

**APPLICATION**  
***PARTNERS IN THE PARKS***  
***BLACK CANYON OF THE GUNNISON***  
**August 10-15, 2009**

Name \_\_\_\_\_ WSC ID or Social Security \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, & Zip \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Sex:  M  F U.S. Citizen:  Yes  No Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have a bachelor's degree?  Yes  No

I am an Honors Student  Yes  No Name of University/College you attend \_\_\_\_\_

**Payment/Cancellation Information:** The cost of the program is \$550. This includes 3 undergraduate credits, food, transportation, park fees and program activities. Program cost does not include textbooks, personal needs, individual travel to Gunnison, Colorado, or other activities outside the established program schedule. Payment is due with this application form on or before July 24, 2009. A full refund, less \$75 processing fee will be made if written notice of cancellation is received by July 31, 2009. No refunds will be made after July 31, 2009 nor will refunds be made to students not present for the program or for those who drop out after the course begins. Full refunds will be processed if the program is cancelled or if you are not accepted. Extended Studies reserves the right to cancel classes and to make changes as necessary. Returned checks are assessed a \$17.00 service charge. **You must be 18 years of age prior to departure to participate in this course.**

**Check the course you wish to enroll in:**

**Undergraduate Credit: HNRS 397, CRN 26074, Partners in the Park Black Canyon, 3 Fall Credits**

Method of Payment for \$550 Program Fee (Payment must accompany this application to register)

- Cash  Check or Money Order Payable to Western State College  
 MasterCard Name on Card \_\_\_\_\_  
 Discover Card Number \_\_\_\_\_  
 Visa Signature \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

You will receive a confirmation once your registration and payment has been processed.

**WESTERN STATE COLLEGE OF COLORADO**

Extended Studies, 206 Taylor Hall,  
Gunnison, CO 81231, Phone: (970) 943-2885, Fax: (970) 943-7068

# ***PARTNERS IN THE PARKS***

## ***BLACK CANYON OF THE GUNNISON***

**August 10-15, 2009**

### **Physical Condition Information**

Name \_\_\_\_\_

Check the highest level of physical activity that you can comfortably reach walking and jogging:

#### **WALKING**

- 2 miles/40 min.
- 4 miles/80 min.
- 6 miles/120 min.
- Unsure

#### **JOGGING**

- 1 mile/12 min.
- 3 miles/36 min.
- 5 miles/60 min.
- Unsure

Please indicate any physical conditions or restrictions you have:

- Respiratory
- Joint problems
- Back problems
- High blood sugar
- Low blood sugar
- Seizures

Please indicate if you have allergies or other diet restrictions.

- Lactose intolerant
- Sugar restricted
- Vegetarian
- Vegan
- Food allergy

Please indicate if you have adverse reactions to any of the following:

- High altitude
- High temperatures
- Low temperatures

### **Equipment**

Please indicate the equipment you plan to rent from Wilderness Pursuits, Western State College. This information will allow us to get a basic count. Changes may be made later.

- Tent (\$12/week)
- Backpack (\$16/week)
- Sleeping bag (\$18/week)
- Sleeping pad (not an air mattress) (\$3/week)

### **Safety Training**

Please indicate if you are currently certified in any of the following:

- Red Cross First Aid (or equivalent)
- Red Cross Life Guard (or equivalent)
- Wilderness First Responder

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**August 10-15, 2009**

**Disclosure, Disclaimer and Waiver**

I, \_\_\_\_\_, am a student enrolled in the Partners in the Park Program (“the Program”) located in Black Canyon of the Gunnison through Western State College of Colorado (“the College”). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

- 1) I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and /or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while on course and, I absolve the College of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and /or expenses I may incur while I am on course. I agree to report to the College and physical or mental condition I have that may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.
- 2) I understand the College reserves the right to make changes to the Program itinerary or to cancel all or part of the Program at any time and for any reason, with or without notice, and the College shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. If all or part of the Program is cancelled, prevented or rendered impossible or unfeasible by any act or regulation of any public authority, or by reason of riot, strike, act of God, epidemic, war, civil unrest, terrorism or declaration of disaster by federal, or state government and the Program is cancelled (in whole or in part), it is understood and agreed that there shall be no claim for damages by me or on my behalf and the College’s obligations as to the Program shall be deemed waived by me.
- 3) I understand and acknowledge that the College assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of the College, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure of negligence of any nature howsoever caused in connection with any accommodations, food, transportation. If due to weather or other uncontrollable factors I am required to spend additional nights, the College will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident

thereto. The right is reserved by the College, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; if the College determines or believes that any person is will be in danger if the Program or any aspect thereof is continued.

4) The College reserves the right, in its sole discretion; to decline to accept or Retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the College, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the College, and I may be referred to the appropriate College officials for further disciplinary action. I understand and hereby acknowledge that I will be subject to discipline by the College, as well as by any institution I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution's rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions to discipline me, separately and cumulatively, for any instance of misconduct which occurs during the Program. I agree not to challenge in any forum or proceeding the authority or jurisdiction of the College to discipline me at any time for my misconduct, during or in connection with the Program or any travel related thereto.

5) I am aware of and understand the risks and dangers of travel to, in and around Black Canyon of the Gunnison, including but not limited to the dangers to my own health and personal safety. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around Black Canyon of the Gunnison.

6) I agree not to use or possess any illegal drugs or substances, understand that doing so will place me and others at risk, and I agree to not to consume alcohol while participating in this program. I agree that if I fail to abide by agreements herein, I will be prohibited from further participation in this program. I agree to conduct myself in a manner that will comply with the regulations of the program.

7) This is a release of liability.

8) As lawful consideration for being permitted by Extended Studies and Western State College of Colorado to participate in this program, I do hereby release from any legal liability, agree not to sue, claim against, attach the property of or prosecute and further agree to defend indemnify, and hold harmless Extended Studies, Western State College and the Trustees of the State Colleges of Colorado, and all of their officers, directors, member, organizations, agents and employees of any injury or death caused by or resulting from participation in this program, whether or not such injury or death was caused by negligence from any other cause.

This agreement, made in the State of Colorado, County of Gunnison, shall in all respects be governed in accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the terms or conditions of the agreement shall be brought only in such counties. Each party consents to the jurisdiction and venue of the appropriate court in such counties.

I acknowledge that I have read and understood this Waiver of Liability and have signed it voluntarily in consideration of the Trustees agreement to allow me (or my minor child or ward) to participate in this program and acknowledge that by signing below, I am giving consent for medical treatment to the coordinator and medical personnel in an emergency situation. It is understood that such treatment shall be solely at my expense and I agree to reimburse Western State College for any expense it might suffer as a result of said injury or treatment.

\_\_\_\_\_  
(Signature)

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

**Emergency Contact Names**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Home Phone \_\_\_\_\_

E Mail \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E MAIL \_\_\_\_\_

Return application and payment to:



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