"The journey of a thousand miles begins with a single step."

- Anonymous
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“Life is ours to be spent, not to be saved.”

- D. H. Lawrence

Welcome to Journey. I am very excited about the 12th year of the Journey Program, and am pleased that you have chosen this outdoor leadership, pre-orientation program as a part of your educational experience at Roanoke College. I hope Journey will prove to be beneficial to you as you make the transition to college.

The Outdoor Adventures Program at Roanoke College was created 14 years ago to give students the opportunity to take advantage of the numerous outdoor opportunities in and around the Roanoke Valley in a safe and responsible manner. The Outdoor Adventures Program promotes the following interest activities: biking, climbing, hiking and backpacking, paddling and skiing/snowboarding. One of the goals of the Journey Program is for you to meet the various OA staff members including our student guides. I can assure you that our staff members look forward to getting to know you, and are ready and willing to help you whenever possible.

To help you prepare for Journey we have put together this handbook that is designed to give you an overview of the program, its goals and objectives, and to help you in selecting items to bring. It is very important that you read over the handbook carefully, and if you have any questions about the contents please do not hesitate to call me at (540) 375-4950. Make sure you and your parents (for students who will not be 18 years of age during Journey) read over and sign the Medical Information, Release of All Claims, and Wilderness Adventure forms at the end of the handbook. **WE MUST HAVE ALL 5 OF THESE FORMS WHEN YOU CHECK IN FOR YOU TO BE ABLE TO PARTICIPATE IN JOURNEY.** I have also enclosed a copy of our itinerary and emergency phone #s for you to leave with your parent(s) or guardian.

As stated in the marketing brochure, Roanoke College does have an Outdoor Adventure Center with gear for you to use if you do not have your own. You should only bring what you will need for the Journey program unless your parents are unable to attend regular orientation, which begins on Saturday, August 28th. As you will see on the itinerary located in this handbook, our schedule does not allow much time for moving in; however, you will be staying in your permanent residence hall room.

As you prepare to begin your college career I wish you the best. I am sure this is an exciting time for you and your family. Let me know if I can help you in any way during this transition. I look forward to meeting you on Sunday, August 22nd!

Sincerely,

Brian T. Chisom, Ph.D.
Assistant Dean of Students
JOURNEY '10 ITINERARY
ROANOKE COLLEGE OUTDOOR ADVENTURES

Sun., Aug. 22:
- 1:00-3:00 p.m.- Check in at Bowman Hall.
- 3:15 p.m.- OA Journey Program Orientation begins (Introductions, goals of program, itinerary for week, and check out gear if needed).
- 6:30 p.m.- Dinner/Social with Journey staff, other RC personnel.
- Later - Optional evening excursion to Mill Mtn. Star, downtown Salem (Mill Mtn. Coffee), etc.- S/Cs will poll participants & see what they want to do.

Mon., Aug. 23:
- 7:30 a.m.- Eat breakfast.
- 8:15 a.m.- Depart for ropes course at Wilderness Adventure (participants must wear closed toe shoes).
- 9:00 a.m.-12:00 p.m.- Low ropes course.
- 12:00-12:45 p.m.- Eat lunch on premises.
- 12:45-6:00 p.m.- High Ropes & Zip Line.
- 6:00 p.m.- Eat dinner on premises.
- Later- Go to Wal-Mart (participants will need to be told in advance to bring $$).
- Pack for backpacking trip to Mt. Rogers.

Tues., Aug. 24:
- 7:30 a.m.- Eat breakfast.
- 8:00 a.m.- Depart for Damascus.
- 11:00 a.m.- 3:30 p.m.- Mountain bike on the Virginia Creeper Trail. Eat lunch at Virginia Creeper Trail Café on ride down.
- 4:30pm- Begin backpacking trip at Mt. Rogers National Recreation Area.

Wed., Aug. 25:
Stay in Rhododendron Gap- day hikes & group discussions.
Action Officers: Chisom

Thurs., Aug. 26:
- 9:00 a.m.- Break camp & eat fast food on drive home.
- 6:30 p.m.- Drive to Homeplace for dinner.
- 9:00 p.m.- Movie night in OA Center.

