



**Columbus Outdoor Pursuits**

# Wilderness First Aid Course

## April 7th & 8th, 2012

Columbus Outdoor Pursuits will offer a course in Wilderness First Aid (WFA) on April 7th & 8th, 2012 from 8:30-6:30 Saturday and 8-4 Sunday. When you are participating in outdoor activities that take you more than 1 hour away from medical care, wilderness first aid provides a significant difference in survival and effects of injuries.

Stonehearth Open Learning Opportunities (SOLO) of New Hampshire, the first wilderness medicine school founded in the United States, will provide instruction. The school has been featured in Backpacker Magazine and on the PBS television series Trailside. Originally called Backcountry Medicine, SOLO's WFA course was first offered in 1975. Since that time, thousands of trip leaders and outdoor enthusiasts have been certified at this level. Many organizations use this course to introduce first aid and long-term patient care to their staff or members. WFA is recognized by the American Camping Association, US Coast Guard, and various guides licensing boards as meeting their first aid requirement.

This course does not include CPR.

The Wilderness First Aid course provides an intensive 16 hours of training covering injury assessment, rescuer safety, bleeding, shock, orthopedic injuries, long term patient care, and treatment with materials at hand during practice sessions. Requirements for the class are that you be physically able to complete the class, 16 years or older and be registered. Parts of the class are taught outdoors, so be prepared to be outside no matter what the weather. Go to the SOLO website for the complete course description, [www.soloschools.com/wfa.html](http://www.soloschools.com/wfa.html)

**Location:** The course will be offered at Beech Maple Lodge, on the east side of Columbus at Blacklick Woods Metro Park, 6975 E Livingston Ave, Reynoldsburg, OH 43068.

**Course Fees:** \$175.00 for COP Members, \$200.00 for Non-members. Fees cover your tuition, the transportation, room and board of our instructors and COP overhead costs.

**Registration contact is:** Jennifer Thurmond at [wwaterjen@yahoo.com](mailto:wwaterjen@yahoo.com), 614/ 890-6269.

**Last date to cancel** is March 19, 2012. Only if a replacement from the waiting list can take your place will a refund be issued after March 19th.

**Confirmation letters** will be sent via e-mail. Regular mail will be sent for those without e-mail. If confirmation letter not received by March 26th, call Registration contact at 614/ 890-6269.

This course fills up fast. Send in those applications as soon as possible.



## Wilderness First Aid Registration Form

**Recertification for Wilderness First Responder** by prior arrangement, extra fee may apply.

Name \_\_\_\_\_

Gender:  M  F

Age \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_\_) \_\_\_\_\_

COP Member number \_\_\_\_\_

*Send this with your check payable to:*

Amount enclosed:  Member Fee \$175

*to the attention of:* Columbus Outdoor Pursuits,  
Jennifer Thurmond  
3127 Minerva Lake Road  
Columbus OH 43231

Non-Member fee \$200

Wilderness First Responder Recertification, extra fee may apply

*Please put WFA on check and on your envelope*

**Important:** only registration forms with SIGNED Liability Waiver (on back of this form) will be accepted. ALL registration forms (copied or printed from the Web), must have the SIGNED Liability Waiver on the SAME piece of paper-front or back- as this registration form.



# Wilderness First Aid

## April 7 & 8, 2012

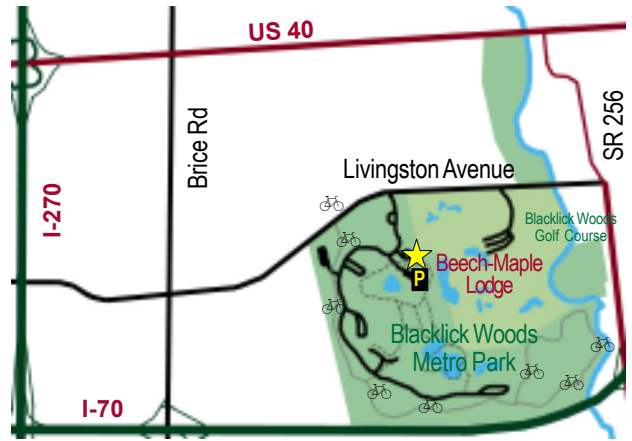
### Columbus Outdoor Pursuits

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Beech Maple Lodge at Blacklick Woods Metro Park, 7309 E. Livingston Ave., Reynoldsburg, OH 43068. <http://www.metroparks.net/ParksBlacklickWoods.aspx>



