



Welcome to ECU Adventure Programs

“Life is either a daring adventure or nothing at all.” – Helen Keller

Welcome to ECU Adventure Programs. Please take the time to read over this information. It is our goal to make sure you are prepared for the upcoming training, and so this packet of information and forms is your first step on your journey. We define adventure as an activity where the outcome is uncertain. There are inherent risks involved in our programs and this paperwork is vital to lessening those risks and serve as a resource to you for your training needs.

Program Title: WMI of NOLS Wilderness First Responder

Dates: January 2th – 10th, 2010

Accommodations (Optional): ECU’s Maywoods Lodge

Cost:
EKU: \$575 (Includes Tuition and Lodging)
General Public: \$625 (Tuition Only)
General Public: \$675 (Includes Tuition and Lodging)

Included in this Packet:

- WFR Course Expectations
- EKU Wavier/Assumption of Risk**
- Health History**
- WFR Gear List
- Registration Form**
- Directions to Maywoods

- WMI Waiver**
- Landmark Learning Waiver**
- Maywoods Policies

*Please sign and return documents that are typed in bold to address below.

In order to confirm your spot in the course, please read and fill out the required paperwork and get those forms back to us well before the program start date. Thank you for choosing ECU Adventure Programs. Please let us know how we can help you further as you prepare for your adventure!

We look forward to welcoming you at Maywoods!

Brian Clark
Assistant Director, Adventure Programs

105 SRC
Eastern Kentucky University
521 Lancaster Avenue
Richmond, KY 40475-3102

(859) 622-6867 (voice)
(859) 622-6754 (fax)
brian.clark@eku.edu
www.campusrec.eku.edu

Eastern Kentucky University Campus Recreation, 859-622-1244



Balance Due:
Date Due:
Paid:

WFR Course Expectations



The WFR course is rapidly becoming the industry standard certification for guides and trip leaders. Over a 9-10 day period students will receive more than 80 hours of contact time, in order to learn techniques for aiding injuries in remote settings. Teaching methods include an emphasis on instructive lectures and hands-on, experiential workshops and scenarios. The night mock rescue is one of the highlights of the course, pulling it all together in a backcountry setting, and illustrating what it truly takes to evacuate an injured or ill person.

Throughout the course, your rescue gear needs to be packed and ready for use at any moment. Please included **at minimum** the items listed in the required Gear Checklist, and contact us if you have any questions or concerns.

Also included in this course is the WMI's own CPR certification. The certification incorporates the American Heart Association's 2005 curriculum guidelines with wilderness protocols to deliver a set of skills that is essential to a wilderness setting. If you require, for your job description, an AHA training certificate we can discuss this with you prior to the course.

When bad things happen outdoors, the weather doesn't stop! Therefore, you need to be prepared to train outdoors regardless of the weather. **Dress in layers** that can be shed indoors or in warmer weather and added outside or when the weather gets colder and wetter. Full rain protection, including rain tops and pants, is necessary for this course. Feel free to bring drinks and snacks to keep you hydrated and energized throughout the day. The more comfortable you are, the easier it will be to pay attention and retain the information from this course.

The course ends with a written exam and a scenario-based practical exam. To receive a WFR certification, you must pass this exam. Therefore, we hope you let us know of any areas where you are experiencing challenges and needing additional help. As educators, we will help you to know where you are succeeding and where you need extra effort, so that you can be successful at the end of the course, and in any situations you face in the future.

Additional Resources:

If you would like to read ahead, you can visit the NOLS bookstore on-line at www.nols.edu/wmi. Other resources will be provided during your course.

Eastern Kentucky University Campus Recreation, 859-622-1244



*THIS IS A LEGALLY BINDING RELEASE, WAIVER, INDEMNIFICATION OF LIABILITY, AND EXPRESS ASSUMPTION OF RISK. Please read it carefully, fill in all blanks and **initial each paragraph** before signing.*

1. I, _____, hereby affirm that I have read this document in its entirety. By my signature below and by my **initialing each paragraph**, I agree to each and every term and condition of this document.

2. ___ I understand that all of the trips/programs offered by Eastern Kentucky University are physically demanding and involve technical outdoor skills. I am unaware of any physical or mental condition that would a) prevent me from safely participating in any trip/program or b) endanger my health or safety or the health and safety of others due to my participation in the trip/program. I attest that I am physically fit and competent to participate in the trip/program, and that all of my questions regarding the trip/program have been answered to my satisfaction.

3. ___ I understand the risks and hazards involved in the trip/program. I UNDERSTAND THAT THERE ARE DANGERS AND RISKS INHERENT IN THE TRIP/PROGRAM, INCLUDING THE RISK OF SERIOUS PERSONAL INJURIES, PARALYSIS, AND DEATH. I understand that the hazards and risks of the trip/program include, but are not limited to: transportation injuries, being hit or injured by equipment, falling rocks, people, equipment, or other debris; head injuries; sprained or broken bones; poisonous snakes, spiders and plants; dehydration; hypothermia; drowning, injury due to the negligence of myself and/or others; and exposure to extreme heat or cold, rain or snow, thunderstorms or lightning. I understand that the aforementioned hazards and risks are described by way of example only, and that there are numerous other hazards and risks inherent in both instruction and learning of outdoor skills and any other related activities to which I may be exposed.

4. ___ IN CONSIDERATION FOR MY BEING ALLOWED TO ENTER AND PARTICIPATE IN THE TRIP/PROGRAM:

a. I, on behalf of myself, my family, heirs, successors, assigns, and anyone claiming any interest through me, hereby KNOWINGLY, INTENTIONALLY AND VOLUNTARILY WAIVE, RELEASE, INDEMNIFY AND AGREE TO HOLD HARMLESS, Eastern Kentucky University, and all trip leaders, employees, directors, and volunteers (collectively referred to as the "Released Parties") FROM ANY AND ALL ACTIONS, SUITS, CLAIMS, DAMAGES, AND LIABILITY (INCLUDING ATTORNEY FEES AND COSTS), THAT I, my family, heirs, successors, assigns, and anyone claiming any interest through me, MAY HAVE FOR ANY DAMAGE, INJURY, PARALYSIS, LOSS, OR DEATH TO MYSELF OR ANY OTHER PERSON OR PROPERTY ARISING OUT OF MY PARTICIPATION IN ANY TRIP/PROGRAM, whether such damage, injury, paralysis, loss, or death results from NEGLIGENCE of any of the Released Parties or from some other cause.

b. I understand and agree that none of the Released Parties may be held liable or responsible in any way to me or my family, heirs, successors, assigns, or anyone claiming any interest through me, for any injury, death, or other damages that may occur as a result of my participation in any trip/program or as a result of the negligence of any participant or party, including the Released Parties, whether passive or active.

c. I hereby personally assume all risks, whether foreseen or unforeseen, in connection with the trip/program, for any harm, injury or damage that may befall me while I participate in the trip/program, including the risk of negligence of any party or participant, including the Released Parties.

d. I hereby accept full responsibility for any and all damage, injury, paralysis or death arising out of my participation in the trip/program. I understand and explicitly agree that neither I, my family, heirs, successors, assigns, or anyone claiming any interest through me, will bring any legal action whatsoever against any of the Released Parties as a result of any such damage, injury, paralysis, loss, or death to myself or any other person or property that arises out of my participation in the trip/program. I hereby agree to indemnify all of the above named Released Parties for any and all claims, including attorney fees and costs, which may be brought against any or all of the Released Parties by anyone claiming to have been injured as a result of any injury, including death, to me or my property which may occur as a result of my participation in any trip/program.

5. ___ By signing this document, it is my intent to release, waive and indemnify all of the Released Parties from all liability connected with my participation in the trip/program (including, but not limited to the negligence of the Released Parties, whether passive or active), and to personally assume all risk of injury or death. I understand and agree that the trip/program will not provide any insurance, or benefits, including workman's compensation benefits, on my behalf. I understand that the terms of this document are contractual and not a mere recital and state that I have signed this document voluntarily and of my own free will.

6. ___ I understand that the trip/program will be photographed and promoted by its organizers and sponsors and in consideration for permission to participate in the trip/program, I hereby give permission to all of the aforementioned parties to use my likeness for any purpose whatsoever.

7. ___ I have read and understand that this liability release and express assumption of risk, and sign this document on behalf of myself and my heirs.

8. ___ (if under the age of eighteen) I have witnessed my parent or guardian read this document in its entirety and have witnessed their signature in the appropriate space below.

Signature: _____ Date: _____

Print Name: _____

Student ID #: _____

Phone: _____

E-mail address: _____

Signature of Parent or Guardian (if under 18 years of age): _____



Health History Form

EKU Adventure Programs
WMI of NOLS Wilderness First Responder



Name: _____ Height: _____ Weight: _____ Date of birth: _____

- Do you have personal medical insurance? no yes
If yes, who is the provider? _____
- Do you have any limiting physical or health disabilities (whether temporary or permanent) that you or your doctor feel would limit your safe participation in the named program? no yes
- Do you have any chronic or recurring injuries? no yes
- Are you pregnant? no yes Have you had a kidney transplant?..... no yes

Current Health Status:

Using the *Health Checklist*, please indicate if you have any physical disabilities or conditions that would limit your participation in the program. If you are unsure, please explain the program to your physician and ask for his/her advice. If you check yes to any of these, please give details including any restrictions you may have.

Current Physical Condition: Please check the highest activity level in each category that you feel you can comfortably attain.

Walking	<input type="checkbox"/> 2 miles in 40 minutes	<input type="checkbox"/> 4 miles in 80 minutes
	<input type="checkbox"/> 6 miles in 120 minutes	<input type="checkbox"/> unsure
Jogging	<input type="checkbox"/> 1 mile in 12 minutes	<input type="checkbox"/> 3 miles in 36 minutes
	<input type="checkbox"/> 5 miles in 60 minutes	<input type="checkbox"/> Unsure
Cycling	<input type="checkbox"/> 5 miles in 30 minutes	<input type="checkbox"/> 10 miles in 60 minutes
	<input type="checkbox"/> 20 miles in 120 minutes	<input type="checkbox"/> unsure

Swimming Ability:

non-swimmer
 poor
 fair
 good
 very good

Health Checklist:
Please check the following physical disabilities or conditions you have that may limit your participation.

Condition	<input checked="" type="checkbox"/>
Hearing or vision problems	
Respiratory problems	
Back problems	
Joint problems	
Recent serious illness	
Recent surgery	
Recent hospitalizations	
Serious reaction to high or low temperatures	
Frequent muscle cramps	
High or low blood sugar	
Seizure disorders	
Reactions to altitude	
Heart problems	
Asthma	
Other:	

Current Exercise Activity: List any physical activities you engage in, their frequency, duration, and level of intensity.

Activity	Times/week	Approximate time/distance	Low	Moderate	High

Allergies: Indicate any allergies (including medications), your reaction, and treatment.

Allergy	Reaction	Treatment

Medications: What are you currently taking, for what, and will you need it during the named program? If you need it, make sure you have ample supply for the program.

Medication	Condition	Need During Program?	
		no	yes
		no	yes
		no	yes
		no	yes

Emergency Contact Information:

Person to notify in case of emergency: _____ Home Phone: _____
 Relationship _____ Address: _____ Other Phone: _____



WFR Rescue Gear Checklist

In order to simulate real wilderness emergencies, we will be working and learning outdoors as much as possible, regardless of the weather. Therefore, remember to bring appropriate layers to accommodate for the weather (think about staying dry and warm), and to be comfortable both in and outdoors at any time during your course.

