



Pre-Orientation Wilderness Leadership Experience

(Note: Please save file as PreOrientation_LastName and return as pdf)

Student Contact Information:

First Name

Last Name

Student Number

MCP #

Email

Program of Study Accepted Into

Campus of Study

Permanent Address

City/Town

Province

Postal Code

Phone # (include area code and extension)

Existing Medical Issues:

Do you have any severe food allergies/dietary restrictions? Yes No If Yes, provide details below:

Do you have any accessibility issues? Yes No If Yes, provide details below:

Are you on any medications the organizers should know about for safety purposes? Yes No

If Yes, provide details below:

Are there any other factors which may compromise your safety or the safety of others you would like to report at this time? Yes No If Yes, provide details below:

Emergency Contact Info

Name:

Relation:

Phone # work:

Phone # home:

Additional Information:

List any relevant experience, abilities, etc. you feel would be applicable:

Briefly explain why you would be a good candidate for this experience:

Briefly explain any outcomes and goals of participating in this experience:

I understand that participation as a College of the North Atlantic student engaged in Pre-Orientation Wilderness Leadership Experience (PROWLE) will take me away from campus for an extended period to time. During this period, I understand that I will be exposed to certain risks. These risks may include, but are not limited to, loss of personal property, injury, and/or death due to: theft, communicable diseases, environmental conditions, natural disasters, acts of God, and/or traffic accidents. I am prepared to accept these risks.

In consideration of approval to participate in this program, I hereby release and hold harmless the College of the North Atlantic, its agents and employees, from any and all liability for a loss, damage, injury or expense that I may suffer, or that my next of kin may suffer, as a result of my participation in this program due to any cause whatsoever including, but not limited to, negligence, breach of contract or breach of any statutory or other duty of care, delay, expense resulting from events beyond their control, acts of God, sickness, transportation and scheduling.

I further understand that it is my responsibility to abide by all applicable College policies, and to ensure that I have adequate medical, personal health, dental and accident coverage, as well as protection of my personal possessions.

I will not participate in any activity which might endanger my local hosts and/or the College of the North Atlantic partners.

I understand that this agreement cannot be modified except in writing by the College of the North Atlantic and that no oral modification shall be valid.

I ACKNOWLEDGE MY OBLIGATIONS AND RESPONSIBILITIES AS OUTLINED IN THIS DOCUMENT

Student's Signature: _____ Date: _____

Witness' Signature: _____ Date: _____

Model and Material Release

For good and valuable consideration, the receipt of which is hereby acknowledged, I hereby consent to the photographing of myself and/or the recording of my voice during the Pre-Orientation Wilderness Leadership Experience and the use of these photographs and/or recordings singularly or in conjunction with other photographs and/or recordings by the College for advertising, publicity, commercial or other business purposes. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

I further consent to the reproduction and /or authorization by College of the North Atlantic to reproduce and use said photographs and/or recordings of my voice, for use in all domestic and foreign markets. Furthermore, I understand that others, with or without consent of College of the North Atlantic, may use and/or reproduce such photographs and recordings.

I hereby release College of the North Atlantic, and any of its associated or affiliated companies, their directors, officers, agents, employees and customers, and appointed advertising agencies, their directors, officers, agents and employees from all claims of every kind on account of such use.

Dated in the City/Town of _____, in the Province of _____, this _____ day of _____, A.D., 2016.

Model Name: _____ (please print)

Signature: _____

Witness' Name: _____ (please print)

Signature: _____

Privacy Notice

The personal information that you provide to College of the North Atlantic is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). The College is collecting your personal information to process your application for the Pre-Orientation Wilderness Leadership Experience, to administer meals and activities as well as to arrange the appropriate medical assistance in the event you sustain a critical injury or are involved in an emergency situation. In the event you are unable to provide medical information to an attending physician, hospital or other health care provider, the college will provide the information collected on this form on your behalf.

Collected personal information is protected from unauthorized access, collection, use and disclosure in accordance with the Access to Information and Protection of Privacy Act, 2015 (ATIPP Act) and can be reviewed or corrected on request. Questions regarding the collection of this personal information can be directed to the College's Associate Vice-President of Student Services at 709-643-7835. For more information about the ATIPP Act please visit www.cna.nl.ca/about/your-privacy.aspx.