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

Sunday, August 9

- Move-in (time/location to be sent in separate email)
- Pre-trip meeting and dinner (6pm)
- Staying in dorm on campus or at home if commuter

Monday, August 10

- Breakfast with your group
- Challenge Course program (start time varies by trip location)
- Lunch
- Depart for destination
- Camping at State Park

Tuesday, August 11

- Activities (varies by destination)
- Camping at State Park

Wednesday, August 12

- Leave location
- Return to campus around lunch time
- Dinner on own