Wilderness First Responder 8-day course  
Dates: March 6th - March 13th, 2019  
Tuition is $895 prior to December 1, 2018 - $995 afterwards

Wilderness First Responder 3-day Re-certification course  
Dates: March 2nd - March 4th, 2019  
Tuition: $440 prior to December 1, 2018 - $515 afterwards

Both courses include meals (3 meals a day plus 2 snacks) and lodging at the Baltimore Chesapeake Bay Outward Bound School, 1900 Eagle Drive, Baltimore, MD 21207

This course will be facilitated by Wilderness Medical Associates and meets or exceeds all requirements in the National First Responder curriculum. Requirements for certification vary from state to state, so students who successfully complete our course may be eligible for certification in their home state.

PRE-COURSE STUDENT RESPONSIBILITIES
Payment:
- Refunds will be issued for any reason, in full, up to January 1, 2019  
- After Jan. 1, no refund will be issued for any reason

Paperwork to complete and return:
- Release and Indemnity Agreement (can be found via the link above and attached to the welcome email)  
- Liability Form (attached to the email)

Course Materials Access:
- For WFR 8-Day course log-in go to the link here. Use course ID number: 29013, which is also your password.  
- For WFR Open-Recert course log-in go to the link here. Use course ID number: 29014, which is also your password.  

Forms should be sent to:  
Baltimore Chesapeake Bay Outward Bound Center  
c/o Nick Janes  
1900 Eagle Dr.  
Leakin Park  
Baltimore, MD 21207  
 njanes@outwardboundbaltimore.org
COURSE FORMAT AND ARRIVAL TIME
The format of the course is fairly straight forward. All course participants should plan to arrive no later than 8:00 a.m. and 100% attendance is required. This will be a very intensive program. Plan on long days, possibly into the evening. You may arrive the evening before, if necessary, and lodging will be available. Be sure to let us know via email as soon as possible.

ACCOMMODATIONS
The cost of the course includes room and 3 meals a day. If you have special dietary restrictions (i.e.- significant allergic reactions, gluten-free, etc...) please alert us as soon as possible and reasonable accommodations will be made when possible.

The Baltimore Chesapeake Bay Outward Bound Center will be the location for most of the course. Housing will be indoors in our large staff house. Bathroom and shower facilities are available as well as a full kitchen. Parking is plentiful at our location. Internet can be accessed as well.

WHAT TO BRING (CLOTHING/EQUIPMENT)
A comprehensive list of what to bring can be found in the Student Handbook. Much of the class will be conducted outdoors. Be prepared for any type of weather. Clothing should be comfortable, rugged, and suitable for variable weather (i.e. rain gear, pile jackets, wool pants, shorts, etc.) If you have your own sleeping bag, ensolite pad and foul weather gear, please bring them. You will need standard school supplies - notebooks, paper, pen, pencil, etc.

Be sure to bring a twin fitted sheet, sleeping bag (or blankets), and a pillow.

EMERGENCY PHONE AND MAIL
If someone must contact you during the course, they can call the Baltimore office at 410-448-1721. Your address during the course will be:

Baltimore Chesapeake Bay Outward Bound

c/o Wilderness First Responder student: Jane Doe
1900 Eagle Drive
Baltimore, MD 21207

SMOKING, ALCOHOL AND DRUGS
We require all WMA/BCBOBS students to abstain from the use of these items during the course, and we ask you to use discretion during your off-time. Use or possession of illegal drugs may result in dismissal from the program.

Thanks for your interest in these courses -- See you soon!!
PARTICIPANT ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS and LIABILITY RELEASE AND INDEMNITY AGREEMENT

In consideration of the services of Baltimore Chesapeake Bay Outward Bound School, Inc., and its chartering organization, Outward Bound, Inc., and its affiliated Outward Bound Services Group, and Charter Schools, (collectively referred to as “OB”), participant (and parent or legal guardian of a minor participant) acknowledges and agrees as follows:

Acknowledgment and Assumption of Risks

I understand that participant (and parents) share(s) the responsibility for participant’s safety, for managing the risks, and for determining the participant’s suitability for the program in which he/she will participate. I have accurately completed any required OB application and medical forms and have reviewed all OB program information provided to me. I agree to obey all OB rules, regulations, and policies (and have my child obey them). I have (or my child has) no mental or physical problems or limitations that might affect my (or my child’s) ability to participate that have not been disclosed to OB in writing. I have had the opportunity to ask questions about the program activities and the risks of the program in which I (or my child) will participate.

