



The minor student (those under 18 yrs. of age) named below intends to enroll in the Lake County Backpacking Trip (hereafter sometimes "Program") at the High Mountain Institute. The student's parent/s or legal guardian/s (collectively referred to here as "parent/s") must sign this Enrollment Agreement (hereafter "Agreement"). In consideration of the services of the High Mountain Institute, Inc. (hereafter sometimes "High Mountain Institute" or "HMI"), **the parent/s acknowledge and agree as follows:**

### **Enrollment and Additional Forms**

A student is considered preliminarily enrolled in the Program once we receive this signed Agreement, the General Medical History & Information Forms, the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement, and the tuition deposit (see below). We will then require the submission of additional forms and paperwork and full payment. Therefore, **final acceptance, enrollment, and participation in the Program is contingent upon your full and timely payment and HMI's receipt and review of all signed and completed student paperwork and forms.** This paperwork is available for review at: [www.hminet.org/enroll](http://www.hminet.org/enroll)

### **Tuition, Deposit, and Expenses**

Tuition, including travel, room, and board, for the Lake County Backpacking Trip, is free.

### **Refund, Withdrawal, and Return**

HMI reserves the right, in its sole discretion, to separate (including any suspension or expulsion) students from the Program, for any of the reasons identified in this Agreement or otherwise. This includes, but is not limited to, separation for medical issues, physical injuries, emotional issues, incomplete disclosure of physical or mental health issues, discipline or behavioral issues, negative or non-participation, inability to participate in expeditions, failure to follow HMI School rules by the student or Parent/s, failure to uphold HMI community standards by the student or Parent/s, failure to meet HMI Essential Eligibility Criteria, non-payment of tuition or other fees, and/or other conduct by student or Parent/s or circumstances that HMI believes, in its sole discretion, is detrimental to the Program. The student and his or her parent/s are responsible for all costs of late or non-arrival or early departure (whether voluntary or involuntary). These costs include, but may not be limited to, medical costs and plane or transportation fares.

### **HMI Program Alterations and Force Majeure**

HMI endeavors to follow Program itineraries as may be described in HMI marketing materials or other Program information. However, HMI reserves the right, in its sole discretion, to alter or cancel any aspect of the Program, including itineraries and/or planned activities, as needed, to address changing conditions, for the health and well-being of students/staff or for other reasons. HMI will not be responsible, found in breach of this Agreement, and/or legally liable for any tuition refund or for any loss, costs or damages for any Program alteration or delay, including any changes in the Program itinerary, cancellation, or other alteration resulting from an Act of God or other condition beyond its control (force majeure). Events constituting a force majeure include but are not limited to fire or other natural disaster, war, violence, terrorism, political unrest, disease, pandemic, epidemic, government order, government action, government mandate, or other major event. Typically, these are events that may compromise the health or well-being of students/staff or otherwise prevent performance. In the event of a force majeure, HMI will suspend or alter its performance if and until, in its sole discretion, it is able to appropriately resume performance.

### **Insurance**

1. **Medical insurance:** All students are required to have medical insurance in place for the duration of the Program. If the student does not have medical insurance, please contact us immediately so that we can assist you in discussing options for coverage.

Families are encouraged to review their medical and other insurance policies to understand their coverages.





**Student Conduct**

HMI has high expectations for student conduct and behavior. Upon arrival, students will participate in an orientation and will discuss the nature of the Program community, rules and standards of conduct and student responsibilities within the Program community. HMI discusses community rules, norms and expectations with students intermittently throughout the Program in various settings, and includes information on these subjects in pre-course and written materials.

The student must agree to abide by the standards of conduct that support the goals of the Program. The success of the community depends upon the full and positive participation of all members. The following eight School Rules are expellable offenses:

- Plagiarizing, cheating, or lying
- Stealing
- Willful destruction of property
- Use or possession of alcohol or drugs
- Harassment, bullying, hateful or negative speech of any kind
- Being in “Unknown locations”
- Sexual activity, specifically intercourse
- Use or possession of tobacco products

**Photo & Statement Authorization**

Parent/s authorize HMI, and/or parties it designates, to photograph, film, record and/or otherwise capture the student, parent/s or other family member/s name, image, voice, verbal or written statement/s (including quotations from conversations and correspondence), photograph and/or visual likeness (collectively “images”) and use those images in any media throughout the world, in perpetuity, including for broadcast, sale, reproduction or display on the internet (including the HMI website or other internet sites), or in motion pictures, audio or video recordings, HMI catalogs, marketing presentations and/or other form for any informational, promotional or educational purpose without compensation to student, parent/s or other family member/s. HMI owns these images and the student and parent/s waive any inspection or approval rights.

**Lost, Stolen, or Damaged Property**

HMI is not responsible for a student’s lost, stolen or damaged personal equipment or property. In addition, students and/or their parent/s will be held responsible for the student’s role in damage to or loss of HMI, its contractors or other third parties’ property or equipment. This may include sharing in the group’s collective responsibility for willful equipment/property destruction or loss.

**Legal Authority to Enroll Child**

I certify and represent that I have the legal authority to enroll my child in the Program and to execute this Enrollment Agreement and all required documents. To the extent necessary, I agree that I have obtained any and all other pertinent consents or authorities (including any required by a court decree or order; for example, a divorce decree, custody order or joint parenting plan). I fully understand and agree that if my child’s other parent (or anyone else) challenges my authority: a) the child will not be allowed to attend the Program, or, if already attending, the child may be sent home without a refund if the parents or other parties involved cannot reach agreement, and, b) I agree to indemnify, defend and protect HMI from any claims made by the other parent or any person against HMI, to the fullest extent provided for in the HMI Acknowledgement and Assumption of Risks & Release and Indemnity Agreement or otherwise, including payment of any costs or attorneys’ fees expended by HMI to resolve a dispute.





**Parent/s Further Agree:**

I have read, understand, and agree to the terms outlined in this Agreement. I understand I am legally bound by the terms of this Agreement and that I am individually (jointly and severally) responsible for the entire Program payment obligation whether I sign this Agreement with or without the student's other parent or legal guardian, regardless of any division of educational or special Program expenses included in a divorce decree, joint parenting plan or other official document or private agreement. I agree to obey all HMI rules, regulations, and policies, review and accurately complete all forms and information and submit all payments in a timely manner. I give my child permission to participate in all Program activities, whether occurring on or off HMI property.

Colorado law (without regard to its conflict of laws rules) governs all aspects of the student's relationship with HMI, contractual or otherwise, and any mediation, suit, or other dispute with HMI must be filed or entered into only in Lake County, Colorado. I agree to attempt to settle any dispute (not settled by discussion) before a mutually acceptable Colorado mediator. ***One of the student's parent/s, or both parent/s, if available, must sign below.***

**I understand that my signature is valid and legally binding whether I choose to electronically sign or manually sign a printable version of this Agreement.**

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Print 1<sup>st</sup> Parent/Guardian Name                      1<sup>st</sup> Parent/Guardian Signature                      Date

\_\_\_\_\_  
Print 2<sup>nd</sup> Parent/Guardian Name                      2<sup>nd</sup> Parent/Guardian Signature                      Date





## Acknowledgement and Assumption of Risks & Release and Indemnity Agreement

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***Please read and review this entire Document carefully!***

Dear Student/Participant and Parents,

The Acknowledgement and Assumption of Risks & Release and Indemnity Agreement represents a part of the High Mountain Institute's (HMI) risk management practices. Please read the entire Agreement carefully!

The "Activities and Risks" and "Acknowledgement and Assumption of Risks" sections explain some of the activities participants will engage in, some of the inherent and other risks participants may face and possible outcomes, and contains your acknowledgment, acceptance, and assumption of risks. HMI cannot predict every possible scenario; we have simply listed numerous examples. We seek to inform you of the kinds of activities, risks, and possible outcomes participants will be facing. If you have questions or concerns, we expect you to contact us.

Why does HMI not promise a "safe program"? Because a "safe program" would mean not exposing participants to any risk. Participants are exposed to risk by skiing in avalanche terrain, climbing mountains, and splitting firewood. HMI activities, such as these, have inherent and other risks and are part of our programs.

Inherent risks are those that are intrinsic to the activity; without inherent risks an activity loses its essential nature or benefit. For example, the risk of injury from lightning increases as one climbs higher and is an inherent risk of peak ascents. While HMI staff or others can make judgments about some of the risks and consequences, there is no way to guarantee safety. Judgment is not infallible and misjudgment by HMI staff, participants or others is one of the most significant inherent risks.

The "Release and Indemnity Agreement" section releases and indemnifies HMI from certain claims made against HMI. HMI does not seek this protection with regard to gross negligence or willful or wanton misconduct. ***HMI does seek protection from negligence and all inherent and other risks, including misjudgment.***

HMI seeks this protection because of the litigious climate in our society today. The prospect of lawsuits, before judges and juries who may or may not understand HMI programs is a real and significant issue for HMI. HMI is reserving the right to invoke these documents as we see fit. This is the result of circumstances that neither you nor HMI created. If you are uncertain about the meaning or significance of this Acknowledgment and Assumption of Risks & Release and Indemnity Agreement, you should consult an attorney before signing.

Our hope is that you have confidence in HMI. If you do not have this confidence, you should not come on a HMI program. Please contact me directly with questions or concerns.

Sincerely,

Justin T. Talbot

Director of Wilderness Programs and Risk Management

[jtalbot@hminet.org](mailto:jtalbot@hminet.org)

(719) 486-8200 x111



***Please read and review this entire Document carefully!***

### **Introduction:**

Please review this **Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter “Agreement”)** carefully before signing. The student/participant (hereafter “participant”) must sign this Document if he/she/they is over the age of 18. If participant is under 18 yrs. of age, participant’s parents or legal guardians (hereafter collectively “parent” or “parent/s”) must also sign. In consideration of the services of the High Mountain Institute, Inc., and its officers, trustees, advisors, board members, employees (including faculty and other staff), agents, representatives, physician advisors, apprentices, volunteers, member schools and all other affiliated persons or entities (individually and collectively referred to in this Agreement as “HMI”) in allowing participant to participate, ***I acknowledge and agree as follows:***

### **Activities and Risks:**

Participating (whether attending, observing or actively participating) in HMI educational, instructional, experiential, recreational and/or adventure activities includes risks. Activities can take place in Colorado, including on and around HMI premises, or in other locations in the U.S. or in foreign countries. **I acknowledge that the inherent and other risks, hazards and dangers** (collectively referred to in this Agreement as “risks”) **associated with the activities can cause injury, damage, death or other loss to participant or others.** Some, but not all of the activities, which may be mandatory or optional, scheduled or unscheduled, supervised or unsupervised, or occur as independent opportunities (e.g. vacations, special trips, trips with sub-contractors) (collectively referred to in this Agreement as “activities”) include:

- Travel and living in rustic, rural and/or remote mountainous and wilderness settings
- Chores - building fires (inside or outside), splitting firewood, cooking, shoveling snow
- Use of liquid fuel (gasoline) stoves and lanterns
- Transportation in planes, 15 passenger vans & other vehicles
- Wilderness first aid and rescue, real and simulated
- Work or service projects using hand & power tools
- Independent travel or solo time (without direct supervision)
- Mountaineering, backpacking, camping, rock climbing, belaying, rappelling, skiing, canoeing, whitewater rafting, biking, swimming, horseback riding, sports, games, athletic activities
- Participant leadership opportunities (by peers or self)
- Participant socializing and other activities during class time, free, unscheduled and/or independent time, or any other time
- Give and receive constructive feedback while remaining positive and solution oriented
- Leadership & supervision by HMI staff, apprentices (interns) or sub-contractors
- Sustained walking, hiking, running, carrying, and lifting
- Use of any equipment, facilities or premises

### **Some, but not all of the risks that participant may or will be exposed to include:**

- Interaction with others, including exposure to bacteria, viruses or other pathogens, including but not limited to the novel coronavirus associated with COVID-19
- Misjudgments by self or others, including HMI staff
- Inappropriate conduct or negligence by self, others, or HMI staff
- Participant’s mental, physical, or emotional condition/s (known or unknown, disclosed or undisclosed) combined with participation
- Stressful and emotionally intense wilderness, residential & academic experiences
- Unpredictable weather, extreme cold & heat, storms & lightning, rain, snow, hail
- Unmarked or obscured hazards on land or in water
- Moving water in streams & rivers, whitewater, difficult stream crossings, flash floods
- High altitudes up to or above 10,000 feet
- Steep slopes, difficult terrain, downed trees
- Falling: rocks, ice, snow, branches, and trees
- Snow avalanches, snow, mud or rock slides, & collapsing snow shelters





## Acknowledgement and Assumption of Risks & Release and Indemnity Agreement

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### ***Please read and review this entire Document carefully!***

- Unpredictable animal behavior (wild or domestic)
- Failure or misuse of equipment (whether participant's own, or borrowed, rented or purchased from HMI or other source)
- Gas explosion or fire, contaminated water or food or food allergens
- Wireless communication devices that are unreliable in all settings
- Occasional one-on-one supervision by staff or apprentices; no supervision during sleeping hours
- Remote locations, hours or days from help causing delays or complications in communication, evacuation or medical care
- Dangerous road or travel conditions and transportation problems
- Falling down or slipping, being submerged in water, snow or debris
- Animals, insects or microorganisms: stings, bites, poisoning, & blows
- HMI premises risks, including slippery walkways, uneven ground, use of indoor climbing wall or other risks
- Other risks associated with educational, instructional, experiential, recreational &/or adventure activities

### **Additional risks associated with international travel include:**

- Political unrest, terrorism or warfare
- Contact with unusual diseases or bacteria
- Thievery or abduction
- Primitive, inadequate or inaccessible medical facilities
- Additional delays in transport from a foreign country back to the U.S for medical care
- Laws and legal systems in foreign countries that do not provide the same protections as the U.S. legal system
- **Note:** Although HMI considers current geo-political climates in choosing program locations, HMI personnel are not experts in assessing the likelihood of terrorist activity, political unrest, the need for vaccinations or other issues. The participant is responsible for conducting his/her/their own independent investigation through the U.S. State Department, U.S. Centers for Disease Control, World Health Organization or other sources.

### **These and other activities and risks can result in (for example):**

- Falls, being struck, or colliding with objects or people
- Experiencing vehicle or boat capsize, collision or rollover
- Drowning or suffocation
- Becoming lost or disoriented
- Injuries due to heat, cold, altitude, heavy exertion
- Unusual/unknown or known illness, infection or disease: long or short term, including animal/insect borne or contagious diseases
- Gastrointestinal problems or allergic reactions
- Dehydration
- Broken bones, concussions, wounds, cuts, burns
- Hospitalization
- Property damage or loss
- Heart or lung complications
- Mental/emotional trauma, temporary or permanent
- Other injury, damage, paralysis or other permanent disability, death or loss
- Further complications to preexisting physical and mental health conditions

### **I further acknowledge and agree:**

- To read all HMI information received; review, complete and sign the required forms and paperwork and abide by the terms of those documents (e.g. Enrollment Agreement and Medical Forms);
- HMI staff are and have been available, should I have questions about the nature and physical demands of the activities and the associated risks. Parent/s give permission for their child to participate in all activities and agree to discuss the nature of the activities and risks with their child;



## Acknowledgement and Assumption of Risks & Release and Indemnity Agreement

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### ***Please read and review this entire Document carefully!***

