

SOLO Wilderness First Responder Course

May 18 – 24th, 2009

at Paul Smith's College

**55 Contact Hours with Class sessions: 8 AM – 5 PM
(some mandatory evening sessions)**

Cost: The tuition charge is \$420 to the PSC Community; direct payment required. For the non-PSC community, there is a tuition charge of \$450. To those from the outside community, you are well aware of the total cost of similar courses taught at other places. We offer the course at this rate, knowing that our participants have already completed the WFA course and the CPR for the Professional Rescuer. The cost does not cover room/board.

Certification: This national WFR certification is valid for three years. It is imperative that those certified maintain their CPR certification through the duration of the WFR certification.

College Credits: PSC students will be receiving 3-credits through the RATE program with successful completion of this course.

Registration Forms: See Jim Tucker or pick one up near the locker rooms at the Saunders Sports Complex. They can also be received via email attachment.

Location: The indoor class sessions will take place in the Forestry Club Cabin overlooking St. Regis Mountain on the shore of Lower St. Regis Lake at Paul Smith's College.

Further Information: Contact Jim Tucker at (518) 327-6389.

e-mail: jtucker@paulsmiths.edu

SOLO Website: www.soloschools.com/home.html



SOLO Wilderness First Responder Course

May 18 - 24th

Recreation Office, 113 Saunders Sports Complex
Paul Smith's - The College of the Adirondacks

Registration Form

Name: _____ Home Phone: _____

Home Address: _____ E-Mail Address _____

City/State/Zip: _____

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

Campus Phone: _____ Academic Major: _____

Campus Box #: _____ Residence Hall & Room #: _____

Campus Based Participants: \$420 registration fee. (We can no longer bill your account)

Participants: The \$450 registration fee must accompany your registration form to reserve your enrollment.

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

Room & Board: Those enrolled are responsible for their own room and board arrangements. Most participants in the past have chosen to camp during the WFR course, and suggestions can be made for this option. There are numerous lean-to sites along lakes and ponds that surround the campus.

Course Pre-requisite: All students must have current CPR for the Professional Rescuer or equivalent certification. It is recommended that participants have completed Wilderness First Aid, a sixteen-hour course prior to taking this particular WFR course. This intensive format of WFR is a 55-hour program that will require your undivided attention. I currently have:

Wilderness First Aid CPR/FPR or equivalent

Enrollment will be based upon chronological order of receipt. No exceptions.

Minimum students: 10; Maximum: 24

Please return the registration form to:

**Jim Tucker, Recreation & Intramural Coordinator
Paul Smith's College, Paul Smiths, NY 12970.**

E-mail and Further Information:

Phone: (518) 327-6389; Fax: (518) 327-6545, Attn, Jim Tucker
jtucker@paulsmiths.edu

SOLO Website Address: <http://www.soloschools.com/>



PAUL SMITH'S COLLEGE
P.O. Box 265
Paul Smiths, NY 12970 ♦ 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 (next page) and the Medical Information form (back of next page) must be completed and signed before you can attend this program.

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 Responder 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 _____



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RELEASE OF LIABILITY

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 Responder 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 Responder 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 _____



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Paul Smith's College
Recreational Programs – Medical Information Form

In the interest of personal safety of the staff and your personal safety, 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: _____