I understand and acknowledge that the program(s) in which I (or my child) will participate has risks and may be physically strenuous. It is impossible to anticipate every activity in which I (or my child) will engage. Outward Bound offers numerous courses with a wide variety of activities. The list below includes many of those activities. The activities in my (or my child’s) course will depend on the program in which I am (or my child is) enrolled but may include: hiking, backpacking, skiing, snowboarding, dog sledding, and/or snowshoeing (on and off trail); camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses (traversing ropes suspended off the ground, potentially at great heights, swinging or traveling by a cable and pulleys and other such activities); rock, wall or tower climbing; physical problem-solving activities; water activities including flat water or white water boating, rafting, canoeing, or kayaking; ocean sailing or sea kayaking; surfing, snorkeling, or swimming; river crossings; bicycling (including mountain biking); mountaineering (snow, glacier or ice travel or travel at high altitude); horseback riding; jogging or stair climbing; vehicle travel and travel by public, chartered or other conveyance; rescue scenarios (real or simulated); community and other service projects that may involve using tools, power equipment, ladders, or construction materials. I understand that I (or my child) may engage in other activities not listed above. The program plan may be modified for any number of reasons, including convenience, weather, emergencies, or unexpected conditions. Activities may take place in the United States or in foreign countries and may be supervised or unsupervised. In particular, participants may have time alone in remote areas. Participants may also be in urban or other areas with exposure to individuals who are not under OB’s supervision or control.

It is impossible to know or list every risk associated with every activity. Risks will depend on the program. Some, but not all, of the risks I (or my child) may encounter include: unpredictable or harsh weather; earthquakes; lightning; exposure to extreme temperatures (high heat or extreme cold); exposure to high altitude, avalanches and rock fall; rapidly moving water including whitewater and rough seas; drowning; wild animals and marine life; disease carrying or poisonous plants, insects, animals, and marine life; improper or malfunctioning equipment; slipping, falling or being struck by objects or persons; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; being separated from other participants and leaders for considerable periods; physical contact with other participants or other individuals; and other natural or man-made hazards. Another risk is the potential misjudgment by OB instructors, volunteers, other staff members, co-participants or contractors related to my (or my child’s) participation, including but not limited to decisions regarding my (or my child’s) physical condition and capabilities, weather, water, terrain, route or medical treatment. All of these risks are inherent to the activities in my OB program, which means that they cannot be changed or eliminated without altering the essential elements of the activity.

I acknowledge that participating in an OB program involves inherent risks and other risks, hazards, and dangers including some not listed above that can cause or lead to death, injury, illness, property damage, mental or emotional trauma, or disability. Furthermore, activities may take place several hours or days from any medical facility or where communication, transportation, or evacuation is subject to delay. I understand that OB cannot ensure my (or my child’s) safety and does not seek to eliminate all of these risks, in part, because they facilitate the educational and other objectives of the program. I agree to assume all of the risks of the activities of my (or my child’s) OB program, whether inherent or not and whether described above or not.

Liability Release and Indemnity Agreement

I hereby forever release, waive, and discharge OB, and each of its respective agents, employees, officers, directors, trustees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively referred to as “the Released Parties”) from, and agree not to pursue a claim or sue the Released Parties for any liability, claim, or expense in any way associated with my (or my child’s)
enrollment or participation in the OB program or the use of any equipment or facilities. Neither I nor anyone acting on my (or my child’s) behalf will make a claim against the Released Parties as a result of any injury, illness, damage, death, or loss. This release includes any losses caused or alleged to be caused, in whole or in part, by the negligence, whether active or passive, of the Released Parties to the fullest extent allowed by law (but not for gross negligence) and includes claims for injury, property damage, wrongful death, breach of contract, or any other type of suit.

I further agree to defend and indemnify the Released Parties (to pay or reimburse the Released Parties for money they are required to pay, including attorney’s fees and costs) with respect to any and all claims brought by or on behalf of me, my child, a family member, personal representative, estate, a co-participant, or any other person for any claims related to my (or my child’s) enrollment or participation in the program or my (or my child’s) use of equipment or facilities, including claims that OB instructors, staff, or volunteers were negligent. This includes claims for damage or injury that is finally determined to have been caused by my (or my child’s) negligent conduct or intentional misconduct. This indemnity includes payment for attorney’s fees and costs incurred by the Released Parties in defending a claim or suit if the claim or suit is withdrawn or where a court determines that the Released Parties are not liable for the injury or loss.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies where and to the extent that such a prohibition is in writing for that particular location, program, or permit at the time of the incident and found by a court of proper jurisdiction to be enforceable as a matter of law, the assumption of risk in the above paragraph is limited to assuming the inherent risks; the release of liability is inapplicable; and the indemnity agreement is limited to claims brought by or on behalf of a co-participant or person other than the student or a family member of the student. The assumption of all risks, the entire indemnity provision, and the release of liability shall remain in full force and effect for all activities or any portion of activities which do not transpire on lands controlled by these federal provisions. The indemnity provision for payment of attorney’s fees when a suit is withdrawn or where a court determines that the Released Parties are not liable applies to all activities regardless of where they take place.

