



Wilderness First Responder Course Application Form

NAME _____ CLASS/AFFILIATION _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

T-Shirt size: _____

MEDICAL INSURANCE (Required):

Insurance Provider	Policy Number

I hereby certify that the answers set forth here are true. I understand that the goals of Outdoor Action are to provide a safe wilderness experience in a supportive group environment. As part of Princeton University, Outdoor Action adheres to the Princeton University standards of respect for others. Outdoor Action is a smoke-free and substance-free program—tobacco products, alcohol or drugs of any kind are prohibited. I hereby certify that I am aware that my participation in this training may involve physical activities in wilderness locations. I understand that there is a specified fee associated with participating in this training and that I am responsible for paying that fee. In the event that I must cancel my participation after the program has begun, I am aware that there will be no refunds given. I also understand that I am responsible for and must return any Outdoor Action or Princeton-Blairstown Center equipment that I borrow for this training. I hereby grant permission for any photos that are taken during this activity to be used by the Outdoor Action Program in promotional or other material.

I hereby acknowledge and agree that training in wilderness first aid has inherent risks. I have full knowledge of the nature and extent of the risks associated with being trained in wilderness first aid, but not limited to: All manner of injury resulting from falls including death; cuts and abrasions; exposure to infectious diseases.

I certify that I am aware of the hazards of providing Wilderness First Aid Care and that any instruction that I receive regarding techniques and equipment does not guarantee that I have achieved proficiency at providing Wilderness First Aid Care. The Outdoor Action Program and Princeton University do not certify my level of skill or competence. I hereby accept all responsibility for any use of these techniques either for myself or for others.

I acknowledge that my participation in this training is voluntary. I am aware that I may be required to practice first aid techniques on other students in the course including but not limited to, patient assessment, bandaging and splinting, lifting and moving, and patient extrication. I am aware of the potential risks to me personally in such activities and the risk to other students. I am also aware that other students in the course may practice first aid techniques on me including but not limited to, bandaging and splinting, lifting and moving, and patient extrication. I am aware that my participation in this training may involve outdoor activities in inclement weather, heat or cold related illnesses, falls, lightning, difficult trail conditions, animal stings or bites, and river crossings.

I am aware that practical training in this course requires hands-on, physical contact between myself and other students or instructors in the roles of both care-giver and patient. I agree to maintain a professional demeanor at all times while attending others and expect the same courteous treatment from others in the course. If at any point in the course I feel uncomfortable with the physical contact either as the care-giver or patient I will inform the head instructor.

I believe that I have been fully and adequately briefed regarding the risks inherent in this activity. I have weighed the dangers inherent in this trip, the risks presented to my own health and well-being, and my personal desire to participate in this trip. I have concluded that the risks are acceptable and are outweighed by my desire to participate. In consideration of Princeton University enabling me to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith. I hereby waive, release, and agree to hold harmless Princeton University, the Princeton-Blairstown Center and the Outdoor Action Program including, without limitation, Trustees, employees, agents, students and/or representatives from any and all claims that I may have as a result of personal injury (including death), or property damage or loss arising out of or connected in any way with my participation in this program, excepting only such damages and costs resulting from the gross negligence of Princeton University, the Outdoor Action Program and/or Princeton Blairstown Center, the Trustees, employees, agents and/or representatives. This release includes claims arising out of the rendering of emergency medical procedures or treatment, if any. I hereby give my consent to Princeton University and thereby to leaders in the Outdoor Action Program to render medical treatment should it be required during this trip. In the event that a parent or guardian cannot be reached, I hereby give permission for transport to and treatment at a hospital facility. This Release/Agreement shall be binding upon the Participant and my heirs, administrator, executors and assigns. I agree that any mediation, suit, or other proceeding must be filed or entered into only in the state of New Jersey.

SIGNATURE (Required): _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE _____ **DATE:** _____
(Required if participant is under 18)