



Dear WFA and CPR Students,

The date is fast approaching for our WFA/CPR course the weekend of March 28-30. We are pleased and excited to be hosting Landmark Learning and WMI for our spring WFA course. I wanted to send this to you so that you can find and bring what you need. Between the website and this document you should know what you need to bring and have an overview of the weekend. Please call or email me if you do not.

About the Course:

Landmark Learning teaches in very hands on and interactive way. You will be given information followed by a practice session or module. We won't be sitting in chairs or desks the whole time, and I would recommend bringing a Crazy Creek Chair or other small folding camp chair. If you bring what is on the gear lists, you should be pretty comfortable. Many of the practice sessions will be outdoors. Make sure you dress in layers so you can transition from indoors to outdoors quickly. The classes run all day from 8-5 with some 10 minute breaks and usually about an hour for lunch. I recommend you bring your lunch as well as snacks for the day, although there is food available nearby. The classroom site is about 15 minutes from Potomac, MD. Days are long and full of information, so I would try to limit my social calendar for the weekend.

See on Friday for CPR and Saturday for WFA! Thank you for taking some time off the water.

Nathan

301-229-0428 (office)

202-368-0885 (cell)

[office@liquidadventures.org](mailto:office@liquidadventures.org)

**Liquid Adventures**

**25 Ericsson Rd.**

**Cabin John, MD 20818**

**Liquid Adventures kayak School**  
25 Ericsson RD- Cabin John, MD 20818  
301-229-0428 or office@liquidadventures.org  
**WFA/CPR Times/Locations**

CPR Course Time: 6 – 9 pm Friday

WFA Course Time: 8:00 am – 5pm Saturday and Sunday

Course Locations: TBA prior, both are located in Cabin John, MD 20818

\*\*\*Location and directions to be sent via email and posted online prior to course.

## **Nathan's Recommended Gear List And Where to Get It**

Items: Small to Medium Size Day Pack, Foam Pad (ensolite or Ridgerest), camp chair, 3-4 bandana's, extra layers, rain jacket/pants, wool/fleece hat/gloves, note pad and paper, sunscreen, snacks and water, wristwatch,

Here are my general thoughts on the matter. You should pack as if you were going on a day hike or paddling trip. The above list is some of what I would pack if I was day hiking in March near the Blue Ridge Parkway. Of course a couple of the items are class specific. If you have the preceding items you will be able to fully participate in the class.

If I showed up with nothing else but the clothes I was wearing I would want the above items with me for class. I saw blue ensolite pads at REI in Rockville and EMS should have Ridgerests. Casual Adventure in Arlington should have what you need as well. This, along with the other list, should have the gear aspect covered.



# Wilderness Medicine Institute of NOLS

## Wilderness First Aid Course Schedule

### DAY 1

#### Morning

- Introductions
- Patient Assessment System
  - Initial Assessment
  - Patient Exam, Vital Signs, Focused History
  - Documentation

#### Afternoon

- Spinal Cord Injury Management
- Head Injuries
- Shock
- Wilderness Wound Management

### DAY 2

#### Morning

- Focused Spine Assessment
- Athletic Injuries
- Fractures
- Dislocations
- Heat

#### Afternoon

- Cold Injuries
- Lightning
- Altitude Illness
- Acute Abdomen
- Anaphylaxis
- The Unconscious Patient
- Wilderness First Aid Kits

## WMI OF NOLS RECERTIFICATION

### **How long does my wilderness medicine certification last?**

Upon successful completion of your WMI course, you will receive a WMI of NOLS Wilderness Medicine certification card that is current for two years. You have a one year grace period after the expiration of your wilderness certification. During this grace year you are eligible to participate in a recertification program, however your certification is not current. If you exceed your grace year, you must retake the entire course.

### **How do I recertify my Wilderness First Aid?**

To recertify your Wilderness First Aid certification you must take another Wilderness First Aid course.

### **How do I recertify my Wilderness Advanced First Aid?**

The most common way to recertify a Wilderness Advanced First Aid (WAFA) certification is to participate in a WMI Wilderness First Aid course. You may also participate in a WMI Wilderness First Responder Recertification course. Successful completion of this course will renew your WAFA certification but it will not upgrade you to a Wilderness First Responder.

If you hold a WAFA certification from WMI (must be current or in grace year), OpEPA (must be current or in grace year), WMA (must be current) or SOLO (must be current), you will receive a WMI of NOLS WAFA certification upon successful completion of your recertification course.

### **How do I recertify my Wilderness First Responder?**

The easiest way to recertify your WMI Wilderness First Responder (WFR) certification is to enroll in a WMI Wilderness First Responder Recertification course. This three-day course is built around scenarios and case studies to reinforce evacuation decision-making. It also provides you with the latest updates in wilderness medicine and includes CPR. While you may also take a WMI Wilderness First Aid course to recertify your WFR, it is a less challenging and less effective means of recertification. If you are in need of a more intensive refresher, you may also participate in a WMI Wilderness Advanced First Aid course.

If you hold a WFR certification from WMI (must be current or in grace year), OpEPA (must be current or in grace year), WMA (must be current) or SOLO (must be current), you will receive a WMI of NOLS WFR certification upon successful completion of your recertification course.

