



Kappa Delta Rho Application Packet Checklist

- Application Form**
- Personal Data Form**
- Medical History**
- Acknowledgement and Assumption of Risks Waiver**
- Letter of Intention**
- Clothing List**

Thanks for applying to the Kappa Delta Rho Wilderness Institute. Please submit the above items and if you are accepted, make sure to arrive in San Jose California by 2pm on June 7, 2010. Schedule a flight home out of San Jose on June 13, 2010 no earlier than 2pm. Please make sure to fill out forms completely and email any questions to Joseph S. Rosenberg, Executive Director at executivedirector@kdr.com.

The Kappa Delta Rho Wilderness Institute is a program designed to provide hands on leadership programming, substance free brotherhood building activities, personal growth opportunities, and core values exploration.

- The program will be a 7-day backpacking trip in the California High Sierra Mountains.
- The participants will have daily programming in basic outdoor survival training.
- Leadership skills will be covered through a variety of methods.
- Each day there will be two participants designated as team leaders. They will lead the group, make command decisions and, at the close of the day, receive feedback, both positive and negative, from the group on their leadership skills.

- The participants will have daily planned programming pertaining to the ritual and precepts of Kappa Delta Rho. The programming will link the values and ritual of KΔP to participants' daily lives.
- Each participant will have the opportunity to participate in a solo experience spending one night alone in the wilderness.
- Each participant will benefit from ongoing provocative conversations about the fraternity, college, their values, the concept of brotherhood, and how all of these things unite in defining who they are as men and as leaders.
- Participants will be provided with concrete tools and ideas to use in their lives, and in their chapters.
- All participants will be physically and mentally challenged by the terrain, the weather, their peers, the conversations, and the experience in its entirety.

Requirements for Applicants

- A complete application received at the National Office of KΔP by March 15,2010.
- In good standing with the local chapter and national Fraternity
- Initiated before the end of the Spring 2010 semester
- Graduating no earlier than Spring 2011
- Agreeing to attend if selected (**available Monday, June 7th – Sunday, June 13, 2010**)
- Making travel arrangements by April 30, 2010
- Providing feedback to the National Fraternity on the Wilderness Institute

WILDERNESS INSTITUTE APPLICATION FORM

Name _____ Sex _____
Address _____ Age _____
City _____ State _____ Zip _____ Height _____
Chapter _____ Weight _____
Course of Study _____
Telephone _____ (home) _____ (work)

Dietary Restrictions/Preferences _____

Please indicate those outdoor activities in which you have some previous experience and skill by using the following scale:

1 = No experience, but interested

2 = Some previous experience

3 = Considerable experience

4 = Have instructed others

_____ Backpacking

_____ Alpine Skiing/Boarding

_____ Rockclimbing

_____ Winter Camping

_____ Mountaineering

_____ First Aid (indicate level)

_____ Whitewater Rafting

_____ Orienteering/Navigation

_____ Ski Touring

_____ Survival Skills

Please describe any extended wilderness experience (more than three days), or previous outdoor skills training courses that you have had:

PERSONAL DATA (confidential)

Name _____ Year in School _____
Street Address _____
City _____ State _____ Zip _____
Home Phone _____ School/Cell Phone _____
Date of Birth _____ Cumulative Grade Point Average _____
Chapter _____
Company Address (if applicable) _____
Insurance Carrier _____ Policy Number _____
Emergency Contact (in case of illness or injury) _____ Relationship _____
Street Address _____ City _____
State _____ Zip _____

Leadership Experience and offices held (chapter/College/High School): _____

Work Experience _____

What is a quote or motto that best describes you _____

Letter of Intention

There are many reasons to embark on a journey into the wilderness. We would love to know a little about what brings you. As leaders, the letter of intention is a valuable tool for getting to know you, but we believe its greatest value is to you. Therefore, please use it as an opportunity and write it firstly for yourself. Letters are strictly confidential and there are no right or wrong answers. Why do you want to come on this trip? What inspired your decision? Is there a specific intention or something you want to find, mark, or confirm on this trip? How will you benefit from participating in the KAP Wilderness Institute and what about the experience will you take back to your chapter? Please attach your letter to your application.

