



## Wilderness First Aid Registration Form

**IMPORTANT:** Please return this completed form along with your course tuition payment, Health Form and Releases at least **30-days prior to your course**. This information is confidential and will be used in the event that we need to contact you with questions, course changes or cancellations, and other related information. **Registration is not final until all paperwork and payment is submitted.**

**Course Dates:** March 21-22, 2020

**Course Tuition:** \$237.00

Name (first & last): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Are you Recertifying a NOLS Wilderness Medicine Wilderness First Responder Certification?** \_\_\_ YES \_\_\_ NO

### Method of Payment Enclosed:

- Check (make payable to UNCG Recreation and Wellness)
- Credit card (complete payment section below)
- Paid over the phone by credit card (this form must still be submitted with all other registration forms)

**Credit Card Information:** We can ONLY accept VISA OR MasterCard

Credit Card # \_\_\_\_\_ Expiration (MM / YY): \_\_\_\_\_ / \_\_\_\_\_

Cardholder Signature (required): \_\_\_\_\_

Billing address (if different from above): \_\_\_\_\_

### Cancellation/Refund Policy:

- Full course payment is required at registration to secure a spot on the course roster
- Any cancellation within 30 days prior to the course start date will **NOT** be eligible for a refund
- If the course cancels due to low enrollment, funds paid are 100% refundable

### Student Agreement:

I have read, understand, and agree to abide by all facility and course policies while I am enrolled in the UNCG WFA course.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If under 18 years of age, this agreement must be signed on behalf of the student by a parent or legal guardian.*

**Please mail, fax, or scan and email this registration form and all other course paperwork to:**

UNCG Outdoor Adventures  
Attn: Alex Hauer  
P.O. Box 26170  
Greensboro, NC 27402  
Fax: 336-256-1026  
Email: uncg\_oa@uncg.edu



## PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Landmark Learning, Inc. 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 "LL"), I hereby agree to release, indemnify, and discharge LL, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in hiking, camping, backpacking, canoeing, swimming in lakes and/or rivers, and/or individual and group skills workshops, problem solving exercises and personal or professional growth and development training, including clinical and field experiences for EMT students, entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks may include, among other things:** Strenuous physical activity; slips and falls; sprains, strains, broken bones; inclement weather; other participants' and/or my own negligence; emotional stress; drowning; or death. Furthermore, LL facilitators 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 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 LL 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 LL's equipment or facilities.

4. Should LL or anyone acting on their 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 understand that LL does not provide health insurance for students of their courses. 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 LL, I agree to do so solely in the state of North Carolina, 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 further agree that the place of this release, its situs and forum, will be Jackson County, North Carolina, and it is said county and state for all matters whether sounding contract or tort relating to the validity, construction interpretation, and enforcement of this release be determined. 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 LL on the basis of any claim from which I have released them herein. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I will be participating, the risks associated with each such activity, and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment that may become necessary.

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

Signature of Participant: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by LL to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless LL from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Signature of Parent or Guardian: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO/MEDIA RELEASE

I grant Landmark Learning, Inc., the right to use, reproduce, assign and/or distribute photographs, films, electronic files, and sound recordings of me for use in materials they may create.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH INFORMATION

Disclosure: The information requested is intended to help alert staff to pre-existing medical conditions in the event you have a medical emergency while on course, and will be held in confidence. Circle "yes" or "no" for each item below.

Do you have any limiting physical or health concerns - temporary or permanent - that you or your doctor feel would limit your participation in a LL course? **Yes / No**

Do you have any chronic or recurring injuries? **Yes / No**

Are you currently taking any medication? **Yes / No**

Do you have allergies or reactions to any foods, medications, plants, or insects? **Yes / No**

Do you have asthma? **Yes / No**

Do you have diabetes? **Yes / No**

Do you have a history of seizures? **Yes / No**

Do you have a history of cardiac events? **Yes / No**

Are you pregnant? **Yes / No**

If you answered "yes" to any of the above, please explain/describe:

Please list any other concerns or conditions that may affect your participation:

*We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participation in your LL course.*

## EMERGENCY CONTACT INFORMATION

Person: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

# STUDENT AGREEMENT

## (INCLUDING ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS AND AGREEMENTS OF RELEASE AND INDEMNITY)



*Please read this document carefully. It must be signed by all students and a parent or guardian if the student is a minor. "Student" includes adult and minor students, unless indicated otherwise. In consideration of the services provided by the National Outdoor Leadership school, hereafter referred to as NOLS, I agree, for myself (and for the minor student if I am signing as a parent or guardian), to the following:*

### Activities and Risks

I understand that NOLS Wilderness Medicine courses are taught in classroom and outdoor settings. The outdoor portions will occur during the day or at night in various types of environments from grass lawns to rugged wilderness-like terrain. I acknowledge that the activities of the course have risks, including certain risks, which are inherent. Inherent risks are those which cannot be eliminated without destroying the unique character of the activities. The same elements that contribute to the unique character of these activities and promote our educational objectives can cause loss or damage to equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death. I understand that NOLS 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.

- NOLS activities may be strenuous, physically and emotionally.
- NOLS Wilderness Medicine courses may occur in remote places. They may occur on lands open to the public, and exposed to the acts of persons not associated with NOLS. Communication and transportation may be difficult and evacuations and medical care may be significantly delayed.
- Physical activities include, but are not limited to, walking, running, hiking, repetitive lifting, and carrying. Certain activities will require travel by foot and other means, over unimproved roads, hiking trails and rugged off-trail terrain including downed timber, river crossings, snow, ice, steep slopes, slippery rocks, and other features. These travel risks include falling, drowning, becoming lost, and others usually associated with such travel, including environmental risks.
- Environmental risks and hazards include, but are not limited to, flowing, deep and cold water; harmful insects, snakes, animals; falling and rolling rock; lightning, falling timber, and unpredictable forces of nature, including all types of weather which may change to extreme conditions without notice. Possible injuries and illnesses include wounds or bruises; bites or stings and insect or animal-borne diseases; sunburn, hypothermia, frostbite, heatstroke, dehydration, and other mild or serious conditions.
- Equipment may fail or malfunction.
- Students will participate in realistic simulated injury and illness scenarios and will at times act the role of patient, being handled, carried, and otherwise treated as patients of a simulated medical emergency. Students will also use and practice with various medical equipment. Training, under close staff supervision, may include the option of injecting, and being injected, by fellow students. Risks associated with this training include being inadvertently stuck by a needle, being dropped or otherwise mishandled while being carried; unwelcome touching while acting the role of patient in a scenario; and emotional distress in response to training scenarios. Emergency Medical Technician (EMT) course students will spend time at regional hospitals. Risks include those associated with contact with sick or injured patients.
- NOLS may require students to arrange their own transportation to locations away from the primary classroom from which further activities will be conducted. This travel is not supervised by NOLS and includes the use of personal vehicles and/or carpooling in vehicles not owned or controlled in any way by NOLS.
- Decisions made by the instructors, other staff (including volunteers), contractors, and students will be based on a variety of perceptions and evaluations, which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a student's capabilities, environment, terrain, water and weather conditions, natural hazards, travel routes, and medical conditions.
- NOLS is not responsible for students, including minors, before the start and after end dates of their course. Between the start and end date of the course students are not supervised before or after the established class time. Students may have homework assigned for after class, but this is not supervised by NOLS. NOLS has no responsibility for students and students accept the risks that arise from this unsupervised time. NOLS staff may from time to time provide assistance or even accompany students during unsupervised time, but in doing so, they are acting as private individuals, and NOLS is not responsible for their conduct.
- NOLS Wilderness Medicine courses are instructional in nature. Students accept the risks of instructional activities, which are intended to challenge students to expand their skills and judgment.
- During the established class time students are considered to be "participating" in their NOLS Wilderness Medicine course. Participation includes, but is not limited to, involvement with activities, time spent studying or practicing techniques, and formal classes.
- NOLS Wilderness Medicine courses in foreign countries may be exposed to laws, legal systems, customs and behaviors, animals, diseases and infections not common to the United States; in addition, these courses may be subject to dangerous road travel, political unrest, riots, demonstrations, banditry, terrorism, and other criminal conduct, including drug related activities.