- To disclose to HMI any mental, physical or emotional condition/s or limitation/s which might affect participant's ability to participate and agree that participant is fully capable of participating without causing harm to themselves or others;
- The information provided above or otherwise is not complete, other unknown or unanticipated activities, risks or outcomes may exist and HMI cannot assure participant's safety or eliminate any of the risks. All participants share in the responsibility for their own well-being;
- HMI contracts with individuals or organizations who are independent contractors (not its employees or agents) to provide some of the services and activities participants may engage in. HMI does not supervise or control these contractors and is not legally liable or responsible for their conduct. In addition, activities may take place at facilities or on premises not owned by, or associated or affiliated with HMI. HMI does not oversee, supervise, or take responsibility for any aspect or condition of these independent services, activities, facilities or premises;
- HMI or its contractors require or recommend helmets or other safety gear for some activities. Use of safety gear may prevent or lessen injuries in some instances but is not a guarantee of safety, and injuries can occur even with the use of this gear;
- **If participant is borrowing, renting or purchasing new or used equipment from HMI, the equipment comes "AS-IS," and HMI disclaims all warranties, express or implied (including any conditions of merchantability or fitness for a particular purpose) with regard to the equipment. Participant agrees to inspect all equipment before use and notify HMI of any apparent problems or defects with the equipment.**

### **Acknowledgment and Assumption of Risks:**

**I acknowledge the risks of participating in the activities, and participant is voluntarily participating with knowledge of the risks with my permission and with knowledge of the risks. Therefore, I assume and accept full responsibility for participant for the inherent and other risks (both known and unknown and described above or otherwise) of the activities and for any illness, injury, damage, death or other loss suffered by participant (and parent/s/guardian(s)) resulting from those risks, including the risk of participant's own negligence or other misconduct.**

**I further acknowledge that absent my agreement to the terms of this Agreement on behalf of myself and/or participant, HMI could not afford the liability risks associated with participant's participation in the activities. I specifically acknowledge HMI's reliance upon the execution of this Agreement in permitting participant to participate in the activities.**

### **Release and Indemnity Agreement:**

**Please read carefully! This Release and Indemnity Agreement contains a surrender of certain legal rights. I (adult participant, or parent(s)/guardian(s) for themselves and for and on behalf of my participating minor child) agree as follows:**

**(1) to release and agree not to sue HMI, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter "claims"), for any illness, injury, damage, death or other loss in any way connected with participant's enrollment or participation in the activities. I understand I agree here to waive all claims I myself or participant may have against HMI, bind my and participant's estate and any family member/heir/other party bringing claims, and agree that neither I, participant nor anyone acting on my or participant's behalf, will make a claim against HMI as a result of any injury, damage, death or other loss suffered by me or participant;**

**(2) to defend and indemnify ("indemnify" meaning protect by reimbursement or payment) HMI, with respect to any and all claim/s:**

**a) brought by or on behalf of me, participant, my spouse or other family member/s, or my/participant's heir/s or estate for any injury, damage, death or other loss in any way connected with my/participant's enrollment or participation in the activities; and/or**

**b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my/participant's conduct, in the course of participating in the activities, or, brought by a medical care provider, insurer, or other third party as a result of medical care or other services provided to me/participant, including transportation and evacuation costs.**



# Acknowledgement and Assumption of Risks & Release and Indemnity Agreement

***Please read and review this entire Document carefully!***

This Release and Indemnity Agreement includes claims of or resulting from HMI's negligence (but not its gross negligence or willful or wanton misconduct), and includes claims for personal injury or wrongful death (including claims related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or warranty or any other claim.

### **Other Provisions:**

**I further agree:**

- Colorado substantive law (without regard to its "conflict of laws" rules) governs this Agreement, any dispute I/participant have with HMI and all other aspects of my/participant's relationship with HMI, contractual or otherwise, and agree that any mediation, suit or other proceeding must be filed or entered into only in Lake County, Colorado. I will attempt to settle any dispute (not settled by discussion) through mediation before a mutually acceptable Colorado mediator.
- If any portion of this Agreement is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions, and those remaining provisions shall continue in full force and effect. **This Agreement is intended to be interpreted and enforced to the fullest extent allowed by law.**

### **Participant and parent/s of a minor participant agree:**

**I have carefully read, understand and voluntarily sign this Agreement and acknowledge that it shall be effective and legally binding upon me, my spouse, participating minor child and other children, and my/participant's other family members, heirs, executors, representatives, subrogees, assigns and estate. *Participant must sign below unless participant is a minor (under 18 yrs. of age) in which case parent(s) or legal guardian(s) must sign below.***

**I understand that my signature is valid and legally binding whether I choose to electronically sign, or manually sign a printable version of this Agreement.**

Print Participant Name	Participant Signature	Date
Print 1st Parent/Guardian Name	1st Parent/Guardian Signature	Date
Print 2nd Parent/Guardian Name	2nd Parent/Guardian Signature	Date







### **Medical History & Information Review at the High Mountain Institute:**

The High Mountain Institute (HMI) collects and reviews the student's medical information to endeavor to provide more successful experiences. Information provided here does not necessarily exclude participation. HMI needs accurate information to assist in understanding any medical or health concerns or issues, and in its effort to manage the risks faced by our students. HMI is an equal opportunity organization that strives to accommodate most medical conditions. HMI's programs vary greatly in environmental conditions, physical difficulty, and access to professional medical care. Please review this form, the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific program information regarding program details, activities and associated risks and your responsibilities. You may contact us if you or your physician have any questions about your (or your participating child's) ability to participate. HMI treats all personal medical information with some degree of confidentiality. Enrolled student medical information is shared with the faculty, apprentices and adjunct faculty who oversee the students on campus and in the field for a particular program, and with HMI's consulting health care providers. In addition to HMI's review and consideration of the student's medical information, all students must have a physical completed within 12 months of the start date of their HMI program as part of the final acceptance into any program.