I understand that if selected as a Wilderness Institute participant, I am responsible for making travel arrangements to San Jose, California by April 30, 2010. I also understand that if selected, I must attend and complete the Wilderness Institute program (June 7-13, 2010).

Signed: _____
Applicant's Signature

This member is in good standing. _____
Quaestor's Name (Printed) *Quaestor's Signature*

Emergency Contact Home Phone _____ Business Phone _____
Date of last complete physical examination: _____ Blood Pressure _____ Pulse _____
General results of the exam _____
List any abnormalities detected (also **refer to back of this form**) _____
What is your current state of health and nutrition? _____

Height: _____ Weight: _____ Special needs _____

What is your current level of physical activity?

_____ Minimal (perform less than one hour of aerobic exercise per week)

_____ Moderate (perform some aerobic exercise, 1-3 hours per week)

_____ Active (perform aerobic exercise 4 or more hours per week)

What type of exercise do you perform? Please describe _____

Personal Physician _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

If you have been under the care of a physician, psychiatrist, or psychologist in the past year, please indicate below the name, address, and phone number of the caregiver, as well as a brief explanation of the nature of the problem _____

In case of emergency, I understand that effort will be made to secure proper treatment. I hereby give permission for such treatment. My personal health and accident insurance covers any accident or illness that I may incur during this experience and I will personally guarantee any cost or other liability incurred during evacuation or treatment. I have read the description of the program and the information provided for preparation and understand the nature of the program and the risks involved.

Signature

Date

Return your completed application to be received by March 15, 2010 (late applications will not be considered): KAP; 331 South Main Street; Greensburg, PA 15601

MEDICAL HISTORY

Please comment on specific details of your medical history. In the column marked "Comments", list the dates of the condition, specific medication names, effect of not taking medication, and current status of condition. Attach additional pages as necessary.

YES	NO		COMMENTS
___	___	Severe illness requiring hospitalization or incapacitation for a lengthy time period? _____	
___	___	History of diabetes, thyroid trouble, bleeding problems, epilepsy? _____	
___	___	Any surgical procedure? If so, date and nature of procedure. _____	
___	___	If allergic to any of the following, describe the nature of the reaction. _____	
		Medication (penicillin, aspirin, sulfa, etc.) _____	
		Foods (shellfish, nuts, dairy, wheat, etc.) _____	
		Insect bites (bee stings, etc.) _____	
		Other (plants, wool, animals, etc.) _____	
___	___	Are you currently on medication? If so, what? _____	
___	___	Are you a continual user of drugs, alcohol or medicines? _____	
___	___	Do you smoke? Indicate daily usage and number of years you have smoked. _____	
___	___	Episodes of dizziness, fainting, persistent headaches, convulsions, or seizures? _____	
___	___	Frequent infection of throat, tonsils, sinuses, ears? _____	
___	___	Any problems with vision or hear-r~? Do you require glasses, soft or hard contacts, hearing aid? _____	
___	___	Chronic cough? Bronchitis? _____	
___	___	Chest or heart region pain on exertion or deep breathing? _____	
___	___	Skipping or palpitations of the heart, irregular heartbeat, heart murmurs, or poor circulation? _____	
___	___	High or low blood pressure? _____	
___	___	Frequent nausea? Food intolerances? _____	
___	___	Eating disorders - anorexia, bulimia, hypoglycemia? _____	
___	___	Special dietary restrictions? _____	
___	___	Kidney infection or kidney stones? _____	
___	___	Chronic pain - neck, back, shoulders, arms, legs? _____	
___	___	Broken bones, joint dislocations, serious sprains or weakness in muscles? _____	
___	___	Previous frostbite, impaired circulation or other reactions to cold temperatures? _____	
___	___	Cramps, heat exhaustion or other reactions to hot temperatures? _____	
___	___	Motion sickness? _____	
___	___	Fear of heights? _____	

Please inform us if you should not be doing any of the activities once you arrive on the program.

Is there any other symptom or medical condition that may have any bearing on your participation in an active program, or that we should be aware of? Please describe here and attach additional pages if necessary.

Please attach a copy of your insurance card.

CLOTHING LIST

*Below are items you will need for the trip, please remember you can **rent** gear at your local outdoor store or on your campus if needed. There is no need to spend \$500 on the latest gear or clothing. You can find cheap, synthetic (polyester) clothing at thrift stores.*

We will provide all essential items and remember that you will carry all excess gear (luxury items); therefore, we encourage you to travel light. If we didn't list it we provide it, or you don't need it.