Fri., Aug. 27:
- 7:30 a.m.- Eat breakfast.
- 8:15 a.m.- Turn in gear in OA Center.
- 9:00 a.m.- Depart for canoe trip at Balcony Falls.
- 5:30 p.m.- Cookout, social & wrap up at Longwood Park. Parents are encouraged to attend.
ROANOKE COLLEGE
OUTDOOR ADVENTURES PROGRAM

OVERVIEW

Roanoke College's geographic location affords it the opportunity to offer an unique outdoor experiential program which helps the College fulfill its mission of developing the whole person. At the same time, such a program distinguishes the College from its competitors in a manner favorable to student recruitment and retention.

MISSION

The Outdoor Adventures program seeks to provide opportunities for students, faculty, and staff to:

> Safely engage in a variety of outdoor experiences;

> Develop the skills necessary to enjoy the outdoor experiences(s) of one's choice;

> Learn more about the natural environment;

> Help maintain and improve the natural environment through service;

> Become part of an intentional community;

> Develop communication, leadership, problem solving, and team building skills.
JOURNEY PROGRAM OBJECTIVES

1. To familiarize participants with the wealth of outdoor adventure opportunities in and around the Roanoke Valley.

2. To instill in participants the importance of leadership and teambuilding skills.

3. To familiarize participants with the Outdoor Adventures Program.

4. To meet other freshmen who have expressed interest in the Outdoor Adventures Program.

GENERAL GUIDELINES

1. The Outdoor Adventures Program is designed to promote wellness, and a healthy lifestyle. Consequently, the use of alcohol/drugs and tobacco products during Journey will not be permitted.

2. Unless you and your roommate are both Journey participants, you will not be permitted to officially move into your room. You will need to keep your possessions boxed, to one side of the room and wait until Saturday (official move-in day) to arrange your room after consulting your roommate. Lodging will not be provided to non-resident students during Journey.

3. Journey participants may have different skill levels and abilities. Please do your part to encourage each other and help ensure the safety of your fellow participants.

4. Participants should be respectful to other participants at all times. The Journey experience will be greatly enhanced if we have a strong sense of community and all participants display respect for one another.

5. Participants should follow the guidance of all Journey staff members. Staff members will rely on you to help with various tasks that may include, but are not limited to the following: unloading and loading canoes, setting up tents, collecting and filtering water, etc.

6. Consider the impact your actions may have on the group at all times.
ITEMS TO BRING FOR JOURNEY

Checklist:

___ Bedding (sheets and a blanket) or a sleeping bag, pillow for your room.
___ Towel, soap, shampoo & other toiletries.
___ Clothing: Please review the itinerary and make sure you pack for the daily activities such as the ropes course and canoeing, but also for the evening activities (casual attire). Shorts, jeans, T-shirts, and a windbreaker are all recommended. **You must wear closed-toe shoes to the ropes course on Monday.**
___ Swimsuit, water shoes or sandals (tevas, chacos, reefs, etc.) for canoe trip.
___ **Cash:** You will need money to purchase your backpacking meals, lunch in Damascus, and for anything you wish to purchase in the town of Damascus, VA.

NOTE: PLEASE REFER TO THE BACKPACKING GEAR LIST ON PAGE 10 FOR A COMPLETE LIST OF ITEMS TO BRING ON THE BACKPACKING COMPONENT OF JOURNEY.
ROANOKE COLLEGE
OUTDOOR ADVENTURES PROGRAM

JOURNEY
BACKPACKING GUIDELINES & ETHICS
The following information is not intended to be all-inclusive and certainly will not guarantee a
safe, pleasant experience. Many more comprehensive guides are available, and are
recommended for those wishing to pursue backpacking.

GENERAL GUIDELINES

Backpacking is about teamwork, self-sufficiency, challenge, and learning to get by with less. It
is also about camaraderie, learning about and enjoying nature, personal growth, and
accomplishment. You owe it to yourself and your hiking partners to be properly prepared for the
trip - physically, psychologically, and gear wise. Don't ruin a trip by not being prepared. Group
members will be living in close contact with a minimum of privacy. A positive attitude, sense of
humor, and patience will go a long way in making the trip a success. Backpacking is a team
effort so be willing to do your share of carrying the gear, setting up and breaking camp, getting
water, cooking, washing dishes, etc.

