

Dear WFA and CPR Students,

Title: AHA Heartsaver CPR and WMI of NOLS Wilderness First Aid  
Dates/Times: Friday, March 5, 6-9 PM; March 6-7, 8AM-5PM Daily  
Cost: \$245.00

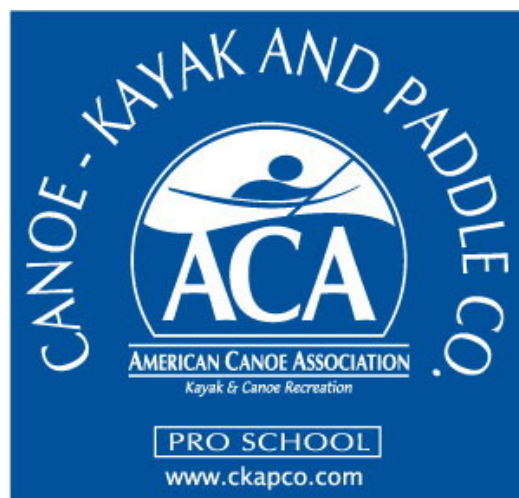
We look forward to having you in this course. We realize that this course occupies an entire weekend, but we think it will be worth your while. Over the 18hr course you will learn skills that, should you ever need them, will serve you and your patient and fellow adventurers in good stead. We partner with the folks at Landmark Learning as we feel they are the best at what they do. They live, eat, breathe, teach and practice wilderness medicine and play or work outside 365 days a year. They are on the forefront of what is new and current in the delivery of wilderness medicine. Everyone else is just playing catch-up. Please look through the following materials and make sure you are ready to come to participate fully in the course.

You will notice that there are a couple of med forms and waivers in this info packet, please print and fill them out and bring them to class, we will get started much sooner this way. The course location will be at the Congressional School in Falls Church, VA. Once you have paid in full to CKAPCO you will be provided detailed location information. You will notice there is a gear list, please make an effort to bring what is listed; it will enhance your practice experience. Bring some inside-only shoes, if we bring less mud in, we can spend less time cleaning at the end of the course. A cozy camp lounge chair makes things go by more comfortably. We recommend that you bring lunch, it allows more time to socialize with the instructors and other students; there are stores nearby if you want to go out. Typically we take less than an hour for lunch.

If you are coming from out of town and don't have a place to stay, you may be able to stay with a student who lives locally. Let CKAPCO know when you sign up if you need a place or would be willing to provide one.

That is all for now, fill out your waivers and get your gear together. We will see you in CPR on Friday or the WFA on Saturday.

Our thanks to you, Mike Aronoff and Nathan Nahikian  
703 264.8911  
mikearonoff@aol.com





**LANDMARK LEARNING**  
The Learning Specialists for the Outdoor Industry.

## 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 dynamic learning setting. Teaching methods include an emphasis on didactic lectures and hands-on, experiential workshops and scenarios.

American Heart Association Heartsaver CPR for adults and children is available the evening before the WFA begins. This course follows the 2005 curriculum guidelines of the AHA, and is street-based in content and skills taught. We do "bridge" street CPR to WMI's wilderness protocol within the WFA course the next day. CPR is not required in order to complete the WFA course or to make your WFA certification valid – it is a complimentary certification that will enhance your WFA experience.

Your rescue gear needs to be packed and ready to go at any moment throughout the course. Please refer to and follow the WFA Rescue 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.

### Additional Resources:

If you would like to read ahead, you can visit the NOLS bookstore on-line at [www.nols.edu/wmi](http://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.

# WFA/CPR WAIVER AND RELEASE OF LIABILITY

I desire to participate in the WFA and CPR course and, in consideration of the provision of the opportunities to participate in such activities and the provision of services and/or certain equipment to facilitate participation, I hereby agree as follows on my behalf:

I fully understand and acknowledge that: (a) risks and dangers exist by virtue of the nature of the activities and participation in them; (b) such activities, my use of such equipment and/or participation in such activities may result in illness or injury or death or damage to personal property and (c) these risks and dangers may be caused by other participants, or by accidents, or by the forces of nature, or other causes. Risks and dangers may arise from foreseeable or unforeseeable causes, including, but not limited to, selection of venue, hazards, weather conditions, risks of manual handling and such other risks, hazards and dangers that are integral to recreational activities that take place in a classroom, wilderness, water, outdoor or recreational environment. I hereby knowingly and voluntarily accept and assume these risks and dangers and the risks of illness, injury or death or damage to personal property on my behalf.

I have been advised that I must wear appropriate clothing and footwear for all activities. I affirm that I will not be under the influence of alcohol or controlled substance, and will not carry, use or consume these substances before or during the scheduled activities. Any claims or dispute arising from the activities, my participation in **Canoe, Kayak & Paddle Co., LLC (herein "CKAPCO")** activities, or use of equipment shall be subject to resolution in the jurisdiction and venue of the Circuit Court in the County of Fairfax in the State of Virginia.

I understand that I must be in good physical condition to participate in the activities. I am in good health and am at or above the minimum age stated in advertising for each activity in which I will participate. I understand that strenuous physical exertion may be required and I have no known physical disabilities or health problems, which will present any risk to my participation in the activities. CKAPCO recommends that I receive a physical examination before participating in the activities. CKAPCO, at its sole and absolute discretion, reserves the right to request a certificate of good health and fitness from a licensed physician before allowing participation by me. If I do not provide such a certificate when requested, CKAPCO, at its sole and absolute discretion, reserves the right to refuse to allow my participation in any classes, training or activity, even if I have already made payment for participation in accordance with this Agreement; provided, however, CKAPCO has no responsibility to request a physician's certificate from any student, and shall incur no liability whatsoever as a result of its failure to do so. I, on my behalf and on behalf of my personal representatives, executors and heirs, release and agree to indemnify, defend and hold harmless CKAPCO, its members, directors, officers, employees, instructors and agents ("the Releasees") from any and all injuries, losses or liabilities incident to my involvement or participation in these programs as provided above to the fullest extent permitted by law (the "Release and Indemnity"). This Release and Indemnity shall include, but not be limited to, all injuries, losses or liabilities of whatever nature incurred or sustained to me or property as a result of the negligence of the Releasees. I permit the use of any photos, slides, films, or sketches of me taken during the day's activities for publicity, advertising, promotion or other commercial purpose. This agreement constitutes the entire agreement of the parties, is signed under seal, and shall be binding on my heirs, successors, assigns, administrators and executors.

**I HAVE READ THE ABOVE, UNDERSTOOD IT, AND BY SIGNING IT AGREE TO ITS TERMS. I ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE AGREEMENT AND ITS TERMS AND HAVE BEEN AFFORDED THE OPPORTUNITY TO CONSULT MY OWN COUNSEL WITH REGARD TO IT, ITS TERMS, ITS SCOPE AND ITS MEANING.**

Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ (Seal)

Street Address: \_\_\_\_\_ EMAIL: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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



## 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:

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

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*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  
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## 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; slipping and falling; pinches, scrapes, twists and jolts; sprains, strains, broken bones; collision with fixed or movable objects; weather conditions; 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; rope burns; being struck by rock fall or other objects dislodged or thrown from above; equipment failure; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity; the condition of roads, terrain, or highways and accidents connected with their use; 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.



# 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 warm (not made of cotton) and one for the sun
- \*Mittens or gloves if it will be cold out
- \*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 (we'll have big days)
- \*Backpack or knapsack to put all this stuff in

*\*\*\*If you are a WFR planning to recertify with this course, you MUST bring copies of your current WFR and CPR certifications to the course for instructor review.*