Registration Form

Name_____________________________________
Cell Phone________________________________
E-mail____________________________________
Special Needs/dietary restrictions_____________
Hiking Preference (round trip mileage):

☐ Level 1 (3 Miles) Elev. Gain = 250 ft
☐ Level 2 (7 miles) Elev. Gain = 750 ft
☐ Level 3 (12 miles) Elev. Gain = 2000 ft
☐ Level 4 (15 miles) Elev. Gain = 3500 ft

A course fee of $175.00 will be assessed to your student account for this course. Covers transportation, food and lodging.

☐ Signed Liability, Emergency Contact and Photo Release

T-shirt Size:  S  M  L  XL  XXL

Medical Consent Agreement:  If I should require medical treatment because of injury or illness during the trip, I consent to treatment in an emergency in the event that I am unable to consent to such treatment at that time. I acknowledge that MSU does not provide health and accident insurance for field trip participants. I agree to be financially responsible for any medical bills incurred. I will notify the Honors College in writing of any medical conditions of which medical personnel should be informed. I acknowledge that I have read the foregoing Medical Consent, understand it and sign it voluntarily. I am over 18 yrs of age, fully competent and I fully intend to be bound by the terms of this agreement.

Student Signature________________________________

Check List

Sleeping bag and air mattress/foam pad__________
Pillow, towel and soap__________________________
Toiletries_____________________________________
Shower sandals (flip flops)______________________
Sturdy/comfortable hiking boots/Tevas____________
Warm jacket & sweatshirt, hat____________________
Extra clothing___________________________
Shorts and jeans_________________________
Sunscreen & bug spray________________________
Flashlight/headlamp__________________________
Camera_____________________________________
Backpack for day-long hike____________________
Water bottle______________________________

Honors College

September 8-10, 2023
You are invited to join us for a weekend of outdoor recreation, book discussion and camaraderie.

MSU Honors College
P.O. Box 172140
Bozeman, MT 59717
Phone: (406) 994-4110
Fax: (406) 994-6747
E-mail: honors@montana.edu
Please join us for what promises to be a truly memorable experience. “Hike and Read” affords incoming freshmen the opportunity to informally interact with Honors faculty and students in a beautiful outdoor setting. Our base will be the Hyalite Youth Camp located in Hyalite Canyon, 15 miles south of Bozeman. The cabins are rustic, yet clean and comfortable. There are tall pine trees, a large campfire area and a lake nearby. Several spectacular hikes are easily accessible from the campground. Delicious meals and snacks will be served in the dining hall, which will also serve as a meeting area.

This weekend event is limited to the first 70 students who return their completed registration and consent forms by August 4, 2023.

In the evenings, distinguished faculty members will present informal lectures. These presentations are certain to spark your interest and generate lively discussion. The evening sessions will be followed by a traditional campfire with s’mores!

All campers are required to read this year’s selection: Little, Big (Book 3, Ch. 4, pp 246-267) by John Crowley (ISBN: 978-0061120053) in preparation for the weekend. This text was selected by Dr. Michael Sexson, Regents Professor of English, who will be among our faculty speakers.

The $175 course fee includes your accommodation, meals, snacks, mandatory bus transportation and a Hike and Read T-shirt. To ensure your reservation, please return the registration and consent forms no later than Friday, August 4, 2023. This is a first-come, first-serve basis event. After the first 70 spots are filled, we will put your name on a wait list.

Please be sure to let us know if you have any special needs or dietary restrictions. We will do our best to accommodate all requests. Due to the nature of the weather at this altitude, please come prepared for anything, including snow!

We sincerely hope you will be able to join us for this weekend event and look forward to your participation.

If you have any questions, please contact: Ms. Dawn Major, Assistant to the Dean at (406) 994-4110 or dmajor@montana.edu.

Some Hyalite Camp Details ...
Cabins are rustic.
All have wood framed bunks but NO mattresses.
Electric light in each cabin but no outlets.
7 cabins, each will sleep up to 8.
4 “quad” cabins, each will sleep up to 16.
Large dining/seating area.
Fireplace with wood provided.
Men’s and women’s indoor showers and bathrooms.
Electric power supplied to camp by solar batteries.

No cell phone reception.
Areas for volleyball, basketball and horseshoes.
Fire pit with log seating overlooking the lake.

Friday, Sept. 8, 2023 5 pm until Sunday Sept. 10, 2023 noon
CONTRACT FOR PARTICIPATION

Honors Hike and Read
September 8 - 10, 2023

In consideration of my participation in these extracurricular activities, I hereby freely accept the following contractual representations and agreements:

I am aware that participation in travel activities involves inherent risks which present the possibility of serious physical injury, mental trauma or death. I fully realize the dangers of participation in activities of this nature and voluntarily assume all risks associated with such participation. I understand that medical insurance is not provided. I am therefore responsible for all expenses related to injury or illness.

I agree that it is my sole responsibility to be familiar with the physical and/or mental demands associated with these extracurricular activities. With this in mind, I have no physical or mental condition which, to my knowledge, would endanger myself or others if I participate in these extracurricular activities.

