



Outdoor Leadership Training Seminars

www.OLTS-BT.com

March 11, 2009

Welcome!

We are so glad that you chose to join us this June for the Therapeutic Wilderness and Nature-Based Skills in Boulder, Colorado. The course runs from June 22-27, 2009. This course is designed for a small group of 6 to 10 participants, and this packet includes everything you need to know about getting here and what you will need to bring for this training.

The course will start at 9 AM on Saturday, June 22. We will end at 3pm on the 27th. It will consist of day-long sessions and two evening sessions. It will be necessary for you to make your own lodging, meal and transportation arrangements throughout the entirety of the course. Unless the weather does not support the learning process, we'll be outside the entire time, rain or shine, so please refer to the equipment list for the appropriate gear.

The cost of this training is \$995 (includes lunch each day). A \$300 deposit is due to hold your spot in the course (non-refundable unless course is cancelled), and the remainder \$695 is due by June 10th.

How to Register-

Call Daren Silver at: 970-901-7352 for registration information and to pay by credit card.

\$300 deposit required to reserve a place on this course.

50% of balance due May 15th, full payment due on June 15th.

Send check payment and all completed paperwork to:

Darren Silver, Outdoor Leadership Training Seminars, 513 D South Main St. Gunnison, CO 81230.

For course content information call Michael (720-352-7865) or Katie (303-881-8802)

Warmly,

Michael and Katie.





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Therapeutic Wilderness and Nature-Based Skills

2009 Professional Trainings

Are you a therapist wondering how to incorporate the natural world into your practice? Have you personally experienced the power and magic of the outdoors, yet not sure how to harness this resource to enhance your professional work?

Are you an outdoor educator who wants to learn how to use the outdoor experience therapeutically? Are you wanting to support your students and clients to become conscious and conscientious caretakers of the earth through facilitating a deep personal connection within them?

As a part of the natural world ourselves, we hold the wisdom that allows us each to intuitively tap into the natural healing potential of the earth. Our goal is to empower you to collaborate with the natural world to create meaningful experiences and interventions for the people with whom you work. In this training we will provide information, experience, theory, and support for you to develop specific therapeutic wilderness tools, as well as to trust your own creative ideas. The course will involve immersing yourself in a personal exploration of the natural world in connection to your own life goals and desires as a path to being a guide for others.

Trainings will provide both personal growth and professional skills in the following:

- Nature as Metaphor
- Adventure-Based Counseling Techniques
- Transpersonal Nature Awareness
- Contemplative practices in the Natural world
- Expressive Arts in the Natural World
- Ceremony and Ritual

Location and Logistics:

Dates: June 22-27, 2009

Cost: \$995 (includes lunch)

Location: This intensive 6-day program will take place at an outdoor site near Boulder, CO. Our days will be spent outside learning and practicing wilderness and eco-therapy techniques that can be easily applied to your current therapeutic practice or educational curriculum.

Our daily schedule will be as follows:

Days 1, 3, 5, 6 of the course we will meet 9am-5pm

Days 2 & 4 of the course we will meet 9am-9pm

*We ask that you bring extra food and snacks for yourself





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The Instructors:

Michael Jospe M.A.: Michael is a wilderness therapist, professional coach. He instructs for Naropa University's masters degree program in ecopsychology, is the of the Earth-Based Institute in Boulder, Colorado, and advisor for the Master of Arts Program (MAP) at Prescott College. Michael has a B.A. in Outdoor Recreation Leadership and an M.A. in Adventure Education. He has been teaching others to be outdoor leaders and guides for 12 years..

Katie Asmus M.A., LPC, BMP: Katie is a Wilderness Therapist and Educator. She combines her passions for creativity, deep self-exploration, radical self-acceptance, and present moment awareness to create eclectic and meaningful experiences for people. Katie is the Assistant Director of the Wilderness Therapy masters degree program at Naropa University, has a private psychotherapy practice in Boulder, CO, and advisor for the Master of Arts Program (MAP) at Prescott College. She is an Outward Bound Instructor and a guide for the Women's Wilderness Institute.

About OLTS:

Since 1973, Outdoor Leadership Training Seminars has been offering unique outdoor adventure experiences in rockclimbing, mountaineering, backcountry skiing, whitewater rafting, wilderness backpacking in the mountains, canyons, and deserts of Colorado, Utah, Arizona and New Mexico. Founded by Rick Medrick, Ed.D, OLTS supports the discovery of personal leadership through transformational outdoor growth experiences. OLTS is committed to a deep ecological perspective towards human's place on the planet, an ecological approach that seeks to heal the earth and humans through connection in nature, and a commitment to spiritual development and integration.





