



Dear Wilderness First Aid Student:

Thank you for your interest in participating in a Wilderness First Aid course held at East Carolina University. We are pleased to serve as a resource to you for your first aid needs.

Title: ECU Wilderness First Aid Course
Dates: Saturday/Sunday, November 14-15, 2009
Times: 8am – Noon; 1pm – 5pm
Cost: \$250.00 for general public/
\$200 for ECU/GROAC Community
\$170 for ECU/college students w/valid ID

Included in this packet are:

- ✓ Registration Form
- ✓ Health Form
- ✓ Release/s
- ✓ Course Expectations
- ✓ Gear List
- ✓ Directions
- ✓ Course Policies

To complete your registration send us your Registration Form, Health Form, and Releases, along with your non-refundable deposit for 50% of the course tuition. The balance of payment is due before Friday, September, 18th, 2009.

ECU Adventure Program will confirm that this course is running no later than 30 days before the start date – at that time, please feel free to make travel plans.

The contents of this packet will provide you with what you need to prepare for an experience that will best suit your expectations. Please take the time to go through this information, and be in touch with questions or concerns that you may have prior to the course.

We look forward to welcoming you to East Carolina University.

Bradley D. Beggs
Assistant Director of Adventure Programs
adventure@ecu.edu

R E G I S T R A T I O N

Course Title: **ECU Wilderness First Aid**

Course Dates: **Sat./Sun., Nov 14-15, 2009**

***IMPORTANT:** Please return this completed form along with your Deposit, Health Form and Release 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.*

Name _____ Cell# _____

Mailing Address _____ Eve # _____

_____ Day # _____

Email Address _____

Tuition: \$250.00 General Public _____ (please check one)
\$200.00 ECU/GROAC community _____
\$170.00 ECU student/college student _____

TOTAL: _____

CREDIT CARD INFORMATION: *If you reserved a spot in the course with a credit card over the phone, please fill out the following portion and sign below. Please refer to the Policies for billing, deposit, and refund information.*

Pay in Full Now
 Charge 50% Tuition Now (remainder due 09/18/09)

Visa Mastercard
Expiration (MM/YY): ____/____

_____ - _____ - _____

Signature: _____ Date: _____

Billing address (if different from above):

STUDENT AGREEMENT:

I have read, understand, and agree to abide by all guidelines while I am enrolled in this course.

Signature: _____ Date: _____

Forms may be mailed or faxed to:
East Carolina University | Campus Recreation & Wellness Adventure Program
128 Student Recreation Center | Greenville, NC 27858-4353

Fax: 252-328-6562 ATTN: Brad Beggs



HEALTH FORM

DISCLOSURE

Landmark programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

GENERAL & MEDICAL INFORMATION

Name _____ Date of Birth _____

Do you have health/medical insurance?..... no yes

Name & Address of Company:

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity?.....no yes

Do you have any chronic or recurring injuries?.....no yes

Are you currently taking any medication?.....no yes

Do you have any allergies or reactions to any medications, plants, or insects?.....no yes

Have you had surgery in the past year for any condition which may limit your participation?.....no yes

Do you have asthma?.....no yes

Do you have diabetes?.....no yes

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

Are you pregnant?..... no yes

Do you have or do you have a history of:

- | | |
|---------------------------|---|
| _____ high blood pressure | _____ currently on medication for high blood pressure |
| _____ heart palpitations | _____ chest pain or pressure |
| _____ heart attack | _____ heart disease |
| | _____ stroke |
| | _____ heart murmur |

If 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 Landmark activities.

EMERGENCY CONTACT INFORMATION

Person: _____ Relationship to you: _____

Address: _____

Phone Numbers: _____ Email: _____

LANDMARK LEARNING
PO Box 1888 - CULLOWHEE, NC 28723
828.293.5384
main@landmarklearning.org
www.landmarklearning.org

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, caving, swimming, trailbuilding and/or individual and group initiatives, 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; and emotional stress.

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.

CHALLENGE BY CHOICE: LL programs are composed of activities that may be unfamiliar to participants. To insure participants' control over their own personal safety, we have adopted the philosophy of "Challenge by Choice". At all times, participants in activities are completely in control of their own level of participation. During our programs participants need only to do or attempt to do those things that they choose. I (the "Participant") must:

- i) Listen carefully to all instructions and briefing;
- ii) Set my own goals in relation to the group's goals;
- iii) Make a decision as to my level of participation; and
- iv) Inform others of my choice.

No one will force me to do anything – the choice is clearly my own. During the program, LL facilitators will provide a challenging setting in which I may expand my limits while supporting my personal boundaries.

**Note: Because nationally standard certification programs require a baseline involvement and skill competency, choosing not to participate during such programs may affect your end certification status. However, your participation is recognized as voluntary and will be upheld by LL facilitators at all times.*

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.

SIGNATURE (PAGE 1): _____ **DATE:** _____

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, the concept of "Challenge by Choice", 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 have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____
Phone _____ 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.

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, video tapes, and sound recordings of me for use in materials they may create.

Signature: _____

Parent/Guardian's Signature _____

Wilderness Medicine Institute

AN INSTITUTE OF THE NATIONAL OUTDOOR LEADERSHIP SCHOOL

STUDENT AGREEMENT

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

In consideration of the services of The Wilderness Medicine Institute of The National Outdoor Leadership School (“WMI”), I, joined by my parents or guardian if I am a minor in my state of residence, agree and acknowledge as follows:

ACTIVITIES AND RISKS

I understand that WMI courses teach wilderness first aid, also known as wilderness medicine, and 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 and in weather conditions that include heat, cold, wind, snow or rain or other conditions. 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 can cause loss or damage to equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that WMI 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.

- WMI 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 WMI. Communication and transportation may be difficult and evacuations and medical care may be significantly delayed.
- WMI activities may be strenuous, physically and emotionally.
- Physical activities include 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 flowing, deep and cold water; insects, snakes, animals; falling and rolling rock; lightning, falling timber, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- 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 medical emergency in simulated situations. 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.
- WMI 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 WMI and includes the use of personal vehicles and/or carpooling in vehicles not owned or controlled in any way by WMI.
- Equipment may fail or malfunction.
- 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, routes and medical conditions.
- WMI students, including minors, may have “free” time before, during and after their course. WMI has no responsibility for students during their free time before and after their course. WMI staff may from time to time provide assistance or even accompany students in these free time activities, but in doing so, they are acting as private individuals, and WMI is not responsible for their conduct. Even during the course WMI cannot continually monitor the behavior and activities of students and students must accept responsibility for themselves and others whether or not under the direct supervision of WMI staff.
- WMI programs 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.
- WMI may from time to time use the services of private contractors for certain tasks, including, for example, transportation and food service. WMI is not responsible for the acts or omissions of such contractors.

I acknowledge that the staff of WMI has been available to more fully explain to me the nature and physical demands of my WMI course and the inherent risks, hazards, and dangers associated with this course.

East Carolina University Adventure Program *Trip Release of Liability & Assumption of Risk*

Please read this carefully. It affects certain rights you/your child may have if you/your child are injured or otherwise suffer damages participating in the Adventure Program.

In return for East Carolina University allowing you/your child to participate in the Adventure Program, you agree, and state, on behalf of yourself, your heirs, assigns, executors and others, as follows:

1. That I/my child am/is familiar with and will obey, any and all of the rules established for all Adventure Program activities.
2. That I/my child understand/s and appreciate/s the inherent risks and dangers of participating in Adventure Program trips, and adventure-based outdoor activities. These dangers include but are not limited to the following:

Land Activities such as traveling through mountainous and/or back-country terrain; traveling through cave passages; climbing or descending rock faces; skiing on snow; or other land based activities. Hazards include but are not limited to: exposure to the forces of weather and/or nature, twisting an ankle, breaking bones, sustaining a head injury or other serious or minor injuries, and death.

Water Activities such as whitewater kayaking, sea kayaking, surfing, canoeing, whitewater rafting, and other water activities. Hazards include but are not limited to: paddling turbulent or calm waters; exposure to the forces of weather and/or nature; drowning, foot entrapment, changing water levels, and death.

Accidents or illnesses can occur in remote places without medical facilities. Travel by air, train, automobile and/or other forms of transportation could result in property damage and personal injury, including the possibility of death.

I agree to accept all risks whether present or future, known or unknown, arising from or as a result of my/ my child's participation in these activities.

3. That I WILL HOLD HARMLESS AND INDEMNIFY EAST CAROLINA UNIVERSITY and its officials, administrators, employees and all sponsors and individuals assisting in presentation of the Adventure Program and all owners of the property on which the Program is held for any liability and all claims of damages, demands, and actions whatsoever in any manner resulting from my participation in this program.

4. That I understand I/my child must be healthy and reasonably fit in order to safely participate in the Adventure Program and that I/my child will inform the program leader of any medication, ailment, condition, or injury that may effect performance.

I STATE THAT I HAVE READ, UNDERSTAND AND AGREE TO ALL CONDITIONS SET FORTHEHEREIN, AND THAT I SIGN THIS VOLUNTARILY.

Signature _____ Date _____

Full Name Printed _____ Date _____

Parent's/Guardian's Signature if participant is under 18 _____ Date _____

Photographic Consent, Waiver and Release: For Consideration received, I hereby release and discharge ECU from any and all claims and demands arising out of or in connection with the use of my/my child's photograph, name, likeness or voice, including without limitation any and all claims for libel or invasion of privacy.

Signature _____ Date _____

Parent's/Guardian's Signature if participant is under 18 _____ Date _____

WFA

COURSE EXPECTATIONS:

The WFA course is for guides and trip leaders on 1-2 day outings. This 2-day course gives 16 hours of contact time in a learning setting. Teaching methods include an emphasis on didactic lectures and hands-on, experiential workshops and scenarios.

