

# SOLO Wilderness First Aid Course

Also: WFR Refresher

November 8<sup>th</sup> & 9<sup>th</sup>

Recreation Department – 113 Saunders Sports Complex

Paul Smith's College, Routes 86 & 30

Paul Smiths, NY 12970

## Registration Form

Name: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

(Street Address/PO Box, etc)

\_\_\_\_\_

(city)

\_\_\_\_\_

(state)

\_\_\_\_\_

(zip code)

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### (Paul Smith's College Students Only)

(Check the corresponding box) **PSC:**  Student  Faculty  Staff  None

Campus Phone: \_\_\_\_\_ Academic Major: \_\_\_\_\_

Campus Box #: \_\_\_\_\_ Residence Hall & Room #: \_\_\_\_\_

**Campus-Based Participants:** The \$140 registration fee can be charged to your account in the fiscal office. No direct payment is required for this sixteen-hour course. Please indicate if you would like this to be charged to your account. \_\_\_\_\_

**Other Participants:** The \$180 registration fee must accompany your registration.

Paid in Full -  check;  cash;  credit card: \_\_\_\_\_  
(Visa/MC) + 3 digits on back of card

Enrollment will be based upon chronological order of receipt.

**Minimum students: 15; Maximum: 50**

Please mail or return to:  
Jim Tucker, Recreation Coordinator  
113 Saunders Sports Complex - Paul Smith's College  
Paul Smiths, NY 12970  
"Study Hard; Play Hard"  
Fax: (518) 327-6545; ATTN: Jim Tucker



**PAUL SMITH'S COLLEGE**  
**P.O. Box 265**  
**Paul Smiths, NY 12970 ♦ [www.paulsmiths.edu](http://www.paulsmiths.edu)**

**SAFETY AND RISK MANAGEMENT**

Safety is a fundamental concern of Paul Smith's College. Despite operating activities and programs to the best of our capabilities, the possibility of an accident still exists. There is no way to reduce that possibility to zero. The Acknowledgment of Risk statement (below), Release of Liability form (on the back of this page) and the Medical Information form (next page) must be completed and signed before you can attend the program or activity.

**ACKNOWLEDGMENT OF RISK**

In consideration of the services of Paul Smith's College, its employees, members, trip leaders, groups, representatives or agents and all other persons or entities acting in any capacity on the College's behalf, I agree as follows:

I acknowledge that **the SOLO Wilderness First Aid program** entails known and unanticipated risks, which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness or in extreme cases, permanent trauma, disability or death.

I understand that Paul Smith's College does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Paul Smith's College programs often take place out of doors, where people are subject to numerous risks, environmental and otherwise. Activities vary from program to program, and may include hiking and backpacking, climbing, camping, mountaineering, canoeing and kayaking, biking, running, skiing, snowshoeing, fishing and use of the ropes course. When camping, risks and hazards include burns, cuts, diarrhea and flu-like illnesses. Programs may occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks, and downed timber. Environmental risks and hazards include rapidly moving, deep or cold water, insects, rolling or falling rocks, lightning, avalanches, floods, 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. Decisions are made by the instructor(s) and participants often in a wilderness setting, based on a variety of perceptions and evaluations which by their nature may be imprecise and/or subject to errors in judgment. Throughout the activity or program, participants are responsible for their own safety and for the safety of other members in the group.

I am aware that Paul Smith's College programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well being.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the legal guardian of the above minor and have read the above ACKNOWLEDGMENT. I hereby consent to the terms of the ACKNOWLEDGMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of Paul Smith's College on the terms stated.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

PRINT NAME OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



**PAUL SMITH'S COLLEGE**  
**P.O. Box 265**  
**Paul Smiths, NY 12970 ♦ [www.paulsmiths.edu](http://www.paulsmiths.edu)**

<b>RELEASE OF LIABILITY</b>
-----------------------------

By signing below, I acknowledge that the recreational activities associated with the aforementioned program to be conducted by Paul Smith's College may be hazardous, and may result in loss, damage or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to **RELEASE** Paul Smith's College and any of its employees, members, leaders, instructors, trustees, staff or agents liability claims demands or any causes of action and agree **NOT TO MAKE ANY CLAIM** against Paul Smith's College or any of its representatives or agents whatsoever which may arise during my participation in the **SOLO Wilderness First Aid program**.

I intend this **RELEASE OF LIABILITY** to be effective whether or not any loss, damage, injury or death results, in whole or in part, from the negligence of Paul Smith's College or any of its agents, employees, trustees, instructors, or staff. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as the result of my own negligence and / or the negligence or lack of care of Paul Smith's College, its employees, leaders, instructors, representatives, trustees, staff or agents.

I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being while participating in the **SOLO Wilderness First Aid program**.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the legal guardian of the above named minor and have read the above **RELEASE**. I hereby consent to the terms of the **RELEASE** on behalf of the above named minor, and give my consent to the participation of the above named minor in the recreation activities of Paul Smith's College.

SIGNATURE OF PARENT / GUARDIAN \_\_\_\_\_

PRINT NAME OF PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



**PAUL SMITH'S COLLEGE**  
**P.O. Box 265**  
**Paul Smiths, NY 12970 ♦ [www.paulsmiths.edu](http://www.paulsmiths.edu)**

**Paul Smith's College**  
**Recreational Programs – Medical Information Form**

In the interest of personal safety of the staff as well as your own, please answer the following questions to the best of your knowledge:

Member's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**MEDICAL INFORMATION:** please be candid; check any and all that apply:

- Cardiac problems       Asthma       Seizures       High Blood Pressure       Kidney problems  
 Back problems       Diabetes       Other (please explain) \_\_\_\_\_

**Medications** – Please list and identify the condition they are for: \_\_\_\_\_

Allergies. If yes, please describe: \_\_\_\_\_

Bone, muscle or joint injury. If yes, please describe, including current status: \_\_\_\_\_

frostbite       circulatory problems       heat stroke       Raynard's syndrome.  
If yes, please describe: \_\_\_\_\_

Special dietary requirements. If yes, please describe: \_\_\_\_\_

Please describe any other injuries or medical conditions not identified above:

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Night) \_\_\_\_\_

**Medical Insurance**

Company Name \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy No. \_\_\_\_\_

**IMPORTANT:** The information provided above is a complete and accurate statement of any physical conditions that may affect my participation with this program. I realize failure to disclose such information could result in serious harm to fellow participants and myself.

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