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APPLICATION FORM

Name _____ Sex _____

Address _____ Age _____

City _____ State _____ Zip _____ Height _____

Occupation _____ Weight _____

Business _____

Telephone _____ (home) _____ (work)

Dietary Restrictions/Preferences _____

Course Applied For _____ Date _____

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

1 = No experience, but interested

3 = Considerable experience

2 = Some previous experience

4 = Have instructed others

_____ Backpacking

_____ Rockclimbing

_____ Mountaineering

_____ First Aid (indicate level)

_____ Orienteering/Navigation

_____ Survival Skills

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





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PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

Name _____ Course _____

Address _____ City _____ State _____ Zip _____

Phone _____ Age _____ Sex _____ Date _____

In consideration of the services of **MCD CORPORATION (dba OUTDOOR LEADERSHIP TRAINING SEMINARS)**, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "**MCD**"), I hereby agree to release and discharge **MCD**, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor adventure based activities such as river trips, backpacking and hiking, cross country skiing, rock climbing, and ropes course activities entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying.

Furthermore, **MCD** guides have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless **MCD** from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of **MCD's** equipment or facilities, **including any such claims which allege negligent acts or omissions of MCD**





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4. Should **MCD** or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against **MCD**, I agree to do so solely in the state of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against MCD on the basis of any claim from which I have released them herein.

I hereby consent to the use of any program photograph, video/film, voice/quote as a result of my participation in this program and its use for publicizing, advertising and/or exhibiting this program in perpetuity by all media.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant: _____

Print Name: _____

Date: _____

If under 18 year of age, parental or guardian signature is required:

Parent/guardian Signature: _____

Print Name: _____

Date: _____





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WHOM TO NOTIFY IN CASE OF EMERGENCY

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Medical Insurance Company: _____

Policy Number: _____





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PERSONAL DATA (*confidential*)

Name _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Date of Birth _____

Company Name (if applicable) _____

Company Address (if applicable) _____

Insurance Carrier _____ Policy Number _____

Emergency Contact (in case of illness or injury) _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

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 other 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 _____





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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 information provided for preparation and understand the nature of the program and risks involved.

Signature

Date





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OUTDOOR LEADERSHIP TRAINING SEMINARS

PO Box 200281 Denver, Colorado 80220

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 hearing? 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? (Please note that OLTS may not be able to meet all special requirements.) _____

- 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.





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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.





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OLTS 14-day Wilderness Leadership Equipment List

Please bring the following gear. If you have any questions please contact us.

1. Backpack for carrying 40 to 60 lb., with padded shoulder straps and waist belt (preferably internal frame, 4500 to 6000 cubic inch capacity). Internal frame is recommended.
2. Backpack cover (for rain proofing) or heavy duty plastic bags- (i.e. trash compactor bags, typical garbage bags are too light)
3. Sleeping bag (down or synthetic rated between 5 and 20 degrees Fahr.); with stuff sack
4. Sleeping pad (closed-cell foam, ensolite, or therm-a-rest style)
5. Bivy sac (breathable waterproof sleeping bag cover) –**Highly recommended, especially for down bags and for those who tend to be cold at night.**
6. 70-100 feet of rigging cord (3mm, nylon, no stretch)
7. Ground cloth (plastic or waterproof nylon sheet at least 3' x 7')
8. Headlamp or flashlight (small, lightweight), plus extra batteries and bulbs, **headlamp is recommended.**
9. Water bottles (minimum 2, one-quart, Nalgene or Sigg type bottles)
10. Unbreakable cup, bowl, spoon (other utensils optional)
11. Lighter (or waterproof matches)
12. Sunglasses with keeper strap (100 % UV block absolutely necessary)
13. Sunscreen rated SPF 15 or higher
14. Lip balm rated SPF 15 or higher
15. Toiletry kit, including feminine hygiene needs (note that any soap should be biodegradable) and any medications you take on a regular basis e.g. aspirin. (We will provide a first aide kit for the unexpected events.)
16. Halogenation – one bottle of tablets or iodine for individual emergency water purification.
17. "Waterless hand sanitizer" – 1-2 oz. size is plenty. (Can get in regular grocery stores.)
18. Toilet paper (approx. 1/2 roll), plus multiple Ziploc storage bags (one for clean TP; others for soiled!)
19. Watch with alarm
20. Whistle
21. Compass
22. Journal or notebook and pens / pencils
23. Prescription medications – you should have a back up set of meds in case you loose or get your meds wet. If you know you have serious (i.e. life-threatening) reactions to anything we might encounter, for example bee stings, you need to bring appropriate medicine, such as an epinephrine kit.
24. Gaiters (to keep debris from getting in boots while hiking), **ESSENTIAL.**
25. A knife-





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Therapeutic Wilderness and Nature-Based Skills

Please bring the following gear. If you have any questions please contact us.