### **About Who Should Attend High Mountain Institute Programs:**

HMI programs are for motivated, energetic, and fundamentally healthy students. HMI does not provide specific programs for students to resolve or work through ongoing behavioral, emotional, or psychological problems, specifically if those challenges interfere with a student's ability to function successfully in a high demand group setting. For example, HMI cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use, or to recover from substance abuse problems. While mental health challenges such as depression and anxiety are not uncommon, it is important that students who may struggle with these issues have been active in their treatment, have developed significant self-awareness around interpersonal challenges as well as an appropriate and successful plan to deal with these challenges and have been able to successfully maintain stability with symptoms. **Please note that even if a student is accepted on an HMI program, the student and parent/s, in conjunction with their physician, should consider whether HMI activities are an appropriate match for the student.**

### **Participation in Activities at the High Mountain Institute:**

"Where Nature and Minds Meet" is a motto we take seriously at HMI. All students can expect to be vigorously challenged in mental, physical, and social activities. Please review the list below and carefully consider if the student has the ability to participate fully. You should be aware that "average" students in "average" physical and mental condition have consistently been able to complete these activities without limitations. Please note that not all programs include all of the activities listed. For example, summer students will not be living in a snow shelter. Also note that this list is not exclusive, but is representative of some of the general activities in which students will engage in. Please explain any conditions or limitations in detail below.

### **Activities:**

**Typical/common activities required of all students for full participation in most HMI programs may include:**

- Hike or ski 3-9 miles carrying 35-45% of body weight
- Hike, climb and ski up and down steep terrain
- Repetitive and sustained use of arms and legs, including walking, hiking, running, skiing, carrying, lifting
- Perform manual labor – shoveling snow, splitting firewood, daily chores, and other manual labor
- Live and travel in rugged terrain
- Live, travel, work and study in temperatures from -20° to +85° F
- Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level
- Live under tarps, in snow shelters, and in cabins with wood stoves for the duration of the program
- Live and travel in remote settings 4-48 hours from advanced medical care
- Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies



- Participate in activities that require students to pay attention and concentrate (including careful attention to detail) for extended periods
- Participate in stressful and emotionally intense wilderness, residential life and academic experiences
- Cook meals in the wilderness and in a commercial kitchen for self and others
- Follow guidelines and rules, frequently independent of direct supervision
- Communicate effectively with, and respond to others, including in regard to hazards/risks in an outdoor or wilderness environment
- Swimming, wading, immersion in cold water (river crossings, etc.)
- Participate in morning exercises, including running, walking, and field games
- Be alone for reflective time in a wilderness setting for 2-36 hours
- Give and receive constructive feedback while remaining positive and solution oriented
- Participate fully in an intimate and intense small community environment, and as a member of a team



**Instructions for Completing Medical Forms:**

If the student is an adult (18 yrs. of age or older), he/she/they must complete and sign the General Medical History and Information and any associated forms (hereafter “form” or “form/s”). If the student is a minor (those under 18 yrs. of age), one of the student’s parents or guardians, or both (collectively referred to in this form as “parent/s”), if available, must complete and sign. Parent/s are encouraged to complete these form/s with the student, whether adult or minor.

**Be Honest:** HMI wants students to participate and we strive to accommodate medical conditions. It is in everyone’s best interest to disclose medical information upfront so HMI obtains accurate information and understands the student’s medical or health issues.

**Be Thorough:** Fill out the medical forms completely. Incomplete or blank answers will require HMI to contact you and may delay the enrollment process.

**Failure to provide honest and thorough information on any pre-existing physical and/or mental health issues or medication may result in termination of the student’s participation in the HMI program.** Please see the reverse side for information on how to submit completed forms and whom to contact at HMI with questions about the medical forms.

**Note:** In certain cases, HMI may require the student to obtain an additional physical or consultation from his/her/their doctor before participating in the program, and provide HMI with appropriate documentation. HMI staff will review medical forms and contact the adult student or parent/s when questions arise.

**How to Reach Out With Questions:**

**For HMI Semester:**

719-486-8200 x106  
registrar@hminet.org

**For HMI Summer Term:**

719-486-8200 x107  
summerdirector@hminet.org

**For HMI Gap:**

719-486-8200 x103  
gap@hminet.org



Student Name:

HMI Program:

Student's Date of Birth:

Student's Gender:

Student's Age:

Today's Date:

**Parent/Guardian Contact Information:**

Name:

Day Phone:

Evening Phone:

Email:

Cell Phone:

**Parent/Guardian Contact Information:**

Name:

Day Phone:

Evening Phone:

Email:

Cell Phone:





**NOTE: Complete and accurate information is crucial to our ability to appropriately support potential students.**

**GENERAL HEALTH QUESTIONS:** Please carefully read each question and respond to each item (YES, NO or N/A – not applicable) regarding any **past or current** medical issues or concerns regarding the condition/illness/area listed. Include current, chronic and episodic condition/s.