Additional Provisions

I agree that the substantive law of Maryland (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in Maryland.

The assumption of risk, release, indemnity agreement, and all other provisions in this document are intended to be interpreted and enforced to the fullest extent allowed by law. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions, which shall continue in full force and effect. OB has permission to use my (or my child’s) photo, image or video in promoting OB, including website and internet postings. OB reserves the right to remove any participant from the program when staff or an instructor believes, in his/her sole discretion, the participant presents a safety concern or medical risk, is disruptive, or acts in any manner detrimental to the program. If I am dismissed or depart (or my child is dismissed or departs) for any reason, I will be responsible for all costs of early departure whether for medical reasons, dismissal, personal emergencies, or otherwise.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY SIGN THIS DOCUMENT. I UNDERSTAND THAT I AM SURRENDERING CERTAIN LEGAL RIGHTS. I AGREE THAT THIS FORM SHALL BE BINDING ON ME, MY MINOR CHILDREN AND OTHER FAMILY MEMBERS, AND MY HEIRS, EXECUTORS, REPRESENTATIVES, AND ESTATE. I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON MY CHILD’S BEHALF. I AGREE, ON MY OWN, AND ON MY CHILD’S BEHALF, TO THE TERMS AND CONDITIONS IN THIS DOCUMENT.

If participant is under the age of 18 (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and is under the age of 21) at the time this document is signed, a parent or legal guardian must sign the release in addition to the participant signing.

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<tr>
<th>Participant signature</th>
<th>Date</th>
<th>Print name here</th>
<th>Date of Birth and Age</th>
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<tbody>
<tr>
<td>Parent or Legal Guardian signature</td>
<td>Date</td>
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WILDERNESS MEDICAL ASSOCIATES (WMA)

(Sponsor)

COURSE PARTICIPANT RELEASE AND INDEMNITY AGREEMENT

I understand that participation in one of WMA’s courses and programs in wilderness medicine (the "activities") involves inherent risks and dangers, including hazards associated with training in an outdoor environment that may include heat, cold or altitude or uneven terrain, and participating in training exercises in outdoor areas that are remote (although accessible) and, as in all outdoor activities, are inherently dangerous. I understand that such activities are often physically and emotionally demanding. I further understand that I will be participating in emergency medical training scenarios with other students under circumstances where accidents, mistakes or other circumstances may result in injury to me. To enable WMA to provide its courses and programs and to allow Sponsor to sponsor the same and as partial consideration for my participation in such courses and programs:

1. I voluntarily choose to participate in the activities and accept and assume the risk of bodily injury, death or property damage occurring while participating in them notwithstanding such risks and dangers.

2. I, for myself and my heirs, successors, assigns and personal representatives, hereby absolve, release and discharge WMA and Sponsor, their respective agents, employees, officers, directors, volunteers and successors and assigns (hereinafter referred to individually or collectively as "Releasees") from any blame or liability or causes of action whatever, whether based on tort, contact, express or implied, or any other theory, arising from, or on account of, property damage, economic loss, personal injury or death, related to or arising from my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons.

3. I further hereby covenant not to sue and agree to indemnify and hold harmless Releasees from any liability or causes of action whatsoever arising from property damage, economic loss, personal injury or death, related to my participation in the activities, including, without limitation, any liability or causes of action based on, asserting, or caused by, the negligence of Releasees or of other persons and including, without limitation, liability for loss of consortium which may be asserted by my spouse or others, and agree to pay the legal fees and expenses of Releasees associated with the defense of any claims brought in violation of this Agreement.

Provided, however, that nothing herein shall operate to preclude me from making a claim for workers compensation if I would be entitled to make such a claim in the absence of this Agreement.

4. This Agreement shall be governed by the laws of the State of Maine. By signing this Agreement I further agree that the State of Maine will be the exclusive jurisdiction in which I may bring any suit related to or arising out of the activities. This Agreement shall be binding on me and on my heirs, successors, assigns and personal representatives. If any provision herein is invalid or unenforceable, in whole or in part, that shall not affect the validity or enforceability of any other provision.

CAREFULLY READ BEFORE SIGNING!

Participant Signature: ___________________________

Printed Name: ___________________________ Date: ________________

If participant is under 18, must also be signed by parent or legal guardian.

Parent or Legal Guardian Signature: __________________________

Printed Name: ___________________________ Date: ________________