You can check the local weather forecast at www.weather.com -Crab Orchard, KY

Required: *(These items should be packed and ready to go for mock rescues throughout class times, and at any moment.)*

- Day Pack or similar sized pack, lined and waterproof, filled with:
 - A watch, preferably with a sweeping second hand
 - 2 water bottles
 - Backcountry clothing – appropriate to season and climate
 - 1 set of clothing (shirt and pants) to be completely destroyed with stage makeup and shears.
 - 1 warm hat/toboggan
 - Gloves
 - Rain Gear, including rain pants
 - Synthetic tops and bottoms – Long underwear
 - Hiking boots / hiking socks
 - Synthetic jacket/top (Polartec or comparable, wool OK)
 - Head lamp/flashlight
 - Notebook and writing utensils
 - Camp Chair, ensolite pad, thermarest, or similar
 - Bandanas, p-cord, ties, straps, or anything else that can be used for attachment (The more the better)

In addition: If you participate in gear intensive activities (paddling, climbing, ect.) feel free to bring your gear/ what you would normally have during your activity. The more you practice with what you would normally have on hand, the better your patient care in an actual emergency.

Optional: *(Consider acquiring these items gradually)*

- Bivy kit
- Stuff sack containing:
 - Warm hat, additional
 - 2 garbage bags
 - Whistle
 - Plumbers candles/candle lantern
 - Lighters/waterproof matches
 - Metal water cup
 - 60' p-cord/nylon cordage
 - 10'x10' plastic sheeting
 - Compass
 - Extra wool socks



Registration

Course Title: WMI of NOLS Wilderness First Responder Course Dates: January 2-10, 2010

IMPORTANT: Please return this completed form along with your Health Form and Release at least 30 days prior to your course. This information is confidential and will be used in the event that we need to contact you with question, course changes or cancellations, and other related information.

Name: _____ Cell #: _____

Mailing Address: _____ Eve #: _____

_____ Day #: _____

Email Address: _____

Arrival: _____ Between 4PM and 9PM night before Lodging: _____ Maywoods
_____ By 7:45AM the first day of class _____ Other:
_____ Other Arrangements (Contact Brian Clark) _____

WFR Tuition: EKU- **\$575** (Includes Tuition & Lodging) *Deposit- **\$287.50**
General Public- **\$625** (Tuition Only) *Deposit- **\$312.50**
General Public- **\$675** (Includes Tuition & Lodging) *Deposit- **\$337.50**

***Deposit is due to register. Remaining balance is due 30 days prior to course start date (December 3, 2009)**

Payment Type:

___ Cash ___ Check ___ Credit Card (Provide Information Below)

Visa AmEx MC Disc Expiration (MM/YY): ____ ____ / ____ ____

_____ - _____ - _____ - _____

Signature: _____ Date: _____

Billing Address (if different from above):

Student Agreement:

I have read, understand, and agree to abide by all EKU Adventure Programs policies while I am enrolled in any Adventure Programs course or trip.

Signature: _____ Date: _____

Eastern Kentucky University Campus Recreation, 859-622-1244





Directions to Maywoods

From Richmond, KY:

- Travel South on Rte. 52 (Lancaster Road), through Paint Lick, KY,
- Turn Left onto Rte. 954, approximately 3.6 miles beyond Paint Lick, KY,
- Travel approximately 2.8 miles,
- Turn Right onto Rte. 3246 (Fall Lick Road) **(See Continued Directions Below)

From Berea, KY:

- Travel West on Rte. 21,
- Travel approximately 2.4 miles from the I-75 exit,
- Turn Left onto Rte.954 (Cartersville Road),
- Travel approximately 5.0 miles,
- Turn Left onto Rte. 3246 (Fall Lick Road) **(See Continued Directions Below)

From Lancaster, KY:

- Travel North on Rte. 52, approximately 8.2 miles
- Turn Right onto Rte. 954,
- Travel approximately 2.8 miles,
- Turn Right onto Rte. 3246 (Fall Lick Road) **(See Continued Directions Below)

**From Rte. 3246

- Travel approximately 5.2 miles,
- Turn Left onto Maywoods Road,
- Pass through the gate and continue up the gravel drive to the lodge,
- Park in the lot in front of the lodge.

Please drive carefully on Rte. 3246; it is a curvy road!

