

**Northern Kentucky University**  
Outdoor Adventure Program - Trip Agreement

|  |       |               |
|--|-------|---------------|
| Trip Location / Activity   | Date  | Trip Cost     |
| Indicate Status:      NKU Student:    Fr.    So.    Jr.    Sr.    Grad |       | Male _____    |
| NKU Faculty    Staff   |       | Female _____  |
| Other _____  |       |               |
| Name: _____  |       | SS# _____     |
| Last   | First | MI            |
| Local Address: _____   |       |               |
| Email: _____   |       | Phone # _____ |

**Note:** NKU does not offer health insurance on trips. Trip participants are required to provide proof of current health insurance.

Fitness Level:            Excellent      Good      Average      Fair      Poor  
(circle one)

\_\_\_\_\_            Because activities are usually vigorous in the outdoors, I should expect to  
(Initial)            engage in active physical participation.

\_\_\_\_\_            I certify that I can swim.    **Yes**    **No**  
(Initial)

\_\_\_\_\_            Because activities are usually vigorous in the outdoors, I should expect to  
(Initial)            engage in active physical participation.

**Trip Refunds**

NKU Outdoor Adventure Program reserves the right to cancel a program due to inclement weather, natural disasters, or extenuating circumstances. In the event NKU Outdoor Adventure Program must cancel a program, a full trip refund will be provided. Should a participant choose to cancel before the trip registration deadline, a full refund will be awarded. Should a participant choose to cancel after the trip registration deadline, no refund will be awarded.

**Zero Substance Policy & Code of Conduct**

Northern Kentucky University OAP does not permit the use or possession of alcohol or illegal drugs while participating in activities or trips within the program. While on this trip, all participants must listen and follow instructions given by the Northern Kentucky University OAP Staff. In signing this document, I am agreeing to abide by this policy while participating in a Northern Kentucky University OAP activity and should I not abide by this policy I may face additional disciplinary action upon return to Northern Kentucky University. I understand that should I be removed from a trip or activity, I will be held responsible for all costs (including additional airfare, taxis, etc) incurred during my return to Northern Kentucky University.

|                   |                        |                    |
|-------------------|------------------------|--------------------|
| Signature         |                        | Date               |
|                   | <b>Office Use Only</b> |                    |
|                   |                        |                    |
|                   | <b>Date Completed</b>  | <b>Amount Paid</b> |
| Health Info Form  | _____                  | Cash               |
| Waiver / Release  | _____                  | Check #            |
| Copy of Ins. Card | _____                  | CRC Staff          |