Backpacking is a rigorous physical activity. Don't undertake it unless you are in good shape
and have the right attitude! Frequent day hikes of 5-7 miles are a good way to prepare. The
BEST conditioning exercise is to day hike carrying a full backpack! This gets your body
[shoulders, hips, knees, ankles, feet] conditioned to carrying the added weight of backpacking.

Comfortable, well fitting hiking boots/shoes are a must [cross trainers / running shoes are fine
for warmer weather if you don't need ankle support.] Blisters are the most common problem for
beginning backpackers. Avoid buying new boots right before a backpacking trip.

Backpack weight also is very important. Keep your pack weight to 1/4 of your body weight or
less (with experience you'll determine how much you can comfortably carry). Too much weight,
just like blisters, can spoil a trip. Shoulders, hips, knees, ankles & feet are the stress points.
Downhill hiking is much harder on joints. Uphill hiking stresses quadriceps and lungs.

RESPECT THE ENVIRONMENT AND THE NEEDS OF OTHERS: Stay on trails, don't
cut across switchbacks, use a stove rather than building a fire, haul out all garbage, cut no living
trees or vegetation or pull up plants, practice low impact camping.

WEATHER [Roanoke, VA area]: generally mild nights (60s - 70s) and warm - hot days (80s -
90s.)

FEET: > Clip toenails 3-4 days prior to trip (Long nails can jam against inside of your boots
while you're descending - ouch!)
> Tape foot areas prone to blisters prior to start of trip. While hiking, stop at the first sign of a
“hot spot” [potential blister] and treat.
> Water proof boots prior to trip - the type of boot determines the best waterproofing agent. Ask
salesperson at outdoor store what she/he recommends. Get this info. when buying new boots.

CLOTHING: AVOID COTTON which is a poor insulator, dries slowly, and which, when wet,
cools the body by wicking away heat. Wear synthetic fabrics such as polypropylene, Coolmax,
polar fleece, nylon, etc., which are good insulators and wick away moisture.

HIKING WEAR: A good base layer = T-shirt (a coolmax t-shirt will be provided), shorts,
socks. Don additional layers on the trail / in camp as needed. Keep rain gear readily accessible.
Even in warm weather you can become chilled if you’ve been hiking uphill and then reach an
open summit (especially if it's windy or rainy.) Long sleeve shirt / Parka / wind pants should be
EASILY accessible (not way down in your pack!) to put on during stops.

CAMP WEAR: ALWAYS HAVE DRY CLOTHES TO PUT ON IN CAMP!! Staying Dry
is the best way to stay comfortable and warm. Camp shoes [lightweight running shoes, sandals
such as tevas] are nice for wear in the shelter or around camp

PACKING: Pack sleeping bag and clothes in waterproof stuff sacks. It is especially important
to have a waterproof stuff sack for your tent because a wet tent inside your pack will get other
gear wet. The best way to pack depends on whether you’re using an external or internal frame
pack. In general, your sleeping bag should go in the bottom of your pack or at the bottom of
the frame if using an external pack. Clothes that you’ll need on the trail such as rain parka/pants
should be at the top of your pack for easy accessibility. Trail snacks [bring stuff that’s easy to
eat such as granola/candy bars, gorp, etc.] map, trail guide should be in outside pockets or near
the top for the same reason. You don't want to have to take a lot of gear out of your pack while
it’s raining to get to something you need!

MAKING CAMP: Staying in SHELTERS provides more room, especially if weather is wet. If
staying in shelter: clean floor, lay out pad and sleeping bag.

TENTING: Select level spot, clean area of sticks, rocks, etc. Put down ground cloth and then
erect tent. Lay out sleeping pad and bag in tent. If site is on a slope, position tent so you sleep
with your head uphill.

After setting up camp, get water for cooking (empty gallon jug tied onto back of pack), then take
off boots and remove insoles so they can dry, start stove and begin cooking.