Wilderness Medicine Institute

AN INSTITUTE OF THE NATIONAL OUTDOOR LEADERSHIP SCHOOL

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 under eighteen years of age, agree and acknowledge as follows:

ACTIVITIES AND RISKS

Although WMI has taken reasonable steps to provide me with appropriate equipment and skilled staff for the course for which I have registered, I acknowledge that the activities of the course have risks, including certain risks, 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 my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death. I understand that WMI does not want to frighten me or reduce my enthusiasm, but 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, many days from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care may be significantly delayed.
- Equipment may fail or malfunction, despite reasonable maintenance and use.
- Travel is by vehicle, snowshoe, snowmobile, skis, foot and other means, over rugged unpredictable off-trail terrain and improved and unimproved roads, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, slippery rocks, ocean tides and currents, waves and surf. Attendant risks include collision, falling, drowning and others usually associated with such travel, including environmental risks.
- Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, avalanches, flash floods, falling timber, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, non-freezing cold injury, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.
- WMI activities are conducted indoors and outdoors, day and night. Physical activities include running, sustained climbing, hiking and repetitive lifting. They also include realistic simulated medical injury and treatment situations.
- WMI activities may involve travel to locations away from the primary classroom. 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. WMI has no responsibility for any incident arising out of such travel.
- Decisions are made by the instructors and students usually in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to reasonable 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 participants, including minors, will have unsupervised free time before, during and after their course. Free time activities are not part of the WMI program and are at the sole risk of the participants. WMI has no responsibility for such activities. WMI staff may from time to time provide assistance or even accompany participants in these free time activities, but in doing so, they are acting as private individuals, and not for WMI, and WMI is not responsible for their conduct.
- 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.

I acknowledge that engaging in this program may require a degree of skill and knowledge not required in other activities, and that I have responsibilities as a student for managing risks to which I and others may be exposed. I acknowledge that WMI activities are instructional in nature and I expect to be challenged to expand my skills and judgment. I acknowledge that the staff of WMI has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT AND OTHER RISKS

I understand that the description above of the risks is not complete and that other unknown or unanticipated risks, inherent or otherwise, may result in property loss, injury, illness or death. I expressly acknowledge and assume 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 knowledge of the inherent risks.

I represent that I am fully capable of participating in the program, without causing harm to others or myself. Therefore I assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence or otherwise wrongful conduct in participating in these activities.

In further consideration of the services of WMI I (joined by my parents or guardian if I am under eighteen years of age,) acknowledge that I have read and understand the Activities and Risks, above, and confirm its representations and agree to all its provisions as though they were fully set forth again here. In addition, except with respect to an injury or loss that occurs on public lands whose rules and regulations prohibit doing so, I acknowledge and expressly assume **all other** risks of the course and any other activity of WMI, whether those risks are known, unknown, inherent or otherwise.

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; slips and falls; sprains, strains, broken bones; inclement weather; 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 (PAGE1): _____ **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 _____



Eastern Kentucky University Adventure Programs/Maywoods Policies:

Release/Assumption of Risk

All participants will be asked to read and sign a release acknowledging the inherent risks that are involved in outdoor adventure activities. Minors must have a parent or guardian sign on their behalf.

Eligibility

Participants must be of sound health and able to walk 6-8 miles a day and/or display adequate swimming skills in water-based courses. Although our trips are designed to travel at a leisurely pace and much of the day occupied with classroom and practical time, this request serves to mark an appropriate level of physical fitness.

Deposits and Refunds

- **50% of the total course payment deposit is required to hold a spot in a course.**
- **Full course payment is due 30 days before course start date (December 3rd, 2009).**
- Registration within 30 days of course start requires full payment at registration.
- If participant cancels within 30 days of course start, 50% tuition minus \$35 admin fee is transferable within one calendar year.
- If course cancels due to low enrollment, entire deposit is transferable or refundable.

Community Living

Much of the instruction will be led as a participatory and hands-on activity, accompanied with mini-lectures for specific topics and workshops. During courses each person is expected to participate fully within the class context, as well as in the living community during non-class times. This includes participating in general chores like classroom cleanup, collecting and maintaining classroom gear and equipment, but also includes managing personal living needs within the context of the group, and assisting others with their needs as they become apparent. In a backcountry classroom setting, each person will be responsible for helping out as an active part in the group's everyday camping tasks including: cooking, cleaning, equipment set up and break down, water purification, etc. Living with other people in close conditions requires practice in understanding and tolerance. All participants should be prepared to work within the group's dynamics.

Drugs and Alcohol – This is a ZERO TOLERANCE policy.

No controlled substances or alcoholic beverages are permitted on ECU property or during courses. *Violation of this policy will result in immediate expulsion from the program with no fee or tuition reimbursement.*

All participants under the influence of a prescription medication must inform the administration on their health forms, and the course instructors will have access to that information. Medications and health issues should not disqualify you from a program; instructors need to know how to help you in the event that you may need it. We encourage participants to bring all medications needed during the trip/course hours. Your instructor will help make travel accommodations for needed items. (Ex. Bee sting kits, inhalers, etc.)



Eastern Kentucky University Adventure Programs/Maywoods Policies Continued:

Tobacco

Class times are inappropriate for tobacco product use (chew, cigarettes, etc.). During 10 minute breaks, lunch, and after class there will be a designated area in which you may use tobacco. *Violation of this request can result in immediate expulsion from the course with no fee or tuition reimbursement.* Please field dress your butts and dispose of them in appropriate receptacles – the nicotine in the filters is not only dangerous to you, but highly toxic to the wildlife in our forest. If your nicotine needs interfere with class attendance, you should investigate other nicotine alternatives (the patch, gum, or other).

Safety

It is our primary mission to provide a safe and challenging wilderness first responder course through effective risk management. The outdoors and outdoor activities are inherently dangerous. We have chosen equipment and program sites carefully. Our instructors are outdoor professionals that hold current certification in Wilderness First Responder, Wilderness EMT, and professional level CPR.

Pets

Please leave your animal companion at home. Due to allergies and preferences of other people in your course and neighbor relations, it is inappropriate to bring them. *No animal will be tied outside a vehicle or kept inside a vehicle during our courses.* If you do arrive with an animal we will direct you toward a kennel for the duration of the course. If this is unacceptable, then we will ask you to remove yourself from the course. Cancellation policies will be in effect.

Phones/Computers

Our courses are designed with outdoor recreationists and professionals in mind. There is no phone or computer available for personal use. There is a phone available for an emergency. We do request that cell phones be turned off during class hours.

Facility:

Maywoods - Environmental and Educational Laboratory of Eastern Kentucky University.

The lodge has a large, central meeting and dining room with a field stone fireplace. Lodging in dorm-style rooms is available for up to 40 people at the lodge. A deck off the front of the lodge, facing the lake, provides an excellent setting to observe wildlife. Full commercial kitchen facilities are available. **You will be responsible for your own food.** You will be able to leave in the evening to go to the grocery in a surrounding town via your own method of transportation.

WHAT TO BRING LIST FOR OVERNIGHT VISITS TO MAYWOODS AS SUGGESTED FROM THEIR WEBSITE AT:

www.naturalareas.eku.edu/maywoods.php

Bedding*	Sleeping bag
	Pillow
	Extra blankets
Suggested Clothing	Waterproof raincoat or poncho with hood
	Waterproof boots
	Pajamas

Tennis shoes
Daily change of socks and underwear
Heavy and light shirts
Warm jacket and sweater (fall through spring)
Long pants
Shorts (in warm weather)
Hats and gloves (in cool weather)
Water bottle
Backpack

Toiletries Toothbrush and toothpaste
 Soap and shampoo
 Washcloth and towel
 Hair Dryer
 Brush and comb

Kitchen Items Dish detergent (regular and automatic)
 Dish cloth and towels
 Coffee and coffee filters (regular size)
 Salt, pepper and other condiments
 Aluminum foil and plastic wrap
 Napkins and paper towel
 Charcoal, lighter fluid and lighter (Grill available on site)
 Soft drinks and/or bottled water (No soft drink machine on site)

Optional Bug Repellant, Sunscreen
 Camera
 Binoculars
 Folding chair (To use on lodge deck)

***Required – Bed linens are not provided**

Please check out their website for more information www.naturalareas.eku.edu/maywoods.php