



# A D V E N T U R E R I S K M A N A G E M E N T

## Course Registration Form

### Course Information

Course Name (WFR, WAFA, etc)	Course Dates
How did you hear about Adventure Risk Management?	

### Personal Information

First Name	Last Name	Middle Initial
Permanent Address	City, State	Zip
Day Phone	Evening Phone	E-mail (REQUIRED for confirmation)
Professional Affiliation/Outdoor Interest:		

Please provide the following information if you prefer to have course materials sent elsewhere:

Temporary Address	City, State	Zip
Effective Until:	Temporary Phone:	

### For Recertification, Bridge or WEMT course students only:

Current Certification Level:	Certification Expiration Date:	Name of certifying agency:
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### Payment Information

Tuition Amount	Amount Enclosed	Payment Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa/Mastercard <input type="checkbox"/> Other:	
Credit Card #	Name on Card (exactly)		Expiration Date
Billing Address	City	State	Zip
I authorize Adventure Risk Management to charge my credit card for the above tuition: Sign Here _____		I agree to the terms of the Registration, Cancellation and Transfer Policy, and have verified my eligibility for this course (if applicable): Sign Here _____	

### Registration, Cancellation and Transfer Policy

The Adventure Risk Management Registration, Cancellation and Transfer Policy is based upon our goal to deliver quality, well-planned courses for our clients. Late cancellations and transfers place courses at risk of cancellation, creating hardship and frustration for other registered clients. Further, once a client is confirmed on a course, Adventure Risk Management incurs multiple expenses that cannot be recovered after a cancellation. For these reasons, please choose your course carefully.

**Registration:** Payment is to be made by credit card, check or money order, payable to "Adventure Risk Management". Please do not mail cash. Payment in full is required to reserve space on all courses. For Wilderness First Responder courses, a minimum deposit of \$300 may be made, with the balance due two weeks prior to the start of the course. You will not be able to participate in a course if a balance is unpaid, and you will be subject to the cancellation policy.

Cancellations or transfer requests will be handled according to the following criteria:

**45 days or more prior to Day 1 of your course:** Cancellations or transfer request will be subject to a \$40 processing fee.

**30-44 days prior to Day 1:** Cancellations will receive 50% refund of tuition. Transfer requests will be subject to \$40 transfer fee (You may transfer only once to a future course.)

**29 days or less prior to Day 1:** Cancellations result in 100% forfeiture of tuition. You may transfer to a future course with a credit of 30% of your paid tuition- this credit must be used within six months of your original course.

There is no refund for no-shows or early departure from a course. Note that attendance standards for all wilderness medicine courses are stringent, 100% participation is required to be eligible for certification. If, due to tardiness or absence, you become ineligible for certification, there will be no refunds.

For Recertification, Bridge or Challenge students, please note that if you arrive at your course and are determined to be ineligible for your course, there will be no refund of course tuitions. You are responsible to ensure your eligibility for this course with Wilderness Medical Associates (WMA). Contact WMA at 207.797.6005 or ARM for more information.

In the unlikely event that Adventure Risk Management cancels a course due to low enrollment, you will receive a full refund, or you may transfer to another course with no additional fee. If you must cancel your registration, and you can find another person to fill your spot, you will receive a full refund.

## Medical History

The following information is requested to assist you in the identification of conditions that may require specialized emergency management during your course, and to inform Adventure Risk Management of such conditions. This information is protected, and will only be released to those persons who will have a bearing on your well-being. *Adventure Risk Management does not claim to make any determination of your fitness or ability on any course.* FOR MINORS: This section should be completed by parent or legal guardian.

Your Age:	Height:	Weight:
Emergency Contact Person:	Phone:	Physician: Phone:

### Do you have currently or have a history of:

	Yes	No		Yes	No
1. Cardiac problems?	<input type="checkbox"/>	<input type="checkbox"/>	8. Allergic to medications? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Respiratory problems (including asthma)?	<input type="checkbox"/>	<input type="checkbox"/>	9. Allergic to insects, foods, or plants? Anaphylaxis? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Diabetes or blood sugar problems?	<input type="checkbox"/>	<input type="checkbox"/>	10. Do you carry epinephrine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Epilepsy or seizures?	<input type="checkbox"/>	<input type="checkbox"/>	11. Allergic to iodine? (water purification)	<input type="checkbox"/>	<input type="checkbox"/>
5. Mental or neurological problems?	<input type="checkbox"/>	<input type="checkbox"/>	12. Do you see a specialist of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
6. Bleeding disorders?	<input type="checkbox"/>	<input type="checkbox"/>	13. Currently taking any medications or prescriptions? Specify:	<input type="checkbox"/>	<input type="checkbox"/>
7. Musculoskeletal injuries, breaks, sprains, dislocations?	<input type="checkbox"/>	<input type="checkbox"/>			
Please explain <u>any</u> "Yes" answers:					
Please list any other conditions not specified above:					

## Verification of Accuracy and Full Disclosure

I understand and acknowledge that Adventure Risk Management is not making a determination of my fitness for a course; rather, I represent to Adventure Risk Management and verify that I am physically fit and ready for this course.

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others during a course. I agree to indemnify and hold harmless Apogee Endeavors, LLC dba Adventure Risk Management (hereafter referred to as 'Adventure Risk Management') and its affiliates, members, officers, employees, independent contractors and other agents from any claims I may make for personal injuries or death to myself and from the claims of third parties whose injury or death I may have contributed to or caused as a result of my failure to disclose any such information.

I represent and warrant that I have provided all material and important information to Adventure Risk Management pertaining to my medical, mental, and physical condition, in view of my participation on a course. I agree to notify the Lead Instructor if there is any change in my physical, mental, or medical condition prior to my scheduled course. I further represent and warrant that this information is complete and accurate.

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Date

## Completing your Registration

Please mail or fax this form in the following manner:

US Mail	Fax
<b>Adventure Risk Management</b> PO Box 1160 Idyllwild, California 92549	<b>951.659.4091</b> Please give this original, signed form to your instructor at the start of your course.

## Confirmation

When your Registration is received and confirmed by Adventure Risk Management, you will receive a Confirmation Packet by e-mail with information such as directions, and what to bring. (If applicable, your course textbook will be mailed to the address specified above.)

<p><b>Need more information?</b>  <b>Adventure Risk Management</b>                      951.659.4090      951.659.4091 fax                      www.adventureriskmanagement.com                      info@adventureriskmanagement.com</p>
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### Office Use

Payment received	Method	Balance Due	Balance Paid Date
CC Authorization #/AVS	Confirmation packet sent		Approval by: