



# WESTERN

COLORADO UNIVERSITY

CENTER FOR LEARNING  
AND INNOVATION

## ENVS/ROE 397: Japow: Eco-Cultural Experience

December 30th, 2025 - January 8th, 2026

### Application Form

Name:	Western ID:
Local Mailing Address:	City, State & Zip:
Home Phone Number:	Cell Phone Number:
E-mail Address:	Birthdate:
Gender: ____ Male ____ Female	U.S. Citizen: ____ Yes ____ No
Passport Number:	Expiration Date:

- Payment/Cancellation Information: Payment/Cancellation Information: The cost of the program is **\$4,600** Total Cost (\$4,060 Program costs + **\$540** (3 credits X \$180.00/credit) cost of credit for undergraduate students and community members. Program costs include: all breakfasts, lunches, and dinners. Students will want to bring around \$200 to cover snacks and souvenirs. All hotel accommodations and domestic transportation are included in the program cost. All course activities such as cultural tours, guided ski tours, and guest speakers are included. International insurance is included within the program costs. Program costs do not include: airfare, gear, personal needs, individual travel, or other activities outside the established program schedule. Students are required to bring their own winter clothing, snow layers, helmet, goggles ect., Students may want to bring their own skis/snowboards and boots. Rentals are available but bringing your own gear is recommended. Rentals are not included in the program cost. This trip will utilize the five consecutive days at Rusutsu that is included in the Full Epic and Epic Local Pass). You are responsible for purchasing your ski pass, or individual day tickets outside of the costs of this course. Students should also budget an additional expense for flights, which may be around \$1,500 - \$2,000.
- A \$1,533.33 non-refundable deposit is due on or before September 25, 2025. The final balance \$3,066.67) is due on or before October 17th, 2025. No refunds will be made after October 17th, 2025 nor will refunds be made to students not present for the program or for those who drop out after the course begin

Full refunds will be processed if the program is cancelled or if you are not accepted (excluding withdrawal due to academic standing Etc.). Center for Learning and Innovation reserves the right to cancel classes and to make changes as necessary. Returned checks are assessed a \$20.00 service charge.

Participants must register for 3 credits. Please select if you would like to take this course for either ENVS or ROE credit

\_\_\_ ENVS 397 \$180/credit

\_\_\_ ROE 397 \$180/credit,

### Registration Instructions.

- ☐ Students must fill out this application and return it to Instructor Nate Gore by September 25 2025. Nate will then review your application. Upon the completion of a satisfactory application, Nate will open up a payment portal for you in Workday.
  - Note: In order to register for the course, you must have completed 30 academic credits by the beginning of the fall 2025 semester to be at Sophomore standing. You must also be in good academic standing with a cumulative GPA of 2.5) Lastly, you must have your fall 2025 tuition paid for in full before you can be registered for this class.
- ☐ Method of Payment for \$1,533.33 non-refundable deposit is due by September 25, 2025.
- ☐ Final Payment Remaining Balance of \$3,066.67 due by October 17th, 2025.

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## Statement of Responsibility, Release and Agreement to Participate in an International Program in Japan

I, \_\_\_\_\_, have agreed to participate in the **Japan: Eco-Cultural Experience Program** ("the Program"), located in Hakuba, Japan by Western Colorado University (University). I understand and hereby acknowledge that my participation in the Program is wholly voluntary. In consideration of being allowed to participate in the Program, I hereby agree as follows:

1. I hereby represent and warrant that I am and will be covered throughout the Program by a policy of comprehensive health and accident insurance that provides coverage for injuries and illnesses I sustain or experience overseas, and, more specifically, in the country in which I will be living and /or traveling while on the Program. By my signature below, I certify that my health insurance policy will adequately cover me while outside the United States; and, I absolve the University of all responsibility and liability for any injuries (including death), illnesses, claims damages, charges, bills and /or expenses I may incur while I am abroad. I agree to report to the University and physical or mental condition I have that may require special medical attention or accommodation during the Program at least thirty (30) days prior to departure.
2. I understand the University reserves the right to make changes to the Program itinerary or to cancel all or part of the Program at any time and for any reason, with or without notice, and the University shall not be liable for any loss whatsoever to me by reason of any such cancellation or change. If all or part of the Program is cancelled, prevented or rendered impossible or unfeasible by any act or regulation of any public authority, or by reason of riot, strike, act of God, epidemic, war, civil unrest, terrorism or declaration of disaster by federal, state, or foreign government and the Program is cancelled (in whole or in part), it is understood and agreed that there shall be no claim for damages by me or on my behalf and the University's obligations as to the Program shall be deemed waived by me. The University is not responsible for penalties assessed by air carriers that my result due to operational and/or itinerary changes, regardless of whether the University makes a flight arrangement. Any additional expense resulting from the above will be paid by me. The University reserves the right to substitute hotels or accommodations or housing of a similar category at any time. Specific room and housing assignments are within the sole discretion of the University.
3. I understand and acknowledge that the University assumes no responsibility or liability for any delays, delayed or changed departure or arrival times, fare changes, dishonors of hotel, airline or vehicle rental reservations, missed carrier connections, sickness, disease, injuries, losses, damages, weather, strikes, acts of God, circumstances beyond the control of the University, force majeure, war, quarantine, civil unrest, public health risks, criminal activity, terrorism, expense, accident, injuries, damage to property, bankruptcies of airlines or other service providers, inconveniences, cessation of operations, mechanical defects, failure of negligence of any nature howsoever caused in connection with any accommodations, restaurant, transportation, or other service or for any substitution of hotels or of common carriers beyond the University's control, with or without notice, or for any additional expense occasioned by any of the foregoing. If due to weather, flight schedules or other uncontrollable factors I am required to spend additional nights, the University will not be responsible for my hotel, transfers, meal costs or other expenses. My baggage and personal property are at my risk entirely throughout the Program and any travel incident thereto. The right is reserved by the University, in its sole discretion, to cancel the Program or any aspect thereof prior to departure; and, in the University's sole discretion, to require that all participants return to the United States if the University determines or believes that any person is will be in danger if the Program or any aspect thereof is continued.
4. The University reserves the right, in its sole discretion; to decline to accept or retain me in the Program at any time should my actions or general behavior impede the operation of the Program or the rights or welfare of any person. Similarly, if my conduct violates any policy or procedure of the University, which I hereby agree shall apply to my conduct while I am abroad, I understand that I may be required to leave the Program in the sole discretion of the University, and I may be referred to the appropriate University officials for further disciplinary action. I understand and hereby acknowledge that I will be subject to discipline by the

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University, as well as by and institution I attend or in whose facilities I reside or learn in connection with the Program, if I violate either or both institution's rules, policies or student conduct codes. I hereby consent to the jurisdiction of all such institutions to discipline me, separately and cumulatively, for any instance of misconduct which occurs during the Program or during my time abroad. I agree not to challenge in any forum or proceeding the authority or jurisdiction of the University to discipline me at any time for my misconduct abroad, during or in connection with the Program or any travel related thereto.

5. I understand and hereby acknowledge that I have reviewed the U.S. State Department Consular Information concerning travel to, in and around Japan at [http://travel.state.gov/travel/tips/tips\\_1232.html](http://travel.state.gov/travel/tips/tips_1232.html) and travel alerts at [http://travel.state.gov/travel/cis\\_pa\\_tw/tw/tw\\_1764.html](http://travel.state.gov/travel/cis_pa_tw/tw/tw_1764.html). I am aware of and understand the risks and dangers of travel to, in and around Japan including but not limited to the dangers to my own health and personal safety posed by crime, dangerous or vicious animals, adverse weather conditions, remoteness and, in some cases, great distance to adequate medical care. I hereby assume, knowingly and voluntarily, each of these risks and all of the other risks which could arise out of or occur during my travel to, from, in or around Japan.
6. Please note that while this course involves travel outside of the United States, the Americans with The Disabilities Act (ADA) cannot be enforced in other countries. As a result, accessibility standards and accommodations may differ from those you may be familiar with in the U.S. During this course, you will be required to participate in various field trips and activities, including travel to locations in and around Japan. These activities may involve walking long distances in areas with uneven terrain, historical sites with limited accessibility, and older infrastructure that may not accommodate mobility devices.