FLASHLIGHT: should be small enough (AA batteries) to fit in your mouth because that's
where it will be part of the time! Bring extra batteries & bulb. A headlamp is SUPERIOR to a
hand held flashlight as you often need both hands. A candle / candle lantern (extra candle) is
nice.

WATER: Carry at least 2 quarts of water while hiking. You'll determine right amount for you
with experience. Always treat water before drinking by either using a filter, boiling for at least 5 minutes, or using water purification tablets. Generally, filter water you will drink, boil water used for cooking.

**FOOD** (sample):
- **Breakfast:** pop tarts, instant oatmeal / dry cereal, powdered milk, dried fruit / granola bars
- **Lunch:** bread / bagels / crackers, peanut butter, honey / jelly, cheese
- **Supper:** instant soup (Raman), Lipton noodle dish, tea / hot chocolate
- **Snacks:** gorp [nuts, dried fruit, Skittles, M&Ms, Reeses], powdered Gator-Aid, granola, candy bars

Experiment with different foods to find out what you like on the trail. Most things taste better! A nice addition to any trip is for each person to bring a "surprise" for everyone else. Usually the surprise is some type of food. Be creative!

**ALWAYS** hang food & garbage up at night from a tree limb or a beam in a shelter to keep animals from getting into it. Do NOT keep food & garbage in your pack or tent. You will not be a happy camper if a mouse, raccoon, bear, etc. tears up your gear in order to get to your food!

**PERSONAL HYGIENE:**
- Do not urinate or defecate near any water source, campsite, or area where people are likely to congregate (such as a look out.) Defecation - carry a plastic trowel & dig a small hole 6-8" deep at least 200' from water sources, campsites, and trails. Bury toilet paper in the hole, replace sod/dirt, and tamp down lightly.
- Always wash hands before preparing food. This is especially important after defecating.
- Wash hands or clothes well away from any water source. Remember, this is the same water you and others use to cook and drink!

**CHECK GEAR PRIOR TO TRIP TO BE SURE IT IS IN PROPER WORKING ORDER!!**
Test stove (oil pump,) water filter, flashlight battery strength, check for torn seams, holes in pack & tent, correct # poles, stakes, etc.
JOURNEY
BACKPACKING GEAR LIST
Keep pack weight to 25% of body weight or less.

Checklist:

___ Backpack, rain cover, [a large, plastic garbage bag does nicely]. It's also a good idea to put gear in plastic bags inside your pack.
___ Plastic bag / pad to sit on (especially if the ground is wet).
___ Warm weather sleeping bag, sleeping pad.
___ Stove, pot, lighter / matches, scrubby, bandanna (to hold hot pot top), can opener, fuel: 5 oz per 2 folks per day.
___ Cup or bowl for suppers, spoon, nylon food bag.
___ Plastic bags for wet clothes or other gear carried in your pack, & for garbage.
___ 1 quart water bottle (provided), gal. jug (to get cooking water- tie on to outside of pack).
___ Flashlight / headlamp, extra batteries / bulb.
___ Hiking pole(s) (optional).
___ Personal Hygiene: Toilet paper, lotion, soap, washcloth, toothbrush/paste, lip & sun screen, insect repellent, tampons, travel size wet-ones.
___ First Aid Kit (a basic kit will be provided for each participant and Journey staff will have a more comprehensive kit). NOTE: you will need to pack any personal medications you are on such as an inhaler for asthmatics.
___ Glasses, strap, case, contacts, cleaning solution, lens case, back-up glasses.
___ Camera, extra film (optional).
___ FOOTWEAR: boots or running shoes / cross trainers, 2 pr. socks, sandals, gaiters (optional- keep dirt, etc. out of boots while hiking & protect against mud & rain).
___ T-shirts, long sleeve shirt.
___ LONG PANTS: 1 pr. nylon if you plan to hike in them, or fleece for around camp.
___ SHORTS: 1 pr. Nylon [guys, don’t wear boxers under your pants/shorts- great way to get chafed].
___ Wide brim hat or cap, visor.
___ Fleece top or jacket.
___ Rain jacket, & pants (pants are optional).
___ FOOD: Stuff sack to carry & hang food at night. Sample list:
   Breakfast: instant hot or cold cereal, powdered milk, granola bars, Pop Tarts, etc., raisins, hot chocolate.
   Lunch: bread (dense loaf) / crackers / bagels , peanut butter & jelly, cheese.
   Dinner: Lipton noodles, ramen noodles, macaroni and cheese, etc. Note: DO NOT purchase dinners in advance; dinners will be purchased on 8/18 after teams have been assigned. We will go to a local grocery store and teams may purchase dinners of the team’s choice. YOU ARE RECOMMENDED TO PACK YOUR BREAKFASTS, LUNCH & SNACKS IN ADVANCE & BRING THEM WITH YOU TO JOURNEY.
   Snacks: energy/candy bars, trail mix, Gator-Aid, etc.
   Experiment with different foods to find out what you like on the trail. Most things taste better on the trail.

