University of Washington
DLP Hybrid Wilderness First Aid or WFR Recert
2015 Registration Form

Name_____________________________________
Mailing Address_____________________________________________________________
City__________________________________ State ____________ Zip code ____________
Home Phone ______________________ Work Phone _______________________
E-mail ______________________________

Practical Session Dates: November 14-15th
Location: University of Washington, Room TBD
Refund Policy: There is NO refund once registered for the course

Registration (prior to Oct.25) - $250
☐ UW (No IMA Membership)
☐ Public (no UW affiliation)

Late Registration (Oct.25-Nov.1) - $275
☐ UW (No IMA Membership)
☐ Public (no UW affiliation)

Return Form to
Matt Jensen
IMA Building
3924 Montlake Ave NE
Seattle, Wa 98195
Fax - 206.685.4661
Email – mcjensen@uw.edu

WFR Recertification
☐ I am recertifying my Wilderness First Responder training
Current WFR certification through (agency name) ________________________________
Expiration Date __________________
Attach a copy of your WFR certification card to this registration.

Card Type: Visa  MC  Discover  Card Number ________________________________
Expiration Date ________________  Security Code_______
Your Signature ____________________________  Today's Date _____________

Please complete the attached release form and return it with your registration & payment to return address above

Questions? Contact Matt Jensen 206.616.2083, mcjensen@uw.edu
Agreement of Responsibility

Distance Learning Project courses offered by the Wilderness Medicine Training Center, Inc. are rigorous and require your full attendance and participation. You may find them mentally, physically, and emotionally demanding. You must successfully complete the didactic material and on-line testing prior attending the on-site practical session; if for any reason what-so-ever you are unable to successfully complete the didactic material and on-line testing prior to the start of the practical session, you will not be admitted to the practical session nor will you receive a refund. While every effort has been made to provide the materials required for you to successfully complete the distance learning portion of the course, including testing, the Wilderness Medicine Training Center does not assume responsibility for or guarantee your success.

Class time during the on-site practical session may exceed ten hours per day plus homework. You should be comfortable reading technical information, be able to write clearly, be able to communicate easily with other people, and you should be physically capable of lifting and carrying a minimum of 50 pounds without injury and moving safely in the outdoors in rough challenging terrain and environments without supervision. You are expected to bring the functional outdoor clothing that will protect you from the environment while participating in simulations. During simulations, skills practice, and some demonstrations you will be acting as a patient and as a rescuer; this requires you to touch and be touched by others during a patient exam and subsequent treatment. To protect your personal space you must wear your bathing suit (jog bra) and/or shorts under your simulation clothing for all labs and simulations; they will NOT be cut. Simulations may take place in water, on rocks, on uneven terrain, on steep slopes, on snow and in rain, snow, wind, or bright sun. The course does NOT require you to put yourself at risk of injury or illness. If you feel at risk at any time and for any reason during the course, STOP your participation in the activity and bring your concerns to the course instructors. Make a plan to address your concerns and resume your participation once you feel safe. Therefore, during your participation in any Wilderness Medicine Training Center, Inc. course, you are responsible for your emotional and physical safety at all times.

The Wilderness Medicine Training Center, Inc. agrees to present skills and techniques according to the practice guidelines established by the Wilderness Medical Society¹ and the National Association of EMS Physicians²,³. The Wilderness Medicine Training Center, Inc. is not liable if you do not adhere to those standards in a field situation. Nor does the Wilderness Medicine Training Center Inc. authorize you to use the skills presented. Your authorization will need to come from a licensed medical control (usually a physician advisor).

Once you have successfully completed the didactic session, on-line testing, and on-site practical portions of your Distance Learning Project (DLP) course, you will receive a certification card. This card acknowledges that you have successfully demonstrated the skills

Please initial here: __________
Presented during your course according to the above practice guidelines at the time of your course. It does not certify that you will be able to continue to perform at that level. It is your responsibility to stay current with both your understanding and practice. Most medical control personnel require certification as a base-line for authorization.

If you have participated in a Wilderness First Aid or a special contract course, you will receive a completion card from the Wilderness Medicine Training Center, Inc. A WMTC Wilderness First Aid completion card certifies that you were present and engaged during the entire workshop but does not certify that you are proficient in the skills presented. WMTC Wilderness First Aid completion cards meet the first aid requirements of Labor & Industries, Boy Scouts of America (including Philmont Scout Ranch), American Camping Association, and many other state and federal agencies. Your signature below indicates that you understand the above statements, meet the minimum course requirements, and that you are willing to abide by them. That you will not hold the Wilderness Medicine Training Center Inc., Sponsors, Instructors, etc. responsible or liable for your use of the material taught during your course OR for your emotional or physical safety before, during, or after your course. You also agree to be financially responsible for equipment and supplies damaged beyond normal wear and tear as determined by your instructors and/or the course sponsor. Finally, you agree that any photos or video taken during your course and in which you appear may be used by the Wilderness Medicine Training Center, Inc for marketing or training purposes. Such use may include but is not limited to WMTC books and publications, posters, Training DVDs, the Wilderness Medicine Training Center Inc web site, Wilderness Medicine Training Center Inc social pages, etc. and that no fee will be paid to you by Wilderness Medicine Training Center, Inc for such use.


Type of DLP Course (circle one): WEMT WFR WAFA Review WFA Contract

Name of Course Sponsor: ____________________________________________

Location of Course: ________________________ Course Dates: ________________

Your Signature: _________________________ Date: ________________

Please Print Your Name Clearly Signature of parent or guardian if under 18

____________________________________  ______________________________

WMTC Release Form Page 2 of 2 Please initial here: ______________
WILDERNESS FIRST AID COURSE

AT THE UNIVERSITY OF WASHINGTON

November 7-8th, 2015

Waiver Form

In consideration of the acceptance of this entry and intending to be legally bound. I hereby waive and release the University of Washington, its agents and employees, course sponsors and other representatives from any and all liability for personal injury or property damages or loss arising from my participation in this course whether such loss results from my own negligence or that of other participants, or any other cause. My release includes vehicle damage, injury from the practice of first aid skills, use of equipment during class and on University of Washington property, facilities and related social functions and associated activities.

I acknowledge that my voluntary participation in this activity involves inherent hazards and risks of serious personal injuries such as, but not limited to: paralysis, brain damage, loss of vision or limb function, permanent scarring, disability and/or death, and I assume such hazards and risks. I represent that I have the necessary physical abilities and conditioning to safely participate in this course.

I acknowledge that the University of Washington and course sponsor does not provide accident/medical coverage for course participants. I further understand that it is my responsibility to ensure that I have the appropriate accident/medical coverage to participate in the Wilderness First Aid, hosted by the Department of Recreational Sports Programs at the IMA, WAC and Washington Arboretum from February 14th through the end of the day on February 22nd 2015.

I have read this document, understand it to be a binding contract and sign it of my own free will. I further agree to abide by all UW Policies and course rules and regulations regarding my participation.

_________________________________________________  _______________________
Print Name

________________________________________________________________________
Signature  Date