### Basic Liability Waiver, Indemnification Agreement, Permission to Provide Medical Treatment & Publicity Release

### READ BEFORE SIGNING

In signing this agreement for myself or for the named participant (if the participant is under age 18), I know that those participating will be exposed to risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I also understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary activity such as this including, without limitation, falls, collisions with other participants, motor vehicles, or stationary objects. I may be participating out of doors and exposed to adverse weather conditions, poor sanitation, air or waterborne microorganisms, exposure to frost bite, rising water, drowning, or falling objects. I am aware that anyone who is inadequately prepared, trained or in inadequate physical condition is more likely to be injured or killed. I further understand that there is a risk of becoming lost or separated from the rest of the group and I may incur personal liability for the costs of rescue of me or members of my family. I also understand that I may be injured while on land or while traveling via motor vehicle or on foot due to my own carelessness or because of the negligence of others. Despite these risks and in exchange for being permitted to participate in this event, I voluntarily agree to assume all of these and other risks inherent in the event.

I acknowledge that I (or the participant for whom I sign if under age 18) am physically capable and sufficiently trained for the completion of this event. I also attest that the equipment used by me (or the participant for whom I sign if under age 18) has been inspected by me and is in good condition and that I am familiar with its proper use. I am also aware that any medical support provided for this event, if any, is likely to be limited to that provided by volunteer personnel with limited first aid training who may be called upon to provide assistance to me during the event. I consent and authorize any such volunteer to assist me (or the participant for whom I sign if under age 18) or to perform such assistance as, in the opinion of such person, may be necessary or appropriate. I understand further that any such medical or other services provided to me (or the participant for whom I sign if under age 18) is not an admission of liability to provide or to continue to provide any such services and is not a waiver by any of said parties' rights under this agreement.

I understand that Columbus Outdoor Pursuits assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official of Columbus Outdoor Pursuits relative to my ability to

safely participate in this event. I promise, as well, for myself or the named participant (if the participant is under 18) to wear any safety equipment as required by an official of Columbus Outdoor Pursuits such as, but not limited to, helmets, guards, or personal flotation devices. The bicycle helmet will meet the standards of CPSC, ASTM or SNELL and be worn at all times while riding the bicycle. I agree to waive my rights to any benefits associated with this event if I fail to wear appropriate safety equipment.

Having read this waiver and knowing these facts and in consideration of Columbus Outdoor Pursuits' acceptance of my application for participation in this event, I, for myself and anyone entitled to act on my behalf, do hereby agree to release, hold harmless, and discharge Columbus Outdoor Pursuits, all sponsors, representatives and volunteers, any involved municipalities or other organization and the boards, trustees, officers, employees, or volunteers of any of them, from any and all claims or liabilities of any kind arising out of my participation and/or my own acts of negligence in this event whether or not liability may arise out of negligence, recklessness or carelessness on the part of the persons or entities named in this waiver.

I also grant permission to Columbus Outdoor Pursuits and its sponsors to use any photographs, motion pictures, recordings or any record of this event for legitimate purposes.

I further agree to indemnify the persons and entities listed in this agreement for any liability they incur to me, a member of my family, or the participant in connection with this event.

I further agree that if, in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with this event, I shall bring them in the Common Pleas Court of Franklin County, Ohio, or in the United States District Court for the Southern District of Ohio, located in Columbus, Ohio, and I consent to personal jurisdiction in those courts. I further agree that, if in breach of this agreement, I institute any such proceedings, I am responsible for all costs and attorneys fees of any person or entity against whom I institute such proceedings.

\_\_\_\_\_  
*Signature (Participant and parent/guardian if participant is younger than 18)*

\_\_\_\_\_  
*Date*