NOTE: ITEMS IN BOLD ARE AVAILABLE IN THE OUTDOOR ADVENTURE CENTER FOR YOU TO USE DURING JOURNEY. TENTS WILL ALSO BE PROVIDED. YOU WILL RECEIVE A 1 QUART NALGENE BOTTLE & FIRST AID KIT TO KEEP.
OUTDOOR ADVENTURES PROGRAM
MEDICAL INFORMATION FORM
The information you provide may assist people in aiding you

Name ___________________________  Age _____  Birth Date ___________  Current Date ___________

Home Address ________________________

City   St.   Zip Code

Male    Female  Blood Type ___________  Date of last tetanus shot ___________

Describe any treatment you are receiving for any current illness or condition

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Describe any allergies (e.g.: insect stings, food, medication, etc.)

________________________________________________________________________

________________________________________________________________________

Describe any chronic illnesses you have such as asthma, diabetes, seizures, etc. and how these are being treated

________________________________________________________________________

________________________________________________________________________

Describe any medications you are currently taking

________________________________________________________________________

________________________________________________________________________

Describe any current or past injuries that create any limitations and explain the limitations

________________________________________________________________________

________________________________________________________________________

Describe any past injury or sickness related to cold or hot weather

________________________________________________________________________

________________________________________________________________________

Describe any history of heart / circulatory, respiratory, or neurological problems

________________________________________________________________________

________________________________________________________________________

Describe any fears or phobias that may affect performance

________________________________________________________________________

Do you wear glasses or contact lenses? ______ Do you wear dentures? ______ How well can you swim? ______
WHOM TO CONTACT IN CASE OF AN EMERGENCY

Name ___________________________ Relationship ___________________________

Home Telephone # ______________________ Work # ___________________________

Address _______________________________________________________________

Doctor’s Name ___________________________ Dr.’s phone # ___________________________

Medical Insurance Carrier __________________________________________ Policy # __________

It would be helpful for you to attach a photocopy of your insurance card

PERMISSION TO TREAT

I give permission for 1) trip leaders to administer first-aid to me in the event that I am unconscious or otherwise unable to give consent; 2) medical personnel to treat me in the event that I am unconscious or otherwise unable to give consent.

(printed name) (signature) (Date)

(printed name of Guardian if participant under 18 years old) (signature) (Date)
ROANOKE COLLEGE
OUTDOOR ADVENTURES PROGRAM
RELEASE OF ALL CLAIMS

This form must be completed in order for you to participate in the activity indicated below. If you are under 18, both you and a parent or guardian must complete this Release and Permission to Treat.

Journey ’10 Program
8/22-27, 2010

I / We understand that backpacking & mountain biking are physically demanding activities which may result in injury due to falls, burns, cuts, animal bites / scratches, overexertion, weather conditions, etc. I / We further affirm that I am in proper physical condition and have the necessary skills required to participate in these activities, and know of no physical or mental condition which could endanger me and/or other participants. I/We agree to assume all the risks, including those not foreseeable, involved in participation in these activities.

I / We understand that canoeing is a physically demanding activity which may result in injury due to capsizing, falls, cuts, collisions, bites / scratches, burns, over exertion, weather conditions, etc. I / We further affirm that I am in proper physical condition and have the necessary skills required to participate in this activity, and know of no physical or mental condition which could endanger me and/or other participants.

I/We agree to assume all the risks, including those not foreseeable, involved in participation in this activity.

I / We hereby release and discharge The Trustees of Roanoke College, its agents, employees, officers, successors and assigns, from all claims, demands, actions, judgments, and executions which the undersigned ever had, or now has, or may have, or which the undersigned’s heirs, executors, administrators, or assigns, may have, or claim to have, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by, or arising out of the above described activity which may result from causes beyond the control of, and without the fault or negligence of the Trustees of Roanoke College, its agents, employees, officers, successors and assigns.

I / We, the undersigned, have read this release and understand all its terms. I / We execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I / We have executed this release at the day and year herein written.

(date) (printed name) (signature)

(date) (Guardian printed name if participant under 18 years old) (signature)

(date) (Witness printed name) (signature)
APPLICATION, MEDICAL INFORMATION, & RELEASE - (ADULT)

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION:

Last_________________________ First_________________________ Nickname_________________________

Address_________________________ City_________________________ State_________ Zip_________

Phone (____)____________________ Date of Birth____________________ Age_______ Male/Female (Circle one)

Person to be contacted in the event of an emergency: Name_________________________

Relationship_________________________ Phone(h)____________________ (w)____________________

DO YOU HAVE ANY MEDICAL CONDITION WHICH WOULD PRECLUDE YOU FROM PARTICIPATING IN ANY OF
THE OUTDOOR ACTIVITIES LED BY WILDERNESS ADVENTURE AT EAGLE LANDING?  If yes, explain and state
which activities are prohibited__________________________________________________________

ALLERGIES OR DIETARY RESTRICTIONS: __________________________________________________

Current medications __________________________________________________________

Chronic or recurring medical condition _______________________________________________

Suggestions on health related information for camp personnel: __________________________________

Name of medical/hospital insurance_________________________ Phone_________________________

Policy or Group #_________________________ Name of Insured_________________________ Insured’s SS#__________

I give permission to the camp staff to administer medication for common complaints of headache, stomach discomfort,
insect bites or stings, etc. (e.g., acetaminophen, ibuprofen, antacid, antihistamine). In the event I am injured, I hereby give
permission for the WILDERNESS ADVENTURE AT EAGLE LANDING staff to administer first aid and/or select a physician
to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery.

I hereby consent to and authorize the use of photographs or video of myself by WILDERNESS ADVENTURE AT EAGLE
LANDING for promotional purposes.

I understand that Wilderness Adventure at Eagle Landing’s activities include, without limitation, hiking, backpacking,
camping, rock climbing, rappelling, canoeing, kayaking, caving, low ropes, high ropes, mountain biking, climbing wall, and
zip line, and I understand the risks and hazards involved in such activities, including, without limitation, rough water
conditions, hiking on irregular and steep terrain, the unpredictable forces of nature, accidents or illness in remote places,
and vehicle travel. Therefore, in consideration of my participation in the activities, I, the undersigned, assume all of the
above risks and understand that such activities may be subject to injury. I understand that such injuries may include
broken bones, paralysis, or other serious injury or death. I agree to forever waive, discharge, and release all claims that I
may have against Wilderness Adventure at Eagle Landing, Inc. and/or its officers, directors, shareholders, and employees,
arising out of or resulting from my participation in the program, and I agree to indemnify them from all liability, costs, and
expenses incurred in connection with this release. The information provided on this form is true and complete to the best
of my knowledge and I freely choose to participate and engage in any or all of Wilderness Adventure at Eagle Landing’s
activities except as noted above.

(signature)_________________________ (date)_________________________

EMERGENCY CONTACTS (PLEASE COPY & KEEP FOR YOUR RECORDS): If you should have an emergency or other
need to contact us or someone staying at our facility, please call the Base Camp at (800) 782-0779 or (540) 864-6792. In
the event that our business lines are not answered, feel free to call any of our directors at their residence (area code 540):
864-6626 (Pete Eshelman), 776-0812 (Dave Cohan), 864-8240 (Jared Rigby), 864-8696 (Pat Hogan), or 359-9866 (Gene
and Pat Nervo).
APPLICATION, MEDICAL INFORMATION & RELEASE - minor (under 18)

PLEASE PRINT CLEARLY THE FOLLOWING INFORMATION ON BEHALF OF THE APPLICANT:

Last ___________________ First ___________________ Nickname ___________________

Address ___________________ City ___________________ State ______ Zip ______

Phone (____) ___________________ Date of Birth ___________________ Age ______ Male/Female (Circle one)

Person to be contacted in the event of an emergency: Name ___________________

Relationship ___________________ Phone(h) ___________________ (w) ___________________

DOES THE APPLICANT HAVE ANY MEDICAL CONDITION WHICH WOULD PRECLUDE HIM OR HER FROM PARTICIPATING IN ANY OF THE OUTDOOR ACTIVITIES LED BY WILDERNESS ADVENTURE AT EAGLE LANDING? If yes, explain and state which activities are prohibited:

______________________________

ALLERGIES OR DIETARY RESTRICTIONS:

Current medications ________________________________________

Chronic or recurring medical condition ___________________________

Suggestions on health related information for camp personnel: ____________________________________________________________

Name of medical/hospital insurance ____________________________

Policy or Group # ___________________ Name of Insured ____________ 

Insured’s SS# ______________________

I give permission to the camp staff to administer medication for common complaints of headache, stomach discomfort, insect bites or stings, etc. (e.g., acetaminophen, ibuprofen, antacid, antihistamine). In the event the Applicant is injured, I hereby give permission for the WILDERNESS ADVENTURE AT EAGLE LANDING staff to administer first aid and/or select a physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery.

I hereby consent to and authorize the use of photographs or video of the Applicant by WILDERNESS ADVENTURE AT EAGLE LANDING for promotional purposes.

I understand that WILDERNESS ADVENTURE AT EAGLE LANDING’S activities include, without limitation, hiking, backpacking, camping, rock climbing, rappelling, canoeing, kayaking, caving, low ropes, high ropes, mountain biking, climbing wall, and zip line, and I understand the risks and hazards involved in such activities, including, without limitation, rough water conditions, hiking on irregular and steep terrain, the unpredictable forces of nature, accidents or illness in remote places, and vehicle travel. I understand that such activities may be subject to injury. I understand that such injuries may include broken bones, paralysis, or other serious injury or death. Therefore, in consideration of the acceptance of the Applicant into the WILDERNESS ADVENTURE AT EAGLE LANDING program, I, the undersigned, consent to the Applicant’s participation in such activities, and to his/her assumption of all of the above risks. I, personally and on the Applicant’s behalf, agree to forever waive, discharge, and release for myself and the Applicant, all claims that I and he/she may have against WILDERNESS ADVENTURE AT EAGLE LANDING, INC. and/or its officers, directors, shareholders, and employees, arising out of or resulting from his/her participation in the WILDERNESS ADVENTURE AT EAGLE LANDING program, and I agree to indemnify them from all liability, costs, and expenses incurred in connection with this release. The information provided on this form is true and complete to the best of my knowledge and the Applicant has permission to engage in any or all of WILDERNESS ADVENTURE AT EAGLE LANDING’s activities except as noted above.

_________________________  ______________________

(signature)  (date)

EMERGENCY CONTACTS (PLEASE COPY & KEEP FOR YOUR RECORDS): If you should have an emergency or other need to contact us or someone staying at our facility, please call the Base Camp at (800) 782-0779 or (540) 864-6792. In the event that our business lines are not answered, feel free to call any of our directors at their residence (area code 540): 864-6626 (Pete Eshelman), 776-0812 (Dave Cohan), 864-8240 (Jared Rigby), 864-8696 (Pat Hogan), or 389-9866 (Gene and Pat Nervo).
EMERGENCY PHONE #S

Roanoke College Office of Campus Safety: (540) 375-2310

Mt. Rogers Emergency #s:
- Grayson Highlands State Park: (276) 579-7092
- USDA Forest Service: (276) 783-5196

Wilderness Adventure: 1-800-782-0779

Brian Chisom (540) 375-4950 (w) (540) 815-2440 (c)