We encourage students and participants to communicate any accessibility needs as far in advance so that we may work with our international partners to explore possible accommodations. While we will make every effort to assist, accommodation in some locations may be limited or unavailable due to local regulations and infrastructure.

7. If I choose to travel to locations other than the course's required field trips, I hereby acknowledge that these trips are not sponsored or controlled by the University, that my participation in them is not required by the University and that my participation in them is wholly voluntary. I understand and hereby acknowledge that I will face an increased and inherent risk of injury, disease or death due to these independent trips. I further acknowledge that during the trip I may be a great distance and many hours from the nearest medical care or treatment, that available medical treatment is not likely to equate with the level of care available in many U.S. hospitals. I hereby assume, knowingly and voluntarily, all risk of injury, death, and property damage in connection with the about trips, as well as my travel to, from, in or around Japan. I agree not to travel to any other country or location prohibited by the University during the Program (including without limitation periods of independent travel) without the prior written consent of the University.
8. I agree not to use or possess any illegal drugs or substances, understand that doing so will place me and others at risk. I agree that if I (or my minor child or ward) fail to abide by agreements herein, I (or he/she) will be prohibited from further participation in this program. I agree to conduct myself in a manner that will comply with the regulations of the program and if inappropriate behavior occurs, I understand I will be dismissed from the program.
9. If I should become sick with any travel inhibiting illness, (Ex. COVID-19, influenza, streptococcus pneumonia, ect.) within/before the initial travel timeline, I understand that I may forfeit my ability to partake in this field experience. If this would happen, Western would try extensively to refund the student, depending on expenses already incurred. If the student should become sick or severely injured during the abroad course, the instructor team would put forth all resources to ensure a safe and successful recovery. In extreme cases, students may be subject to evacuation or quarantine.

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10. This is a release of liability. If under eighteen years of age, signature of parent or guardian is also required. If custody is shared by both parents, each parent must sign this form. If one parent/guardian has sole custody, the custodial parent/guardian must sign.
11. As lawful consideration for being permitted by Extended Studies and Western Colorado University to participate in this program, I (we) do hereby release from any legal liability, agree not to sue, claim against, attach the property of or prosecute and further agree to defend indemnify, and hold harmless Extended Studies, Western Colorado University and the Trustees of the State Universities of Colorado, and all of their officers, directors, member, organizations, agents and employees of any injury or death caused by or resulting from participation in this program, whether or not such injury or death was caused by negligence from any other cause.

This agreement, made in the State of Colorado, County of Gunnison, shall in all respects be governed in accordance with the laws of the State of Colorado. Any action brought by either party to enforce any of the terms or conditions of the agreement shall be brought only in such counties. Each party consents to the jurisdiction and venue of the appropriate court in such counties.

I acknowledge that I have read and understood this Waiver of Liability and have signed it voluntarily in consideration of the Trustees agreement to allow me (or my minor child or ward) to participate in this program and acknowledge that by signing below, I am giving consent for medical treatment to the coordinator and medical personnel in an emergency situation. It is understood that such treatment shall be solely at my expense and I agree to reimburse Western Colorado University for any expense it might suffer as a result of said injury or treatment.

Student/Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Emergency Contact Information

Student's Name: \_\_\_\_\_

\_\_\_\_\_(initial) I give my permission for Extended Studies to communicate with the people below regarding information related to Japow: Eco-Cultural Experience program for Winter 25/26. Extended Studies is requesting permission to provide information to your parents, family, or friend as the trip planning progresses, answer questions and communicate with them while you are on the course.

-or-

\_\_\_\_\_(initial) I decline giving permission to Extended Studies to contact the people below except in the case of emergency.

