



Memorandum

Adventuresports Institute
687 Mosser Road
McHenry, MD 21541
Phone 301.387.3330
Fax 301.387.3335
sharon.elsey@garrettcollege.edu

TO: WFR & CPR Recertifications

FROM: Sharon Elsey, Administrative Associate, ASI

DATE: October 27, 2017

RE: Details regarding course

Hey folks,

The WFR & CPR Recertification courses being held Saturday and Sunday, January 6-7, in the Special Events Center, Room 806 (the old gym, where the climbing wall is), from 9 AM – 5 PM each day. CPR Recertification will be held Saturday evening from 5:30-8:30 PM or immediately following the course on Saturday, if you are enrolled in it.

Please find your Gear List on the next page.

Please be prepared to be outside during some of your instructional time.

I will be in and out of the office over the holidays, and would like to have all registrations prior to December 16st to wrap up intersession classes. The college is closed from December 22nd until January 2nd. If you can't register by this time, we'll work with you, as long as we know you plan to attend, so that the proper supplies are ordered and arrive in time for the course. It is also a courtesy to SOLO. Please feel free to contact me, if you need assistance.

Thanks.

Gear List

You should plan to wear or have with you clothing that will be appropriate to the season and location where you will be taking your course. Weather permitting, we will be spending a significant portion of the class time out-of-doors. The following list is to SUPPLEMENT the clothing you will be wearing and is to be considered a minimum. You are free to supplement it with anything else you would normally carry. You will be using your equipment to provide care, build splints, and to keep yourself and OTHERS warm. *Please note, we use moulage throughout the training that can stain some clothing, therefore, you may want to bring older or darker clothing to wear for scenarios.*

Required

The following items should be packed for each class

- Pack to put everything in (2500 cu in or large) or duffle bag
- Raingear tops and Bottoms (no ponchos, water proof versus water resistant)
- 2 Warm Hats (synthetic* or wool)
- 1 Pair Warm Gloves or Mittens (synthetic* or wool)
- Long Underwear Tops and Bottoms/Base layers (synthetic* or wool)
- Warm Top and Bottom Layer (synthetic* or wool)
- 2 Pair Warm socks (synthetic* or wool)
- 2 Water Bottles (1 liter/quart or larger)
- Hiking boots or Sturdy Hiking Shoes (no Five Fingerstm shoes please)
- Notebook with Pen/Pencil

***Polyester or Polypropylene (Capilenetm, Bergelenetm, Dri-Climetm, etc.) We do not recommend cotton which loses its ability to hold heat if wet.**

Highly Recommended

- Watch with Second Hand (or digital with seconds)
- Headlamp or Flashlight (don't forget extra batteries and bulbs)
- Pocket Knife
- Insect Repellent (in season)
- Sunglasses and Sunscreen
- 40 feet Small Diameter Cord (parachute cord is fine)
- Sleeping Pad (Ensolite, Thermaresttm, Ridgeresttm, etc.)
- 10' X 10' 4-6 mil Plastic Tarp (for shelter building)
- Bandanas/Cravats of any kind

Please note that some items are available in the ASI Rental Equipment Center. To reserve or purchase these items, please contact Scott Richardson at 301.387.3323.



Adventuresports Institute® of Garrett College



Registration Form

Please return your form no later than 12/16/17		Course Title	Location	Dates/Times
Adventuresports Institute Garrett College 301-387-3335 Fax 687 Mosser Road 301-387-3330 Office Phone McHenry, MD 21541 avs@garrettcollege.edu		WFR Recertification CPR Recertification	Special Events Center, Room 806	January 6-7, 2018 9 AM–5 PM 5:30-8:30
These courses are taught by SOLO instructors. Please make checks payable to “Garrett College”		FEES: Please check the course you are registering for. <input type="checkbox"/> WFR Re-cert <input type="checkbox"/> MD Sr. \$275 <input type="checkbox"/> In County \$275 <input type="checkbox"/> Out of County \$280 <input type="checkbox"/> Out of State \$285 <input type="checkbox"/> CPR Re-cert <input type="checkbox"/> MD Sr. \$40 <input type="checkbox"/> In County \$40 <input type="checkbox"/> Out of County \$45 <input type="checkbox"/> Out of State \$50 Price includes instruction, group gear to use, & certification.		
(One registration per person)		<input type="checkbox"/> MC/VISA #		<input type="checkbox"/> Check #
Name: _____ First MI Last		Cardholder Name: _____ Expiration Date: _____		Amount Paid: _____ 3 Digit Code: _____
Address: _____		<i>I authorize Garrett College to charge my credit card.</i> Signature of Cardholder: _____		Date: _____
Home Phone: _____		Date of Birth: ____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Alternate Phone: _____		E-mail: _____		
I hereby certify that the information given above on this registration form is correct.				
Signature: _____		Date: _____		
Please remember to fill out and return your medical and waiver forms, along with this form and payment. Thanks.				