If you are looking to camp, please ask Katie and Michael about making arrangements. You are responsible for your own camping gear.

- Day pack
- Headlamp or flashlight (small, lightweight), plus extra batteries and bulbs, **headlamp is recommended**. Plastic water bottles (minimum 2 one-quart, wide mouth)
- Sunglasses
- Sunscreen rated SPF 15 or higher
- Lip balm rated SPF 15 or higher
- Watch with alarm
- Whistle
- Journal or notebook and pens / pencils
- Sun hat
- Warm layers
- warm hat and gloves
- Rain pants and rain coat
- Camp chair- Crazy Creek
- Bandanna
- At least 2 liters of water
- Prescription medications – you should have a back up set of meds in case you loose or get your meds wet. If you know you have serious (i.e. life-threatening) reactions to anything we might encounter, for example bee stings, **you need to bring appropriate medicine**, such as an epinephrine kit.





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TRANSPORTATION TO BOULDER

GETTING TO AND FROM BOULDER FROM DENVER INTERNATIONAL AIRPORT

Denver International Airport SkyRide one-way service is \$10 for adults (\$16 round trip); \$5 for seniors and disabled; free for CU students with valid Buff OneCard, ECO Pass holders and children 15 and younger if accompanied by paying adult (three children per adult).

AB SkyRide leaves Boulder Transit Center daily at 3:20 a.m., with almost-hourly service till 9:30 p.m.; check schedule for exact times. AB SkyRide leaves DIA's East Terminal at 6:20 a.m., with hourly service till 11:20 p.m. SkyRide tickets available at the Boulder Transit Center, Safeway and King Soopers (round trip only). You can also pay, with exact change on the bus. You can locate a current schedule on-line at www.rtd-denver.com.

TAXI AND SHUTTLE SERVICES

FREEDOM CAB	303-292-8900
METRO TAXI	303-333-3333
SUPERSHUTTLE	303-444-0808
YELLOW CAB	303-777-7777

BUS SERVICES FOR GETTING AROUND IN BOULDER

RTD, HOP, SKIP, LEAP, BOUND, DASH, JUMP, BOLT AND STAMPEDE These are the names of the available busses for getting around in Boulder and to the surrounding areas. Additionally, the N bus goes to Nederland and the Y bus goes to Lyons.

Boulder Transit Center at the corner of 14th and Walnut streets. Information: 303-299-6000, 1-800-366-7433 or www.rtd-denver.com.

Printed schedules available at Boulder Transit Center and Boulder Public Library. Local schedules available at Crossroads Mall, Boulder Chamber of Commerce and the University of Colorado. Fares: \$1.25; 60 cents for seniors and disabled; free for ECO Pass holders and CU students with valid Buff OneCard. Monthly Boulder pass is \$45, \$23 for seniors and students; 10-ride Ticketbook is \$11.25. Exact fare required. Bike racks available on all buses and shuttles.

ADDITIONAL TRANSPORTATION NEEDS

More detailed information can be located at the following website.

www.getboulder.com/visitors/transportation.html





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BOULDER LODGING

There are no campsites in the immediate Boulder area. There is forest service land about 20 miles out of Boulder (towards Nederland). To find out more information about camping requirements go to the following website: www.fs.fed.us/r2/arnf/recreation/

NAME	ADDRESS	TELEPHONE #	SINGLE ROOM PRICE*
Boulder Int'l Hostel	1107 12 th Street	(303) 442-0522	\$40 Dormitory - \$19
Best Western Boulder Inn	770 28th Street	(303) 449-3800 1-800-233-8469	\$59-99
Best Western Golden Buff Lodge	1725 28 th Street	(303) 442-7450 1-800-999-2833	\$63-80
Super 8	970 28th Street	(303) 443-7800	\$65
Days Inn	5397 S.Boulder Rd	(303) 499-4422	
Boulder Outlook	800 28th Street	(303)-443-3322	\$69-89
Quality Inn & Suites	2020 Arapahoe	(303) 449-7550 1-888-449-7550	\$70-100
Boulder Mountain Lodge	91 Four Mile Canyon Dr.	(303) 444-0882 1-800-458-0882	\$98 - \$189
Broker Inn	30th & Baseline	(303) 444-3330 1-800-338-5407	\$99-139
The Bradley Inn	2040 16th St	(303) 545-5200	\$145-175
Briar Rose B&B	2151 Arapahoe	(303) 442-3007	\$149-169
Boulder Marriott	2660 Canyon	(303) 440-8877	\$179-199
Hotel Boulderado	2115 13 th Street	(303) 442-4344	\$189

* All prices are approximations and vary by season.