I have read and understand the general information about NOLS and its courses including NOLS Wilderness Medicine's Admission Policies made available to me through the NOLS website I acknowledge that the staff of NOLS has been available to more fully explain to me the nature and physical demands of my NOLS Wilderness Medicine course and the inherent risks, hazards, and dangers associated with this course.

### Acknowledgement and Assumption of Inherent and Other Risks

I understand and acknowledge that the description above ("Activities and Risks") of the inherent risks of NOLS courses is not complete and that other, including unknown or unanticipated, risks, inherent or otherwise, may result in injury, illness, death or property loss. I acknowledge that my (or the minor student's) participation in this NOLS course is purely voluntary, and I wish to (or have the minor student) participate in spite of and with knowledge of the inherent and other risks involved. **I acknowledge and assume the inherent risks described above and all other inherent risks of my (or the minor student's) NOLS course as well as any other risks of enrolling, participating in, or being present on a NOLS course or during free time. For activities that occur on National Park Service land and to the extent required by law, the above acknowledgement and assumption of risks is limited to assuming only the inherent risks.**

### Agreements of Release and Indemnity

I hereby forever **release, hold harmless and agree not to sue NOLS, its officers, trustees, agents, and staff including employees, volunteers, and interns ("Released Parties")**, with respect to any and all claims of loss or damage to person or property by reason of injury, disability, death, or otherwise, suffered by me (or by a minor student for whom I sign), arising in whole or part from my (or the minor student's) enrollment, participation, or presence on a NOLS course. **I agree further to indemnify ("indemnify" meaning to defend, and to pay or reimburse including costs and attorney's fees) Released Parties** against any claim by a member of my (or the minor student's) family, a rescuer, another student, or any other person, arising in whole or part from an injury or other loss suffered by or caused by me (or by the minor student) in connection with my (or the minor student's) enrollment, participation in, or presence on a NOLS course. **These agreements of Release and Indemnity are intended to be enforced to the fullest extent permitted by law and include claims of negligence, but not claims of gross negligence or intentionally wrongful conduct. For activities that occur on National Park Service and U.S. Forest Service Region Four lands and to the extent required by law, the above release and indemnity provisions are limited to claims arising from my (or the minor student's) acts or omissions.**

### Other Provisions

NOLS is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me or for the minor student. I understand that situations may arise in which third party medical care is not available and which require NOLS staff to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance of the NOLS medical advisor by way of NOLS written medical protocols. Any such third-party medical care provider is authorized to exchange pertinent medical information with NOLS. Costs associated with medical services, including evacuation shall be born by me.

NOLS may from time to time use the services of private contractors for certain tasks, including, for example, transportation and food service. NOLS is not responsible for the acts or omissions of such contractors.

I agree to be responsible for any damage I (or the minor student) may cause to the property of NOLS or others. NOLS is not responsible for loss, theft, or damage to a student's personal belongings at any time during the course, including storage by NOLS or others.

Any dispute between me (or the minor student) and NOLS will be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Wyoming and I consent to jurisdiction in Wyoming. Any mediation or suit shall occur or be filed only in the State of Wyoming.

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.

THE STUDENT AND THE PARENT(S) OR GUARDIAN OF A MINOR STUDENT HAVE READ THIS PAGE AND THE PREVIOUS PAGE AND UNDERSTAND AND VOLUNTARILY AGREE TO ITS TERMS, WHICH SHALL BE BINDING UPON THEM, THEIR HEIRS, ESTATE, EXECUTORS, AND ADMINISTRATORS. ANY MODIFICATIONS OF THIS AGREEMENT MUST BE APPROVED BY NOLS IN WRITING

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Signature                      Age              Date Signed                      \_\_\_\_\_  
Print Name

*If the student is under 18 years of age (or if the student is a resident of Alabama and is under 19 years of age) (or if the student is a resident of Mississippi and is under 21 years of age), at least one parent or guardian must also sign.* I agree for myself, and on behalf of the minor student, to all of the terms in this agreement. I have legal authority to act on behalf of the minor student.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian Signature                      Date Signed                      \_\_\_\_\_  
Print Name