Please Select Yes, No, or N/A to each item	Yes	No	N/A
Addiction and/or regular use of tobacco, alcohol, or drugs * CALL			
Altitude: Acute Mountain Sickness (AMS)			
High Altitude Cerebral Edema (HACE) * CALL			
High Altitude Pulmonary Edema (HAPE) * CALL			
Asperger's, Autism or PDD			
Bleeding, Blood Disorders, Tuberculosis, Hepatitis			
Cancer			
Cardiovascular (heart and vessels) Abnormalities or Problems, including high blood pressure			
Circulatory Problems			
Cold Injuries			
Dental Problems/Issues			
Diabetes * CALL			
Eye, Nose & Throat Infections/Issues/Problems			
Eating Disorder (anorexia, bulimia, etc.)			
Epilepsy or Other Seizure Disorders * CALL			
Fainting or Dizziness, chronic			
Gastrointestinal Tract, Ulcers			
Head Injuries, Concussions, Headaches			
Heat Injuries/Illness			
Hormonal &/or Thyroid			
Hypertension			
Learning Disorder			
Kidney or Liver Disease or Issues			
Menstrual Cramps			
Neurological Disorders			
Pregnancy, current * CALL			
Reproductive Tract			
Respiratory Tract, including Asthma			
Skin Problems/Issues			
Sleepwalking			
Sudden death under age 50 of family member * CALL			
Syncope with exertion (fainting during exercise) * CALL			
Urinary Tract			
Vision or hearing issues or impairment			
Other, including hospitalization in last 5 years (explain)			

**Call HMI immediately regarding any "YES" answer items with "\* CALL" noted.**





For each "Yes" response above, please answer the following questions:

"Yes" Response #1

**Diagnosis or description of condition:**

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

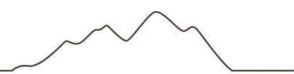
"Yes" Response #2

**Diagnosis or description of condition:**

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?





Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

"Yes" Response #3

**Diagnosis or description of condition:**

When was this diagnosed?

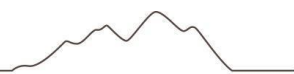
How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?





"Yes" Response #4

**Diagnosis or description of condition:**

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

"Yes" Response #5

**Diagnosis or description of condition:**

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?







Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

**\*IMPORTANT - Additional Medical History & Information Forms**

**Attached are a series of additional forms, briefly described below. Please answer “YES” or “NO” to the questions regarding application of the form/s to you/your child. If you answer “YES” to any of these questions, you must complete the corresponding form/s. As above, in completing the form/s, please refer appropriately to any **past or current** medical or health issues or concerns regarding the condition/illness/area. Include current, chronic and/or episodic condition/s.**

**Introduction to Additional Forms:**

**ALLERGY and/or DIETARY RESTRICTIONS Form**

Any student with any known allergies of any type or any students with dietary restrictions (medical, religious, or ethical) must complete this form.

**ADD/ADHD Form**

Any student with a past or current history of Attention Deficit Disorder and/or Attention Deficit and Hyperactivity Disorder must complete this form.

**MEDICATIONS Form**

Any student who will be taking any medications while attending an HMI program (a separate form must be completed for each medication). This includes prescriptions (like EpiPens and inhalers), over-the-counter medications, daily supplements, herbal remedies, and any other medications the student will be bringing to HMI.

**MENTAL HEALTH/ILLNESS Form**

Anxiety disorders, depression, past history of suicide attempt or ideation, past addiction to alcohol or drugs, self-abuse, or any other mental health issues.





**ORTHOPEDIC Form**

Any student with a non-resolved and/or ongoing orthopedic type injury of any type or, any student with a history of serious orthopedic injury must complete this form.



**ALLERGY and/or DIETARY RESTRICTIONS Form:**

Does the HMI student have allergies (i.e. bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies) and/or dietary restrictions (medical, religious, or ethical, etc.)? If "Yes," please complete the questionnaire below.

YES     NO

When we have the proper information we can accommodate many allergies. Responding as thoroughly as possible will help us!

**Allergy #1:**

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)?     YES     NO

Does the student take any medication for this allergy?     YES     NO

*(If YES be sure to complete the medications information form)*

Has the student ever been hospitalized for this particular allergy?     YES     NO

*(If YES, explain in detail in Additional Information)*

Is the student on an allergy desensitization program?     YES     NO

*(If YES, will this require treatments while at HMI and please explain in Additional Information)*

Does the student have and carry epinephrine for this allergy?     YES     NO

*(If YES, the student must bring two delivery devices to HMI)*

Additional Information:





Allergy #2:

Allergy/Allergen:	Alternative/related/other names:
When diagnosed with this allergy:	
How diagnosed to this allergen:	
Symptoms during an allergic reaction (what happens?):	
During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? <input type="radio"/> YES <input type="radio"/> NO	
Does the student take any medication for this allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES be sure to complete the medications information form)</i>	
Has the student ever been hospitalized for this particular allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, explain in detail in Additional Information)</i>	
Is the student on an allergy desensitization program? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, will this require treatments while at HMI and please explain in Additional Information)</i>	
Does the student have and carry epinephrine for this allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, the student must bring two delivery devices to HMI)</i>	
Additional Information:	

Dietary Restrictions:

To assist us in planning expedition rations and on-campus meals, please describe any medical, religious, or ethical dietary restrictions or special needs. **If the dietary restriction involves a food allergy, please be sure to answer the questions above.**





**ADD/ADHD Form:**

Has the HMI student been diagnosed with ADD/ADHD? If "Yes," please complete the questionnaire below.