Your rescue gear needs to be packed and ready to go at any moment throughout the course. Please refer to and follow the WFA Gear Checklist closely, and contact us with any questions you may have.

Bad things happen outdoors and usually in bad weather! So, be prepared for the weather...dress in layers that you can remove indoors or in the sun, and layer up when we go outside. Full rain protection is a necessity, both rain tops and pants. Your comfort and ability to pay attention during this intense course will be helped if you stay well-hydrated and have snacks on hand to munch during class.

The course ends with a practical exam, student evaluations of the experience, and graduation.

Additional Resources:

If you would like to read ahead, you can visit the NOLS bookstore on-line at www.nols.edu/wmi. You will find some great resources there, particularly the *Wilderness Medicine Field Guide* by WMI of NOLS. Other resources will be made available to you at your course.

Housing/Lodging:

Housing/lodging is not provided with this course. The Adventure Program can help you find hotels to stay in or nearby campgrounds.

WFA GEAR LIST

Listed below are items that you will need to bring with you to your course. We try to be outside as much as possible regardless of the weather. Please come prepared so that you are comfortable.

*Positive attitude ready to share and take in information

*A Watch!!!

*One set of clothes (shirt and pants/shorts) to completely destroy with moulage and shears

*Rain gear tops and bottoms

*Layers of clothing (so you can take a layer off if you are hot/put one on if you are cold, + extra items for your "patient")

*Hat - one for the sun

*Footwear for the environment (close-toed shoes for being out doors/inside sandals are o.k.)

*Light (flash light or headlamp)

*Ground cloth or small tarp (6X4 sheet of plastic is fine)

*Sleeping pad (ensolite, ridgerest, thermarest, Crazy Creek Chair)

*Bandanas or cordage of any kind

*You are welcome to bring your toys to improvise with (pfd's, skis/poles, paddles, harnesses, climb rope)

*Water bottles (1qt or 1 liter) for drinking water

*Food to snack on to keep your energy up

*Backpack or knapsack to put all this stuff in



Wilderness Medicine Institute of NOLS

Wilderness First Aid Course Schedule

DAY 1

Morning

- Introductions
- Patient Assessment System
 - Initial Assessment
 - Patient Exam, Vital Signs, Focused History
 - Documentation

Afternoon

- Spinal Cord Injury Management
- Head Injuries
- Shock
- Wilderness Wound Management

DAY 2

Morning

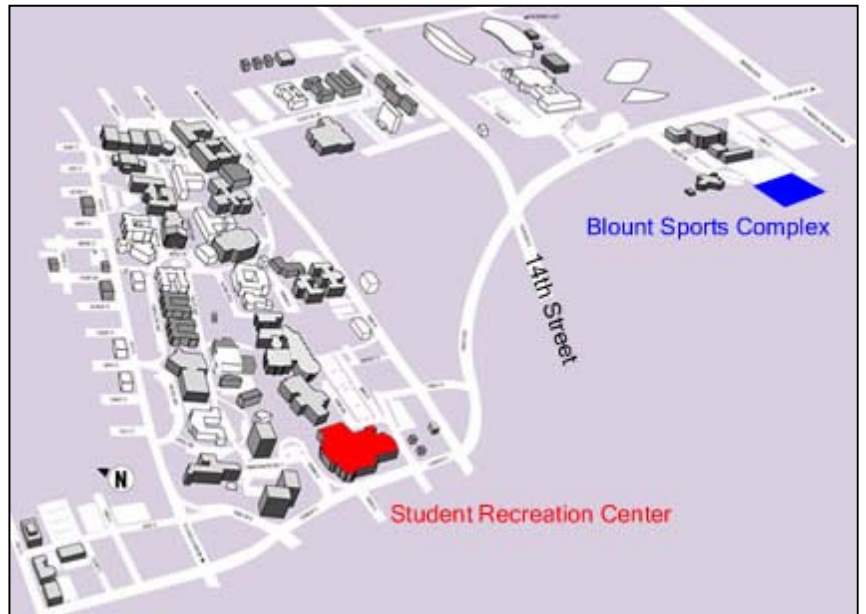
- Focused Spine Assessment
- Athletic Injuries
- Fractures
- Dislocations
- Heat

Afternoon

- Cold Injuries
- Lightning
- Altitude Illness
- Acute Abdomen
- Anaphylaxis
- The Unresponsive Patient
- Wilderness First Aid Kits

to the ECU Student Recreation Center

- Take 264 East from Raleigh (or I-95) to Greenville
- Arrive at the intersection of 264 and Memorial Drive
- Go through stop light and travel on Farmville boulevard to 14th street
- Right on 14th Street
- Travel to the intersection of 14th street and Charles boulevard
- Left on Charles boulevard
- Travel to Ninth Street
- Right on Ninth Street
- Second left into large parking lot. (Mendenhall parking)
- Enter the SRC from northeast side of the building.



East Carolina University | Campus Recreation & Wellness
128 Student Recreation Center | Greenville, NC 27858-4353 USA
252.328.6387 Recreation Center Mainline