

# SEA & SUMMIT EXPEDITIONS

## WFR Enrollment Form



### INSTRUCTIONS:

- \* Fill out and sign the following 4 pages accurately. You MUST sign in 3 places!
- \* If applicant is a minor, have parent/guardian complete forms.
- \* Forms should be returned as soon as possible with \$50 application fee to register for WFR Course.
- \* Return to: YWAM Sea & Summit      \* Any questions: (760) 872-6548  
PO Box 1818      dfairley@SeaAndSummit.com  
Bishop, CA 93515

### GENERAL INFORMATION:

Sea & Summit Course to which you are applying: Wilderness First Responder (WFR)

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell \_\_\_\_\_

Sex \_\_\_ Age \_\_\_ Birthdate \_\_\_\_\_ Height \_\_\_ Weight \_\_\_ Email \_\_\_\_\_

T-Shirt (Standard Adult) Size: S M L XL XXL

Prior medical training & certifications: \_\_\_\_\_

Primary reason for attending WFR: \_\_\_\_\_

If minor, name of parent/legal guardian \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Address \_\_\_\_\_

### PHOTO RELEASE:

I hereby authorize and give full consent to YWAM & Sea & Summit Expeditions to copyright or publish all photographs, films, drawings and written material in which I (print) \_\_\_\_\_ appear in and/or have written, while enrolled as a student in any and all of their programs. I further agree that Sea & Summit may transfer, use or cause to be used, these photographs, films, drawings and written material for any and all exhibitions, public displays, publications, commercials, art and advertising purposes, without limitation or reservation or any compensation, other than that receipt of which is hereby acknowledged. Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Acknowledgement of Risk



The undersigned makes the following representations:

1. I have no physical disabilities or conditions that cannot be accommodated through a reasonable effort which would prevent my participation on this expedition.
2. I am not taking any medication which affects my alertness, balance, endurance or strength.

I (we) recognize the element of risk in any adventure, sport or activity associated with the outdoors.

I (we) are fully aware of the risks and dangers inherent in activities such as, but not inclusive of:

1. Hiking on and off trails ranging from gentle to steep and difficult.
2. Lifting & carrying heavy loads long distances.
3. Being in wilderness areas with no medical/emergency facilities.
4. Being at high altitudes with less than normal oxygen content.
5. Possibly encountering wild animals, reptiles and insects.
6. Encountering swift streams/rivers which may need to be crossed.
7. Experiencing "life like" emergency medical scenarios.

Some of the risks inherent in the above activities are (in order):

1. Sunburn, exhaustion, heat and cold problems, falling, etc.
2. Blisters, soreness, falling, twisted ankle, etc.
3. Long or difficult extraction and delayed medical attention.
4. Reduced oxygen problems such as headache, nausea and edema.
5. Bites, stings and allergic reactions.
6. Hypothermia and drowning.
7. Falling, objects falling onto you, cold/wet weather conditions.

I (we) certify that I (we) have the necessary skills and abilities to participate in the said activities and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activities except to the extent such damage or injury may be due to the negligence of SEA & SUMMIT EXPEDITIONS and YWAM BISHOP.

I (we) also agree to abide by the rules or instructions given to me (us) either verbally or in writing by SEA & SUMMIT EXPEDITIONS. I (we) further understand that SEA & SUMMIT EXPEDITIONS reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

# SEA & SUMMIT EXPEDITIONS



## MEDICAL HISTORY:

If the applicant has had any of the following conditions or is currently experiencing any of them, please circle the number and give details at the end of this section.

1. Any problem with vision or hearing - require glasses or hearing aid
2. Problems with teeth - use of denture or bridge
3. Dizzy spells, fainting, convulsions, persistent headaches
4. Motion sickness
5. Frequent infection of throat, tonsils, sinuses, ear
6. Chronic cough, bronchitis, bloody sputum
7. Shortness of breath, asthma or exertion
8. Chest pains, exertion or deep breathing
9. Low or high blood pressure
10. Palpitation of the heart, irregular heart beat, heart murmurs, poor circulation
11. Frequent nausea or vomiting, food intolerance's, heartburn
12. Jaundice or hepatitis
13. Frequent diarrhea or blood in the stools
14. Frequent abdominal cramps, or severe menstrual cramps
15. Hernia
16. Difficulty urinating, burning or pain on urination, frequency in urinating, bed wetting
17. Kidney infection or stones
18. Chronic pain in neck, back, shoulders, arms or legs
19. Broken bones, joint dislocations, serious sprains, weakness of muscles
20. Joint pains, swelling or stiffness without injury
21. Any severe injury to head, chest, internal organs
22. Severe illness requiring hospitalization or prolonged incapacitation
23. Chronic skin problems (rash-infection)
24. Reaction to extremes of temperature, frostbite, impaired circulation
25. Claustrophobia, agoraphobia, acrophobia (strong fear of confined places, open areas, or heights)
26. Continuing use of alcohol, drugs or medicines
27. Episodes of depression, anxiety, hysteria, nervousness
28. History of diabetes, thyroid trouble, bleeding problems
29. Currently on any medication. \*If so, what?
30. Special dietary restrictions. Is the applicant a vegetarian or allergic to certain foods?

### IMPORTANT

We urge you to be completely thorough in providing the information requested. Many participants who have had a variety of medical/psychological difficulties have attended and successfully completed our courses, but we must be *aware* of these conditions for the applicant's benefit. Failure to disclose such information could result in serious harm to the applicant and his/her fellow students.

If you circled any of the numbers above, please list details below according to item number. Be specific (e.g. include dates, names of medication, history of condition, etc.) Use additional paper if necessary.

Number \_\_\_\_\_

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

\*If the student is receiving medication, please have him or her bring adequate amounts of the medication to the course in waterproof, non-breakable containers, along with dosage instructions.

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## MEDICAL HISTORY CONTINUED:

Is the applicant allergic to any of the following?

- Medication (e.g. penicillin, aspirin, sulfa, etc.?) \_\_\_\_\_
- Foods (e.g. shellfish, etc.)? \_\_\_\_\_
- Insect bites (e.g. bee stings, etc.)? \_\_\_\_\_
- Other: (e.g. materials, etc.)? \_\_\_\_\_

If so, what is the nature of the reaction? \_\_\_\_\_

Has the applicant had a Tetanus Toxoid Series? \_\_\_\_\_

Date of last Booster (within 5 years) \_\_\_\_\_

What is the applicant's *current* level of physical activity? \_\_\_\_\_

## MEDICAL RELEASE & INSURANCE COVERAGE:

Health and Accident Insurance Company \_\_\_\_\_

Policy or Certificate Number \_\_\_\_\_

I hereby grant permission for the performance of any emergency medical treatment that may be required in the case of an accident or illness wherein I am rendered unconscious or unable to approve of the required medical treatment. Or, as a parent/guardian, I give permission for said treatment to be given to my minor child.

Participant Name \_\_\_\_\_ (Print)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Minor Parent/Guardian's Name \_\_\_\_\_ (Print) Relationship \_\_\_\_\_

Minor Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_