YES     NO

We ask a series of questions of any student who has this condition because we can accommodate most cases of ADD/ADHD when we have the proper information. Responding as thoroughly as possible will help us!

Does the student have:

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Both ADD & ADHD

When was the ADD and/or ADHD diagnosed:

What behaviors led to the diagnosis:

During the last two years, has the student taken any medications for ADD/ADHD?     YES     NO

Is he/she/they currently taking any medications for ADD/ADHD?     YES     NO

*(If YES, please complete the Medications Form)*

What happens if the student misses a dose?

Under the current treatment, how does the student's ADD/ADHD manifest itself?

Does the ADD/ADHD interfere with school or work?     YES     NO    If so, how?

What, if any, are the prescribed accommodations for academic type school work? Homework? Testing?

For HMI Summer Term, does the student normally take the medication or plan to take the medication during the summer at HMI?

Treating Counselor/Therapist/ Physician's Name:

Treating Counselor/Therapist/ Physician's Phone:

Additional Information:





**MEDICATIONS Form:**

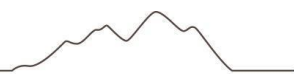
Is the HMI student currently taking any prescription medications, over-the-counter medications, dietary supplements, herbal remedies, or other types of medication? If "Yes," please complete the questionnaire below.

YES     NO

As a way to better serve the needs of all HMI students, we ask, that in consultation with your family physician (or the physician who prescribed the medication), you please complete the following questionnaire regarding the student's medications (taken for current, chronic or episodic condition/s) and return it to us. This questionnaire will be kept on file with the student's other medical information and be used as a resource for the HMI faculty and staff. If the student is taking more than one medication, please complete a separate box below for each medication. Please complete the following information for EACH medication the student will be bringing to HMI including prescriptions, over-the-counter medications, dietary supplements, herbal remedies, etc.

**Medication #1:**

Medication Brand Name:	Medication Generic/Chemical Name:
Reason for taking this medication:	
Start Date using this medication:	End Date (if known):
Regular Dose:	Frequency & Time of Dose(s):
Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):	
This medication should be taken:    with food    with water    on an empty stomach    other:	
Common Side Effects:	
Uncommon Side Effects:	
Harmful interactions (i.e. don't give with ibuprofen):	
Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?	
Missed dose procedure: Skip dose    Take immediately    Double dose at next scheduled time    Call physician    Other:	
What happens if the student misses a dose?	





Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program?  YES  NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

**Medication #2:**

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken:    with food    with water    on an empty stomach    other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):





Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

Skip dose    Take immediately    Double dose at next scheduled time    Call physician    Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program?     YES     NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

**Medication #3:**

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

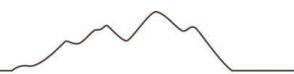
Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):







This medication should be taken:    with food    with water    on an empty stomach    other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

Skip dose    Take immediately    Double dose at next scheduled time    Call physician    Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program?     YES     NO

*If, NO, please elaborate on the plan to refill the prescription:*

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

**Medication #4:**

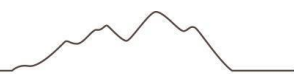
Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):





Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken:    with food    with water    on an empty stomach    other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

    Skip dose    Take immediately    Double dose at next scheduled time    Call physician    Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

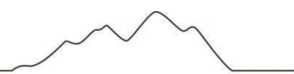
Will the student come to HMI with sufficient supplies for the duration of their program?     YES     NO

*If, NO, please elaborate on the plan to refill the prescription:*

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:





Medication #5:

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken:    with food    with water    on an empty stomach    other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

Skip dose    Take immediately    Double dose at next scheduled time    Call physician    Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program?     YES     NO

*If, NO, please elaborate on the plan to refill the prescription:*

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:





During the last two years, has the student taken any medications for mental health issues?     YES     NO

Is the student currently taking any medications for mental health issues?     YES     NO

*(If YES, please complete the medications information form)*

For stress related issues and/or mental health issues exacerbated by stress: Making new friends & learning to function in a group can be stressful. With that in mind: What triggers stress for the student?

What can we do at HMI to help minimize stressful situation which may arise during the program?

Has the student ever been hospitalized for psychiatric illness?     YES     NO

*(If yes, please explain when, for how long, and why. Be specific.)*

Additional Information:





**ORTHOPEDIC Form:**

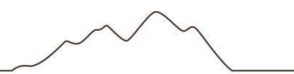
Does the HMI student have a history of orthopedic injuries, including shoulder, arm, elbow, hand, neck, back, hips, leg, knee, ankle, or foot injuries, recurrent sprains of particular muscles, recurrent sprains of particular joints, hernia, other musculoskeletal issues, or other athletic or orthopedic injuries? If "Yes," please complete the questionnaire below.