Everything you need is listed below as either optional or essential. All clothing, including socks, should be synthetic. Cotton is not acceptable except for one cotton t-shirt. If you have your own camping or backpacking gear, feel free to bring it. If you have a question, just bring your gear and we can lock up gear you don't hike in with. We have gear you can borrow. Try to give us a heads up in advance. When we meet, we will supplement some of your gear and veto some of your gear.

ESSENTIAL ITEMS

Head

- One wool or fleece hat
- Baseball cap or sun hat (for sun protection)
- Lightweight headlamp or flashlight with extra batteries
- Bandana
- Sunglasses

Top (Four layers)

- One short sleeve shirt (cotton okay)
- One long-underwear shirt (must be 100% synthetic)
- One medium to heavyweight fleece top or wool sweater
- One heavier jacket (for nighttime temps below 40)
- One quality tear-resistant rain jacket (a good one, not a plastic bag please)

Bottom (Four layers)

- One pair synthetic shorts or swim trunks
- One long-underwear bottom (must be 100% synthetic)
- One pair long pants (can be fleece, nylon, etc.)
- One pair of quality tear-resistant rain pants

Feet & Miscellaneous

- 5 pairs of socks (synthetic only)
- sock liners (optional)
- One pair of medium to heavyweight hiking boots with ankle support (no running shoes)
- Gaitors (these go over your boots and should come up to just below your knees)(optional)
- Flip-flops, tevas or chacos (to hang around camp)
- Lightweight gloves (for warmth)
- 2 durable 1 qt water bottles
- 1 bowl with lid (Tupperware works well), & a spoon

Hygiene

- Toothbrush & toothpaste
- Floss
- Contacts, saline, etc
- Soap provided
- Sunscreen
- Lip balm

Prescription Medication

- Prescribed inhaler or any other medication

OPTIONAL ITEMS

- Light weight or small camera
- Pocket knife
- Crazy Creek, camp chair (some men swear by this)
- More layers
- Journal

PROHIBITED ITEMS

(use of any of these items may result in being removed from course by being hiked out of the backcountry)

- Tobacco
- Any non-prescription recreational drugs
- i-pods, cell phones, video games, any electronic media
- alcohol

Wilderness Within

Acknowledgement and Assumption of Risks

In consideration of the services of Wilderness Within, its agents, employees, and contractors and all other persons or entities associated with it or its activities (referred to below as “WW”), I agree and acknowledge as follows:

Although WW has taken reasonable steps to provide me with appropriate equipment and skilled staff for the trip for which I have registered, I acknowledge that the activities of the trip have risks, including certain risks, which cannot be eliminated without destroying the unique character of the activities. The same elements that contribute to the unique character of these activities can cause loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that WW does not want to frighten me or reduce my enthusiasm, but considers it important for me to know in advance what to expect and to be informed of the activities’ inherent risks. The following describes some, but not all, of those risks.

- * WW trips may occur in remote places, many days from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care may be significantly delayed.
- * Equipment may fail or malfunction despite reasonable maintenance and use.
- * Travel is by vehicle and by foot over rugged unpredictable and often off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossing, high mountain passes, snow and ice, steep slopes, and slippery rocks. Attendant risks include collisions, falling, drowning and others usually associated with such travel, including environmental risks.
- * Environmental risks and hazards include rapidly moving, deep or cold water, insects, snakes, and predators, including large animals, falling and rolling rock, lightning, avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include but are not limited to hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- * WW activities are conducted outdoors, day and night. Physical activities include hiking and repetitive lifting of heavy packs. They also include any number of optional activities such as swimming, games, wilderness survival skills, and extended periods of solo time in the wilderness.
- * Decisions are made by the instructors and participants usually in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to reasonable errors in judgment. Misjudgments may pertain to, among other things, a participant’s capabilities, environment, terrain, water and weather conditions, natural hazards, routes and medical conditions.
- * WW participants, including minors, will have unsupervised free time periodically throughout the trip. All rules, regulations, guidelines, behavior, and expectations must be adhered to by the participants at all times over the duration of the trip. This includes all transportation times.