I agree to abide by established rules or regulations while participating in these extracurricular activities including not using any alcohol or illegal substances. I will refrain from activities not associated with the Hike and Read outing without an approval from a chaperone. I also accept financial responsibility for damage or loss of group and rental equipment due to misuse or neglect.

I understand and agree that conditions may arise during these extracurricular activities which may be beyond the control of the coordinators, instructors or other participants. I therefore release, forever discharge and agree not to sue the Honors College, Montana State University, the State of Montana or other participants. I hereby waive all claims which I now have or may hereafter have against the above organizations or persons, however caused, in regard to my participation in these extracurricular activities.

I agree, for myself and my successors, that the above representations and agreements are contractually binding and are not mere recitals. I agree that my failure of refusal to sign other such agreements or releases shall in no way affect the validity of the agreement nor revoke or cancel any of the terms. Furthermore, in the event that a claim or suit is brought forth in violation of this agreement, I or any of my successors shall be liable for the expenses incurred by the other party of parties in defending against such actions. This agreement may not be modified orally.

I have read this document and fully understand its contents. I am aware this is an assumption of risk/release of liability, a waiver of claims and an agreement not to sue. This contract is entered into between myself, the Honors College, Montana State University and for the benefit of others previously described.

________________________________________          ________________________________
Name – print                                      Signature

Hike and Read 2023                                      Date

Honors Course (HONR 123)
Participant Agreement & Photo Release

As a participant on a course excursion offered through the MSU Honors College, I understand and agree to the following terms listed below:

1. I will respect the authority and responsibility of the counselors and will abide by their decisions.

2. I take full responsibility for meeting the financial responsibilities of the course.

3. I agree not to consume alcohol or use illegal drugs.

4. I will stay with the group throughout the weekend.

5. The trip ends upon return to the MSU campus. I will return with my group unless prior arrangements have been made and approved by Dean Ilse-Mari Lee. MSU is not responsible for any person who is approved to travel separately from the group.

6. I understand that MSU does not provide health, accident, disability, or other insurance to Hike and Read participants. I have health insurance coverage and I have contacted my insurance company to receive appropriate documentation and will carry it with me at all times. I agree to be responsible for payment of all medical treatment for any injuries incurred during the Hike and Read weekend.

7. I agree to inform the counselors of any existing medical conditions that might require treatment, accommodation for participation in trip activities, or about which medical personnel should be informed.

8. I understand that I represent MSU and that this is a University course. Therefore, I agree to be bound by the rules established by the Honors College, University rules, policies and regulations, and further agree to follow all laws of the city, county, and state while on the trip. I understand it is important for the continuance of future programs that participants observe standards of conduct that would not compromise MSU in the eyes of the individuals and organizations with which it has dealings. Students will uphold the MSU Student Code of Conduct: http://www2.montana.edu/policy/.

9. I understand that MSU may terminate my participation for failure to behave and act in accordance with the program’s regulations on conduct, for failure to follow the instructions and directions of the program coordinators and/or supervisors, or for any acts of conduct which are detrimental to or incompatible with the interest, harmony, comfort, or welfare of the program as a whole. If my participation is terminated for these reasons, I agree that there will be no refund of payments and I understand that I will be escorted immediately back to campus at my own expense.

10. I will contact the sponsoring unit and/or MSU’s Disability Services office if I need reasonable accommodations to participate in the trip as soon as possible so that appropriate arrangements can be made to allow me to participate. I understand that if I do not seek accommodations in a timely manner, the accommodation may not be able to be provided.
Photo Release [optional]

I grant MSU the absolute and irrevocable right and permission to use, reuse and publish any photographs of me taken in connection with this trip, in whole or in part, in any and all media including use on the world wide web, now or hereafter, and for any purpose. I also agree that my name and any public information about me may be used as MSU chooses.

I understand and agree to the above stated conditions and responsibilities and hereby confirm that all information which I have provided is correct and current.

Participant Name (printed): ____________________________________________________________

Participant Signature: _______________________________ Date:
INSURANCE
Participants must assume sole responsibility for medical/emergency expenses due to personal injury or illness, including evacuation and rescue costs.

HEALTH STATEMENT
List any physical disabilities, conditions, past injuries or any other limitations which may affect your participation:

List any allergies, medications and/or medical alert information:

EMERGENCY CONTACT
Name: ____________________________  Name: ____________________________
Address: __________________________
________________________________________
________________________________________
Phone: Home: (____) ____________________________  Phone: Home: (____) ____________________________
Work: (____) ____________________________  Work: (____) ____________________________

PHYSICIAN
(optional)
Name: ____________________________  Name: ____________________________
Address: __________________________
________________________________________
Phone: Home: (____) ____________________________  Phone: Home: (____) ____________________________
Work: (____) ____________________________  Work: (____) ____________________________

I hereby grant permission for emergency medical services for my minor child or ward.

__________
(p$:parent or guardian signature and date)

SPECIAL NEEDS / REQUESTS:
________________________________________
________________________________________
________________________________________
________________________________________