Welcome to the Smoky Mountain Field School. In order to ensure the safety and enjoyment of your chosen experience, please carefully review the information below well in advance of the meeting date. If you have any concerns or questions about the class contact the instructor(s). For issues related to registration contact Personal and Professional Development at 865-974-0150.

MEETING PLACE/TIME: Meet at 7:00 p.m. on Sunday evening at the Elkmont upper parking area for Jakes Creek Trailhead, in the Great Smoky Mountains National Park. Allow ample travel time in consideration of restroom stops, weather conditions, traffic, and the Park speed limit of 35mph or less – Be on time! Classes generally end back at the meeting place.

GENERAL INFORMATION: Participation in all classes is voluntary and each participant will be required to sign a Release of Liability as part of the class roster. Participants should advise their instructor(s) of any medical issues that could become a concern or place themselves or others at risk. Everyone is asked to refrain from the use of cell phones or tobacco products during the experience. Classes are held rain or shine and refunds are not issued for ‘no-shows’.

WHAT TO EXPECT AND WEAR: Much of the Smokies consists of rugged, remote terrain and participants must make themselves aware of the potential risks involved. The weather in the Park is often unpredictable and can change rapidly producing strong winds, a sudden drop in temperature and even winter-like conditions, especially at the higher elevations. Do not underestimate the year-round need for adequate rain protection and warm layers including a hat and gloves and secure them in waterproof bags. For most day sessions expensive, high-tech clothing and hiking boots are not necessary but comfortable field clothes and sturdy footwear are essential.

RECOMMENDED ITEMS: Make adjustments according to your needs and those of the class.

- Small flashlight that is not LED
- Wear long sleeves and long pants and sturdy shoes/boots
- Daypack/Hiking stick or trekking poles
- One to two quarts (liters) of fluid/snacks/lunch and/or dinner
- First aid items and personal medications
- Emergency items: Compass, light source, small knife, waterproof matches and whistle
- Sunscreen (year round) and insect repellent (seasonal)
- Field guides/notepad and pen or pencil/small hand lens/binoculars/camera and accessories
- Small chair you can carry easily or a blanket to sit on
Jakes Creek Trailhead in Elkmont

I-40 (Knoxville) to 140 East to 129 South follow signs to 411N/321N then continue on 321N to 73 East and you will enter the GSMNP. Turn left on Little River Road then right to Elkmont Campground.
Smoky Mountain Field School - Participant Information Form

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<thead>
<tr>
<th>NAME:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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<tbody>
<tr>
<td>ADDRESS:</td>
<td>Street</td>
<td>City, State Zip Code</td>
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<tr>
<td>TELEPHONE:</td>
<td>(<strong><strong>)_____ (</strong></strong>)_____ (____)_____</td>
<td>Cell</td>
<td>Home</td>
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<td>Email</td>
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**** information below held in confidence but essential to meet safety goals ****

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<thead>
<tr>
<th>PERSONAL INFO:</th>
<th>GENDER: M___ F___ DATE OF BIRTH: _________ HT:____ WT:____</th>
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<td>Are there any medical issues or medications of which we need to know?</td>
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<th>EMERGENCY CONTACT:</th>
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RELEASE AND ASSUMPTION OF RISK

As a participant in the UT Conferences & Non-Credit Programs operated by The University of Tennessee as a part of its academic curriculum, I do hereby release the University from liability and assume the risk as follows:

1. I understand that on rare occasions an emergency may develop which necessitates the administration of medical care, hospitalization, or surgery. Therefore in the event of injury or illness to me, I hereby authorize The University of Tennessee by and through its authorized representative(s) or agent(s) in charge of said program, to secure any necessary treatment, including the administration of anesthetic and surgery. It is understood that such treatment shall be solely at my expense and I agree to reimburse the University of any expenses, which it might suffer on account of said injury treatment thereof.

2. I expressly understand and agree to indemnify and hold harmless the University and its representatives(s) and agent(s) from any and all claims and causes of action for damage arising out of any travel or activity conducted by or under the control of the University with regard to the aforesaid program.

3. I further understand that I am solely responsible for any and all costs arising out of my voluntary or involuntary withdrawal from the program prior to its completion, including withdrawal caused by illness or disciplinary action by the University, except where the University is the originating cause of such withdrawal.

I have read and understand the above provisions and agree to be bound thereby.

__________________________  _________________________
Participant’s Signature      Date

Upon completion, please return immediately by MAIL, EMAIL, or FAX to:
UT Conferences & Non-Credit Programs
313 Conference Center Building
Knoxville, TN 37996-4137
Phone: 865-974-0150  Fax: 865-974-6629
E-mail: Professionalpgms@utk.edu
Web Site: smfs.utk.edu