For more information regarding other courses offered by the Adventuresports Institute of Garrett College, please contact our offices at the above address, phone or e-mail. We offer a wide range of courses during the week or weekends through credit and non-credit offerings. Visit our websites at www.adventuresportsi.org & www.garrettcollege.edu. Thank you.



ADVENTURESports INSTITUTE®
at GARRETT COLLEGE
WAIVER AND RELEASE OF LIABILITY
IMPORTANT – READ CAREFULLY



THIS document affects your legal rights. It must be signed by you, the “Participant”, whether you are an adult or minor, if you are renting or otherwise using equipment or participating in activities offered by Garrett College and its Adventuresports Institute® as the “Provider”. It must be signed by your parent or guardian if you are a minor participant under eighteen (18) years of age. Only a custodial parent or legally appointed guardian may sign for a minor participant. The custodial parent or legal guardian agrees to these terms individually and on behalf of the minor.

Reference in this Agreement to “I” or “we” include all who sign below unless otherwise clearly indicated. References to “parent” or “guardian” means custodial parent or legally appointed guardian.

The undersigned Participant represents that he/she has no physical, cognitive or emotional condition that would be a risk as that term is defined in this document.

Individuals with known physical, emotional or cognitive disability or impairment and individuals who have been diagnosed and/or treated for any such impairment must file with the Provider a written statement from a diagnosing or treating physician that such disability or impairment does not preclude the individual from use of equipment or participation in the activity or activities for which the individual seeks enrollment. Without limiting the generality thereof, a physical, cognitive or emotional disability or impairment which will preclude the individual from enrollment in an offered program or the use of equipment is one that would be a risk to the individual, students, instructors, or other participants in a proposed activity. Notwithstanding the foregoing, the Provider, its designated agents or employees, reserves the right to exclude any participant deemed unable to participate in the proposed activity for physical, cognitive or emotional reasons.

In consideration of being allowed to participate in any way in the programs, activities and related events (including the use of equipment), I, _____, the undersigned Participant, custodial parent or legal guardian of a minor Participant, understand, acknowledge, appreciate and agree as follows:

Outdoor recreational activities of the type conducted by the Provider have inherent risks, dangers and hazards with respect to both the activity and the equipment used in such activity. The risk of injury from the activities involved in this program is significant, including the potential for permanent injury, paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.

My participating in such activities and/or use of equipment may cause bodily injury resulting in death or permanent physical disability or impairment, illness, temporary or permanent.

The risks and dangers associated with participation in Provider’s Adventure Sports Programs include but are not limited to interaction with wildlife, exposure to water-borne pathogens, the forces of nature, equipment failure, errors in judgment by instructors, guides, members of the Provider’s staff and other participants, including the improper assessment of the capabilities and conditions pertaining to the activities; equipment may be misused or may fail because of manufacturing defects or otherwise; the unpredictable force of nature, including exposure to the sun, cold, wind, hail, lightning, flash floods and other such phenomena. Activities may take place in remote places, significantly delaying emergency medical care and evaluation.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Provider immediately.

Participant, and the parent or guardian of a minor Participant acknowledge and understand the description of activities and risks set forth herein is not complete and that all activities, whether or not described, may be dangerous and may include risks which are inherent and cannot be reasonably avoided without changing the nature of the activity. Participation in the activities can

cause bites, stings allergic reactions, overexertion, heat stroke, hypothermia, illness due to contaminated water, burns, cuts, bruises, sprains, broken bones and other injuries and illnesses.