If you hold a current WFR certification from any other wilderness medicine training organization you will receive a letter of course completion after a Wilderness First Responder Recertification course, Wilderness First Aid course or Wilderness Advanced First Aid course. This letter of completion may allow you to recertify with your original certifying organization. You must contact that organization prior to your WMI course to ensure that our course will meet the requirements for recertification.

***You are required to submit a photocopy of your WFR certification card on the first day of the course.***

### **How do I recertify the wilderness portion of my Wilderness EMT?**

Recertification of the wilderness component of a Wilderness EMT is identical to recertification of a WFR (see How do I recertify my Wilderness First Responder?)

You are required to submit a photocopy of both your Wilderness EMT card and your state or national EMT card on the first day of the course.

If your wilderness certification is expired beyond the one year grace period then you may reenter by accomplishing ALL of the following:

- a) Hold a current State or National Registry EMT card
- b) Complete WMI's Wilderness Upgrade for Medical Professionals course.

Be advised that most WMI courses offer EMT Continuing Education Units (CEU's). Your recertification choices offer the following CEUs:

Wilderness Upgrade for Medical Professionals: 48 CEU hours

Wilderness Advanced First Aid: 32 CEU hours

Wilderness First Responder Recert: 18 CEU hours

Wilderness First Aid: none



## HEALTH FORM

### DISCLOSURE

Landmark programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

### GENERAL & MEDICAL INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do you have health/medical insurance?..... no yes

Name & Address of Company:

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity?.....no yes

Do you have any chronic or recurring injuries?.....no yes

Are you currently taking any medication?.....no yes

Do you have any allergies or reactions to any medications, plants, or insects?.....no yes

Have you had surgery in the past year for any condition which may limit your participation?.....no yes

Do you have asthma?.....no yes

Do you have diabetes?.....no yes

If yes to any of the above, please explain/describe:

\_\_\_\_\_  
\_\_\_\_\_

Are you pregnant?..... no yes

Do you have or do you have a history of:

- |                           |   |
|---------------------------|---|
| _____ high blood pressure | _____ currently on medication for high blood pressure |
| _____ heart palpitations  | _____ chest pain or pressure                          |
| _____ heart attack        | _____ heart disease                                   |
|                           | _____ stroke  |
|                           | _____ heart murmur                                    |

If yes to any of the above, please explain/describe:

---

---

Please list any other concerns or conditions that may affect your participation:

---

---

*We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participation in Landmark activities.*

### EMERGENCY CONTACT INFORMATION

Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

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

Phone Numbers: \_\_\_\_\_ Email: \_\_\_\_\_

LANDMARK LEARNING  
PO Box 1888 - CULLOWHEE, NC 28723  
828.293.5384  
main@landmarklearning.org  
www.landmarklearning.org

## 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 (PAGE 1):** \_\_\_\_\_ **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 \_\_\_\_\_

# PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Liquid Adventures Kayak School, 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 "LAKS"), I hereby agree to release, indemnify, and discharge LAKS, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that kayaking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** white water rapids will be encountered; your boat could turn over and/or you could have to swim rapids risking collision with rocks and entanglement in trees; head injuries can occur; you can slip or fall during a hike, resulting in damage to equipment or personal injury; exposure to the natural elements can be uncomfortable and/or harmful; you should be aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, and heat cramps; also prolonged exposure to cold water can result in hypothermia, exposure to potential dangerous wildlife, insects, plants; and accidental drowning is also a possibility.

Furthermore, LAKS employees 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 might misjudge the weather or other environmental conditions. They may give incomplete 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.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless LAKS 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 LAKS' equipment or facilities, **including any such claims which allege negligent acts or omissions of LAKS.**

4. Should LAKS 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 further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against LAKS, I agree to do so solely in the state of Maryland, 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 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 LAKS on the basis of any claim from which I have released them herein.**

**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 LAKS to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless LAKS 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 \_\_\_\_\_.

# 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.



# WFA GEAR LIST

Listed below are items that you will need to bring with you to your course. We try to be outside as much as possible regardless of the weather. Please come prepared so that you are comfortable.

- \*Positive attitude ready to share and take in information
- \*A Watch!!!
- \*One set of clothes (shirt and pants/shorts) to completely destroy with moulage and shears
- \*Rain gear tops and bottoms
- \*Layers of clothing (so you can take a layer off if you are hot/put one on if you are cold, + extra items for your "patient")
- \*Hat - one warm (not made of cotton) and one for the sun
- \*Mittens or gloves if it will be cold out
- \*Footwear for the environment (close-toed shoes for being out doors/inside sandals are o.k.)
- \*Light (flash light or headlamp)
- \*Ground cloth or small tarp (6X4 sheet of plastic is fine)
- \*Sleeping pad (ensolite, ridgerest, thermarest, Crazy Creek Chair)
- \*Bandanas or cordage of any kind
- \*You are welcome to bring your toys to improvise with (pfd's, skis/poles, paddles, harnesses, climb rope)
- \*Water bottles (1qt or 1 liter) for drinking water
- \*Food to snack on to keep your energy up (we'll have big days)
- \*Backpack or knapsack to put all this stuff in

*\*\*\*If you are a WFR planning to recertify with this course, you MUST bring copies of your current WFR and CPR certifications to the course for instructor review.*