

Backpack Expedition

Rocky Mountain National Park

OPPORTUNITY FOR ADULTS-18+

AUGUST 2-9

- 5 Days of Backpacking /Camping Through Rocky Mountain National Park
- Summit a 12,000 ft. Mountain
- Learn Important Outdoor Skills

Embrace the wonder of God's creation in the remote, distraction-free wilderness of the Rockies. Learn to walk in deeper trust as you discover contentment through faith in God. Experience the thrill of reaching new heights and the satisfaction of accomplishing this challenging endeavor. Sound exciting? Then join us for our Adventure Trip camp for adults only. Our trip leader, Kyle Rouse, and an assistant guide, will lead you step by step through this challenging adventure as you allow yourself to be stretched physically, spiritually, and emotionally.

Learn some important outdoor skills, such as:

- **Wilderness camping**
- **Navigation**
- **Back-country cooking**
- **Route planning**
- **Leave-No-Trace outdoor principles**

No previous outdoor experience is required. All group camping and backpacking gear, as well as transportation from camp will be provided. Backpack Expedition is limited to 10 campers, Don't wait! Sign up today! We look forward to exploring God's Word and wilderness with you on this amazing expedition!

For more details about itinerary, physical requirements, equipment recommendations, and general information, please visit our website at www.okoboji.org/expedition. Cost \$745. **Expedition starts at Okoboji Lutheran Bible Camp.**



www.okoboji.org/expedition • 1-800-OKOBOJI •

Ingham +
Okoboji
Lutheran Bible Camps



Backpack Expedition 2020

Completed form with \$200 non-refundable deposit must be returned to
IOLBC Attn: Registrar 1203 Inwan Street, Milford, IA 51351
Remaining balance of \$545 due June 1st, 2019.

Full Legal Name: _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Cell Phone: _____ Additional Phone: _____

Emergency Contact: _____ Relation to Camper: _____

Phone Number: _____ Secondary Phone: _____

HEALTH INFORMATION

Height: _____ Weight: _____ Last Tetanus Shot: _____

Please list any food allergies of specific dietary needs:

Please list any drug or medication allergies:

Please list any environmental allergies:

Please list any past or current mental health concerns which affect your daily life:

Please list any past or current physical health concerns which affect your daily life:

Do you take any medication (prescription or over-the-counter, including vitamins)?

If Yes – Please specify medication names and dosages below:

Please list any other factors which could affect you during this camp (i.e. trouble sleeping, fear of heights, addictions, etc):

Have you been hospitalized in the last 24 months?

If yes – Please provide details, including the dates of hospitalization below:

Due to the unique nature of this program, participants are required to have health insurance to participate. Please provide details below and plan to provide a copy of a current card upon check in at camp. All participants must carry their current insurance card with them on the trip.

Insurance Co: _____ Policy #: _____

Primary Care Dr. & Phone: _____

_____ I do not have insurance at this time but will purchase insurance for the purposes of this trip at my own expense at least 30 days prior to departure and provide IOLBC with a copy of the policy when purchased.

TRIP EXPECTATIONS:

This camp is physically challenging by design. While you don't need previous hiking or camping experience to participate, a basic level of physical fitness will be required. You will need to carry up to 50 lbs of gear for several miles to hike into and out of the base camp area. Additionally, hikes of up to 15 miles will involve carrying up to 10 lbs of gear at higher altitudes. The following questions are so our leader can get a sense of your previous experience as well as to help you assess if this camp is the right fit for you.

Have you previously been on a hiking trip which required carrying your gear?	YES	NO
Have you previously been tent camping for multiple nights consecutively?	YES	NO
Do you have any experience with being in higher altitudes?	YES	NO
*Have you ever experienced altitude sickness?	YES	NO
What is the longest distance you have hiked in one day?	Approx _____ miles.	
*Have you ever experienced chest pain?	YES	NO
*Have you ever experienced shortness of breath?	YES	NO
*Do you have any history of asthma?	YES	NO
*Have you been diagnosed with ADD/ADHD?	YES	NO
*FEMALE PARTICIPANTS – Is there a possibility of being pregnant during this camp?	YES	NO

Please use this space to provide further details if you answered YES to any question indicated with an *.

PARTICIPATION DISCLAIMER

I understand that this is a preliminary registration and final participation will be determined once the trip leader has been able to review this information and conduct an intake interview either by phone, video call, or in person. The information which has been provided is true and accurate to the best of my knowledge. I understand that knowingly providing false information will disqualify me for the trip and I will forfeit any money paid to that point. I understand that this camp will require travel to a remote location and certify that I am able to meet the physical requirements as noted above. I understand I am expected to be respectful of and cooperative with peers and leaders on the trip, be willing to shoulder responsibilities and participate actively, and refrain from conduct which negatively impacts the group. Importantly, I understand that my actions, should they be detrimental to the group, may result in my dismissal from the trip at my expense. I authorize any photos or video taken of me on the trip to be used for promotional purposes by IOLBC.

FINANCIAL COMMITTEMENT

I understand that all payments for this trip must be made prior to departure and that late payments may result in forfeiture of my spot on the trip. I understand that once the trip leader reviews all registration information and confirms my participation on the trip that the deposit is non-refundable. I understand that if I decide to withdraw my participation from this trip after June 1st, I will be responsible for the full amount of the trip.

RELEASE OF LIABILITY

I, the participant, have read, understand, and agree to the expectations as outlined above. I understand it is my responsibility to bring any special concerns, medical or otherwise, to the attention of the trip leader before or at the time of registration. In the event of an emergency, I authorize the trip leader to obtain medical care, including but not limited to transportation/evacuation, emergency care, x-rays, injections, hospitalization, anesthesia, and/or surgery, until such time as my emergency contact person can be reached. I accept responsibility for payment of such services. I will in no way hold Ingham Okoboji Lutheran Bible Camps, staff members, trip leadership, or board members liable for any injury or financial hardship resulting from participation in this camp.

Signature: _____ Date: _____