#### Contact 1

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:

#### Contact 2

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:

#### Contact 3

Name:	Relationship:
Address:	City, ST & Zip:
Cell Phone Number:	Email Address:



#### Insurance Information

**Please Note:**

- Each participant is responsible for any medical, rescue and/or evacuation expenses.
- Each participant must have current medical insurance.
- For our insurance records, answers to the following questions ARE REQUIRED to be supplied in detail. (Please bring copies of insurance card and prescription medication card to trip.)

Is applicant covered by any hospitalization and medical care policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Company Name:
Policy or Certificate #:
Prescription Medication Plan:
Address of Insurance Company:
Does the insurance company require pre-authorization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give phone number?

All information will remain confidential. Over the years, many students with a variety of medical/psychological difficulties have successfully completed our courses, but we must be aware of these conditions in order to best serve each participant. Failure to disclose such information could result in serious harm to the applicant and/or his or her fellow students. If you arrive at the trip start with a pre-existing condition or injury which is not indicated on your medical form and you are subsequently forced to leave the trip because of that condition, you will be charged an evacuation fee and will not receive a refund of tuition.

#### Signature Required

The information provided on the following pages is a complete and accurate statement of the physical and psychological factors which may affect my participation in this trip. I realize that failure to disclose such information could result in serious harm to myself and/or fellow students and agree to indemnify and hold harmless Western Colorado University if all relevant information is not disclosed. I also agree to notify Western Colorado University should there be any change in my health status prior to my course start.

Consent is hereby given for the applicant to attend a Western Colorado University trip and permission is given for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary. I have read the description of the trip and I understand that the program is physically and mentally challenging with the potential to be in a remote and/or wilderness area.

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Applicant's Signature and Date

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Conditions and Symptoms. Please circle or highlight any symptoms you may have experienced.

- High Blood Pressure
- Heart Disease
- Heart Murmur
- Irregular Heartbeat
- Family history of heart attack
- Tuberculosis
- Recent exposure to active TB
- Positive TB test
- Active Hepatitis
- History of Hepatitis
- Seizure Disorder
- Seizure within past year
- Bleeding Disorder
- Blood disorder/anemia/ sickle cell trait
- Chronic cough
- Recurrent lung infections
- Asthma
- Diabetes
- Hypoglycemia
- Anorexia Nervosa
- Bulimia
- Cancer
- Skin Problem
- Frostbite
- Circulation Problems
- Active Bed wetting
- Headaches
- Head injury with neurological Impairment
- Stomach Ulcers
- Intestinal Problem
- Heatstroke
- Bladder Infection
- Difficulty Urinating
- Kidney Problems
- Thyroid Problems
- Endocrine Problems
- Hearing Impairment
- Vision Impairment
- Motion Sickness
- Sleep Walking
- Broken Bones
- Neck Problem
- Back Problem
- Arm Problem
- Shoulder Problem
- Knee Problem
- Ankle Problem
- Leg Problem
- Foot Problem
- Currently Pregnant
- Special Diet
- Learning Disability
- Medical Equipment Devices
- Unexplained weight loss

Do you currently or regularly have any of the following symptoms?

Chest Pain/Pressure

Heart Palpitations

Unexplained Sweating

Frequent Shortness of Breath

Frequent Dizziness

Frequent Fainting

Heartburn

Muscle Cramps Intolerance of warm temps

Intolerance of cold temps

PMS or menstrual problems

Other \_\_\_\_\_



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If you have answered "YES" to any of the above items, please explain below. Include the following:

- What specific symptoms occur
- How long symptoms/conditions last
- Date of last occurrence
- How often symptoms occur
- How you care for symptom/condition
- How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb

Issue	Detailed Description (including restrictions, if any)

A. List all allergies (Including food, medicines, bites, etc.) and the reaction caused.

- None
- Allergy 1. \_\_\_\_\_
- Allergy 2. \_\_\_\_\_
- Allergy 3. \_\_\_\_\_

B. List all medications you are using including psychiatric and over the counter medication.

- None
- Medication 1. \_\_\_\_\_
- Medication 2. \_\_\_\_\_
- Medication 3. \_\_\_\_\_

C. Required Immunization- Tetanus

- Tetanus Immunization must be within ten (10) years of your Western start Date:  
\_\_\_\_\_