I am aware that WW activities include risks of my injury or death. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation on this trip is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with knowledge of the inherent risks.

I acknowledge that engaging in this trip may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff of WW has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I represent that I am fully capable of participating in the program, without causing harm to others or myself. Therefore I, and my parents(s) or guardian, if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence or otherwise wrongful conduct in participating in these activities.

Signature:

Date:

In Addition: Agreement Of Indemnity And Release

The U.S. National Park Service and some other federal land management agencies do not allow service providers such as WW to be released by their participants from liability for injuries or other losses occurring on certain public lands. On those lands, WW is limited to the Acknowledgement and Assumption of Risks, above. Your trip may include travel and activities off these public lands, and WW seeks additional protection for such travel and activities. Please read and sign the following:

In consideration of my being allowed to participate in this trip, I and, if I am under 18 years of age, my parent(s) or guardian, acknowledge and agree that I (we) have read and understand the Acknowledgement and Assumption of Risks, above, and confirm its representations and agree to all its provisions as though they were fully set forth again, here. In addition, except with respect to an injury or loss that occurs on public lands whose rules and regulations prohibit doing so, I (we) acknowledge and assume all risks of the course and any other activity of WW, whether those risks are known or unknown, inherent or otherwise.

I or, if I am under the age of 18, my parent(s) or guardian, for themselves and on my behalf, agree as follows:

a) To release and discharge WW, its agents, employees, trustees, officers, contractors, and all other persons or entities associated with it and its activities, specifically trip leaders Will Scott and Garret Conway (individually and collectively hereinafter referred to as "WW") from all claims, liabilities and losses whatsoever asserted by or on behalf of me, or by my parent(s) or guardian, in any way arising from or related to my enrollment or participation in an activity of WW (including transportation and occurrences to and from the activity and the use of WW equipment or facilities). This release includes loss or damage claimed to be caused in whole or in part by the negligence of WW. I, (or we, my parent(s) or guardian) understand that in signing this document, I (or we) surrender our rights to make a claim or file a lawsuit against WW for personal injury, property damage, wrongful death, products liability (including strict liability), breach of warranty or contract, or under any other legal theory, except in cases of intentional wrongs or the gross negligence of WW.

b) To defend, hold harmless and indemnify WW from any claim, and from any liability, loss, damages or expenses (including attorney's fees) resulting from a claim, brought by a fellow participant, rescuer or any other person for loss or damage caused in whole or in part by my conduct.

The Following Provisions Apply To Both The Acknowledgement And Assumption Of Risks And The Agreement Of Indemnity And Release:

I, or my parent(s) or guardian if I am under 18, further agree as follows:

WW is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me. If I, or my parent(s) or guardian have any legal dispute with WW which cannot be settled through discussion between the parties, I or my parent(s) or guardian will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by California courts as qualified persons for mediation assignments. To the extent the mediation does not result in resolution, I (or we), agree to pay all costs and attorney's fees incurred by WW in defending a claim or suit, if the claim or suit is withdrawn or to the extent a court or arbitration determines that WW is not responsible for the injury or loss.

WW and persons designated by it may use my photograph for sale or reproduction in any manner WW chooses, including for advertising display, audiovisual presentations or otherwise.

If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

This agreement is entered into voluntarily, after careful consideration and is binding upon the persons signing below, their heirs, executors, administrators, wards, minor children and other family members.

The participant understands and agrees to the Acknowledgement and Assumption of Risks, Agreement of Release and Indemnity and the Additional Provisions, above.

Participant Signature

Date

Age

Print Name

The Parents or Guardian must sign below if the participant is under 18 years of age to reflect their understanding and agreement, for themselves and on behalf of the student, to the provisions of the Acknowledgement and Assumption of Risks, Agreement of Release and Indemnity and Additional Provisions, above, including, though not exclusively, their agreement to release and indemnify WW. The parent(s) or guardian further agree to defend, hold harmless and indemnify WW from any claim and from any liability, loss, damages, or expenses (including attorney's fees) resulting from a claim, brought by any member of the participants family, arising out of or related to his or her enrollment or participation in any WW activity, including transportation and occurrences to and from the program or the use of WW equipment or facilities. This indemnity includes any loss or damage claimed to be caused in whole or in part by the negligence of WW

Parent or Guardian Signature

Date

Print Name