YES     NO

We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Responding as thoroughly as possible will help us!

Injury #1:

Injury:	Date of Injury:
How was the injury treated?	
Did the student have physical therapy? <input type="radio"/> YES <input type="radio"/> NO    If, YES, for how long and when:	
Does the student still have pain as a result of this injury? <input type="radio"/> YES <input type="radio"/> NO    If YES, what causes the pain and for how long?	
Does the student still have loss of function or disability as a result of this injury? <input type="radio"/> YES <input type="radio"/> NO    If YES, describe the disability, be specific.	
Which description best describes the student's current condition: no longer a concern      stable      improving      worsening	
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.	
Is the student currently taking any medications for the above injury? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, please complete the medications information form)</i>	
Do you anticipate the student being limited in his/her/their ability to participate in a physically demanding program? <input type="radio"/> YES <input type="radio"/> NO    If "YES", for what activities, and for how long?	

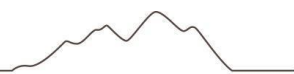




If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have the treating physician review the activities on page 4 and note this on the medical form

**Injury #2:**

Injury:	Date of Injury:
How was the injury treated?	
Did the student have physical therapy?	<input type="radio"/> YES <input type="radio"/> NO    If, YES, for how long and when:
Does the student still have pain as a result of this injury?	<input type="radio"/> YES <input type="radio"/> NO    If YES, what causes the pain and for how long?
Does the student still have loss of function or disability as a result of this injury?	<input type="radio"/> YES <input type="radio"/> NO    If YES, describe the disability, be specific.
Which description best describes the student's current condition:	
no longer a concern	stable    improving    worsening
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.	
Is the student currently taking any medications for the above injury?	<input type="radio"/> YES <input type="radio"/> NO
<i>(If YES, please complete the medications information form)</i>	
Do you anticipate the student being limited in his/her/their ability to participate in a physically demanding program?	<input type="radio"/> YES <input type="radio"/> NO    If "YES", for what activities, and for how long?
If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have the treating physician review the activities on page 4 and note this on the medical form	





In addition, please note that all students ***must have a physical completed within 12 months of the start date of their HMI program.*** You may use the form provided by HMI (available online [here](#)) or the one provided by your health care provider.

If at any time you require more space on the document to provide us with full details, please email to let us know (please see page 2 for the relevant contact information).

Is there any additional information about the student that HMI should be aware of?







**SIGNATURE REQUIRED FOR ACKNOWLEDGEMENT/AGREEMENT AND MEDICATION AUTHORIZATION**

If the student is a minor (under 18 years of age), the student's parents/guardians must sign below.

If the student is an adult (18 years of age or older), the student must sign below.

**ACKNOWLEDGEMENT/AGREEMENT:**

To the best of my knowledge, this medical form and any supplemental medical information I or my health care provider/s submit (any supplemental information incorporated by this reference) contains accurate information. I understand the nature of HMI activities, and acknowledge that I can contact HMI should I have any questions about these activities or the associated physical, mental or emotional demands or other concerns. Other than any limitations described in this form (or in any supplemental information), the student agrees, and has permission from his/her/their parent/s if the student is a minor, to participate in all HMI activities. I agree to contact HMI if any medical or health condition changes before the start of the HMI program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to the student or others, and/or can result in the student's dismissal from the program. I understand the student's final acceptance and participation in the program is contingent upon HMI representatives' review of all forms, including this one. I understand that although HMI will review this information and may allow participation, HMI cannot anticipate or eliminate risks or complications posed by a student's mental, physical, or emotional condition. I understand that emergency, medical, drug and/or health issues, response, assessment or treatment are included within the scope of – and expressly subject to the terms of – the HMI Acknowledgment and Assumption or Risks & Release and Indemnity Agreement. Please review that Document carefully in regard to the activities, risks and your responsibilities.

I consent here to allow HMI staff or its consulting health care providers to contact and communicate with the student's health care provider/s listed in these forms about the student's health and medical condition or care.

HMI keeps and provides regular over-the-counter medications for minor illness (headaches, cramps, cold & flu, sore throat, etc.) and asks that students do not bring them. Signing this Acknowledgement/Agreement gives HMI permission to administer over-the-counter medications.

**MEDICAL AUTHORIZATION:**

I authorize HMI staff, representatives and/or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to provide treatment (including, but not limited to hospitalization, medications, injections, anesthesia, or surgery) they consider necessary for my/my child's health. I agree to the release (to or by HMI) of any records necessary for treatment, referral, billing, or insurance purposes. I agree that HMI has no responsibility for medical care provided to me/my child, and agree to pay all costs associated with this care, including but not limited to medical evacuation, travel, compensation and expenses for staff accompanying the student, medicine and treatment. This form may be photocopied for use in the field.



**I understand that my signature is valid and legally binding whether I choose to electronically sign, or manually sign a printable version of this form.**

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Print Participant Name

Participant Signature (if 18 or over)

Date

---

Print 1st Parent/Guardian Name

1st Parent/Guardian Signature

Date

---

Print 2nd Parent/Guardian Name

2nd Parent/Guardian Signature

Date