I understand and acknowledge that there are risks inherent in transportation to and from the activity site(s). These risks may include but are not limited to: driver error, vehicle system/component failure, accidents resulting from inclement weather conditions such as rain, snow, ice and fog and actions caused by third parties. I hereby assume all responsibility for losses, damages, injuries and death as a result of transportation to and from the activity site(s).

I, (the Participant or the parent or guardian of a minor Participant) understand the nature of the services and activities offered by the Provider and their risks. I acknowledge and expressly assume all risks of the activities whether or not described herein, known or unknown, inherent or otherwise. I take full responsibility for any injury or loss, including death, which I, or a minor child for whom I sign, may suffer, arising in whole or in part out of such activities. I hereby release, agree to indemnify and hold harmless Adventuresports Institute® at Garrett College, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises, public or private, used for the activity, all collectively referred to as the "Releasees'", with respect to any and all injury, disability, death or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I understand and acknowledge that by execution of this Waiver and Release that I am releasing, discharging and waiving any claims or actions that I otherwise may have against the Provider, its owners, agents, officers and employees for loss and damage of every kind and nature arising from my participation, or the participation of a minor child for whom I sign, for the acts or omissions of the Provider, including acts of negligence; excluding, however, willful, deliberate or wanton acts or omissions or conduct amounting to gross negligence.

The venue of any dispute between the parties arising out of or in any way related to this Agreement shall be Garrett County, Maryland.

I hereby grant to Garrett College, without limitation, the unrestricted right and authority to copyright, publish or use in public displays, all photos in any medium in which I appear while a participant in an event, course, or activity through Garrett College.

Participant understands and acknowledges that this Waiver and Release of Liability is intended to encompass all programs and activities of Adventuresports Institute® at Garrett College in which Participant enrolls after the date hereof.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____	_____	_____
PARTICIPANT'S SIGNATURE	AGE	DATE
_____	_____	
PARTICIPANT'S PRINTED NAME	STREET ADDRESS	
_____	_____	_____
CITY	STATE	ZIP CODE

FOR PARENTS/GUARDIANS OF MINOR PARTICIPANTS
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all Releasees and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

_____	_____	_____
PARENT/GUARDIAN SIGNATURE	(Print Name)	Date Signed



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Adventuresports Institute®

Medical Information

Answers to the following must be complete.

Please print or type all information.

Course/Activity Title: _____ Date(s) of course/event: _____

Your Full Name: _____ E-Mail: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Sex: Male Female Age: ____ Birth Date: ____/____/____ Occupation: _____

Home Phone: _____ Cell Phone: _____

The Adventuresports Institute® strongly recommends that you see your doctor, discuss the rigors of the trip with him/her, and receive a thorough physical.

Insurance: You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.

Are you covered by hospitalization and medical care insurance? No Yes If yes, please complete below.

Policy or Certificate Number _____ Group Number _____

Insurance Company Name _____

Address: _____

(If you are over 40, or are overweight, or have had an inactive lifestyle, please have your blood pressure taken and recorded).

Blood Pressure: ____/____ Pulse rate: _____ Date Taken: _____

CHP=Chronic health problems: (If you have any health problems which we should be aware of, please describe).

Neck, back, or shoulder pain or injury _____

Diabetes, seizures, or frequent or unexplained fainting or dizziness _____

CI=Chronic illness _____

M=Medications and prescriptions you are taking _____

A=Allergies _____

DR=Vegetarian or other Dietary Restrictions _____

PI=Previous injuries, illnesses, or other medical or emotional considerations or problems which might affect your participation on the trip _____

In case of emergency, please notify (Please Print)

Name _____ Relationship: parent legal guardian spouse daughter son

Address _____

Home Phone _____ Cell _____ Work _____

PLEASE READ

Consent is hereby given to attend an Adventuresports Institute® event and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my/my child's participation in an Adventuresports Institute® event. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless the Adventuresports Institute®, Garrett College, and its assigns if all relevant information is not disclosed. I also agree to notify Adventuresports Institute® (301-387-3330) should there be a change in my health prior to the event. In addition, I give consent to use any photograph or video from activities that I am a part of in the program or auxiliary programs at Garrett College.

Participant/Employee Signature: _____ Date _____

Signature of parent or guardian if applicant is under age 18: _____