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D. Personal History:

- Have you been in counseling with a psychiatrist, or other counselor within the past 2 years? \_\_\_Yes \_\_\_No
- Are you currently in counseling/treatment with a counselor, psychiatrist, psychologist, or prescribing physician? \_\_\_Yes \_\_\_No
- When date was counseling/treatment terminated? \_\_\_\_\_
- What was the reason for counseling/treatment: \_\_\_\_\_
- Please arrange for a release of information with your counselor so we may contact him/her.
  - Name of counselor: \_\_\_\_\_ Number: \_\_\_\_\_
  - Name of Prescribing Physician: \_\_\_\_\_ Number: \_\_\_\_\_

E. Lifestyle:

- Do you use alcohol? \_\_\_Yes \_\_\_No
- Do you use tobacco? \_\_\_Yes \_\_\_No If yes, what? \_\_\_\_\_
- Do you currently have a substance abuse problem (alcohol or drugs)? \_\_\_Yes \_\_\_No.
  - If yes, describe. \_\_\_\_\_
- Do you have a history of substance dependency? \_\_\_Yes \_\_\_No
  - If yes, substance? \_\_\_\_\_

F. Current Exercise Activity/Fitness. Please list current exercise activity.

ACTIVITY	FREQUENCY	TIME/DISTANCE	LEISURELY	MODERATELY	INTENSLY

Comments: \_\_\_\_\_

G. Please list any special dietary needs: \_\_\_\_\_

Signature: \_\_\_\_\_

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***Japan Supplemental Application Questions (Required as Part of Application)***

*Please respond with 1-2 paragraph answers below each question or use a separate piece of paper. Typed answers are best to read. Thank you for your time!*

1. Why are you attracted to this course? What do you hope to learn, experience and gain by participating in this course? Do you have any experience that informed your desire to participate in this trip?
2. Have you traveled to a remote, developing or non-English speaking country in the past?
  - If so, please describe where you went, how recently you traveled there and what you learned.
  - If not, what are some of your expectations for traveling to a different country?
3. A key objective of this course is to explore the inherent similarities and differences between Japan and the United States. Explain your experience with international travel and navigating and learning about cultural differences.
4. This course will involve technical alpine skiing/snowboarding and thus all course participants are expected to have a high level of experience and skill. Please detail your alpine skiing/snowboarding skills.
  - What resorts have you skied/snowboarded at? What level of terrain are you comfortable skiing or snowboarding?
  - Are you comfortable skiing or snowboarding off piste in varied and technical terrain?
  - Have you skied at the extremes of Crested Butte Mountain Resort ex. Headwall, Spellbound / Phoenix Bowls?
5. This trip may include some (optional) side country/ out of bounds terrain based on group skill level and interest.
  - Please describe your backcountry experience if you have any.
  - Do you own any back country gear (Beacon, Shovel, Probe) and know how to use it or have any avalanche education certifications? You will be expected to provide your certifications.
6. What is your college major and personal/professional area of interest? A key component of this course will be translating your background and passions into an area of research. What are you expecting this to look like?
7. What certifications, if any, do you possess that are relevant to this expedition? (e.g., CPR, First Aid, WFR)?
8. Vulnerability (with boundaries) is a key aspect of building competency as both a leader and community member. We will practice this skillset throughout our course within our planning periods, debriefings, experiences, and debriefings. Please be transparent, do you have any fears or concerns with any aspect of this course? This can be anything involving background context, prior experience traveling or mountaineering, ext.

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9. Please explain your awareness and competency with regards to interpersonal communication (working with others) and intrapersonal skills (relationship with yourself). Explain a situation regarding conflict and how you have managed and learned from this situation.
10. This is an international course and thus you will be expected to practice an unprecedented level of expedition behavior. What is your personal definition of expedition behavior and how will you uphold yourself to the highest level of awareness and responsibility? Explain how you have practiced this in the past.
11. Please explain your physical fitness and yourself care routine. How will you ensure that you are in great physical and emotional fitness to best prepare yourself for our course?
12. What questions do you have for Nate and Hannah?