



23 Santanoni Ave. Saranac Lake, NY 12983

North Country Community College - Records Office
Phone: (518) 891-2915 X 1689 Fax: (518) 891-4236

TO BE USED FOR WILDERNESS FIRST RESPONDER 5/13-5/19/24

\*Student must meet functional requirements of training sponsor to enroll\*

NAME: Birth Date:

MAILING ADDRESS:

TELEPHONE:

EMAIL:

Check all that apply and write appropriate fee in blank to the right:

NCCC Student Wilderness First Responder Course Fee (\$560 - billed via SP24 semester bill) \$

Non-NCCC Student Wilderness First Responder Course Fee (\$700 total) \$

3-credit option - Non-Matriculated NCCC Student WFR HED 160 \$

Total cost \$560 course fee + NCCC tuition/fees TBD by NCCC Business Office - call 518-891-2915 X1688 Business Office for current tuition rate.

Balance Due \$

Payment of Balance and Refunds/ Cancellations

Fee balance is due at the time of registration. Cancellation policy: students must withdraw prior to the start of the course. Fee will be forfeited if students withdraw after the course begins. Please email Records@nccc.edu or call 518-891-2915 X1689 to withdraw from the course.

Course fees may be paid by check, Mastercard or VISA. Receipts and final confirmation will be mailed or emailed to the mailing addresses listed above.

Student Signature Date

Parent/Guardian Signature Date

If the student is under 18 years of age, permission of parent or guardian is needed.

PAYMENT METHOD (Business Office Use Only)

Form with fields for Check, MasterCard/VISA, Card #, Exp. Date, Name of Cardholder, CVV Code, Receipt #, Amount \$, Date, Initial

**North Country Community College  
Wilderness Recreation Leadership Program**

**MEDICAL INFORMATION DISCLOSURE FORM**

*In the interest of the personal safety of program participants and leader(s), please answer the following questions thoroughly.*

**PARTICIPANT INFORMATION:**

Participant Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_  
Program/ Activity Name: \_\_\_\_\_ Program Date(s): \_\_\_\_\_

**MEDICAL INFORMATION:** (Circle 'Yes' or 'No' and provide additional information where requested. Please be candid).

Yes No ***Do you have diabetes, asthma, seizures, or cardiac problems?*** If yes, explain.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No ***Do you use any medications?*** If yes, list and identify what condition they are for:  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Condition: \_\_\_\_\_  
Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Condition: \_\_\_\_\_

Yes No ***Do you have any allergies to the following? Please check.*** If checked, describe reaction.  
\_\_\_\_\_ ***Insects*** \_\_\_\_\_ ***Drug(s)*** \_\_\_\_\_ ***Plant(s)*** \_\_\_\_\_ ***Iodine*** \_\_\_\_\_ ***Food(s)***  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No ***Have you ever had any bone, muscle or joint injury?*** If yes, describe including current status.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No ***Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke?*** If yes describe.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No ***Do you have any other injuries or medical conditions not identified above?*** If yes, list and describe.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

Yes No ***Have you completed any first aid or emergency medical training?*** If yes, please list name and date of certification.  
Explanation: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY INFORMATION:**

Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Name of Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

**STATEMENT OF VERIFICATION:** *By signing below, I verify that the information provided above is a complete and accurate statement of any medical conditions that may affect my participation in this program. I realize that failure to disclose such information could result in serious harm to myself and fellow participants. In addition, I hereby authorize NCCC to disclose, as needed, any and all of my health-related records to: WRL program faculty, group leaders, and staff responsible for wilderness trips and practica; College administrators and staff who have legitimate educational interest in this information; and emergency and other medical personnel in medical or medical emergency situations.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

**North Country Community College  
Wilderness Recreation Leadership Program**

**RELEASE OF LIABILITY**

By signing below, I acknowledge that the outdoor recreational activities associated with the above described program to be conducted by North Country Community College, (NCCC) may be hazardous, and may result in loss, damage or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE NCCC and any of its employees, instructors, officers, directors, governors, or agents liability claims demands or any causes of action and agree NOT TO MAKE ANY CLAIM against NCCC or any of its chapters, representatives or agents whatsoever which may arise during my participation in Wilderness First Responder May 13-19, 2024 .

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death results, in whole or in part from the negligence of NCCC, or any of its agents, employees, officers, instructors, guides, directors, governors, or trip leaders. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as a result of my own negligence and/or the negligence of lack of care of NCCC, its employees, instructors, groups, representatives or agents.

I agree to be solely responsible for my own safety and to take every precaution for my own safety and well-being while participating in Wilderness First Responder May 13-19, 2024 .

SIGNATURE OF PARTICIPANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the above-named minor, and give my consent to the participation of the above-named minor in the outdoor recreational activities of NCCC.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

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*NCCC WILDERNESS RECREATION LEADERSHIP STUDENTS ONLY!*

**NCCC CODE OF CONDUCT**

I have read, understand and agree to follow the behavior guidelines set forth in the North Country Community College Code of Conduct. I understand that I must abide by all terms of the Code of Conduct during College sponsored off-campus activities including outdoor programs. Particularly, I realize that I must obey the Drug and Alcohol Policy and that failure to do so may result in my dismissal from the Wilderness Recreation Leadership Program or North Country Community College. I realize that if I fail to abide by these or any other terms of the Code of Conduct, I will be subject to all penalties and disciplinary actions described therein.

SIGNATURE OF STUDENT \_\_\_\_\_

PRINT NAME OF STUDENT \_\_\_\_\_ DATE \_\_\_\_\_

**North Country Community College  
Wilderness Recreation Leadership Program**

**SAFETY AND RISK MANAGEMENT**

Safety is a fundamental part of North Country Community College (NCCC) outdoor programs. Safety is taught and practiced on every outdoor program offered by NCCC. Despite operating to the best of our capabilities, the possibility of an accident still exists. NCCC cannot – nor can anyone – reduce that possibility to zero.

Before you attend the field portion of your outdoor program, thoroughly read all program materials, and contact your instructor if you have any questions. The Acknowledgement of Risk statement (below), Release of Liability form (on back of this page), and the Medical Information form must be completed and signed before you can attend the field portion of your class or program.

**ACKNOWLEDGEMENT OF RISK**

In consideration of the services of North Country Community College, employees, instructors, representatives or agents and all other persons or entities acting in any capacity on their behalf (collectively referred to as NCCC), I agree as follows:

I acknowledge that **Wilderness First Responder May 13-19, 2024** entails known and unanticipated risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability or death.

I understand that NCCC does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks:

NCCC outdoor programs camp and travel out of doors, where participants are subject to numerous risks, environmental and otherwise. Activities vary from program to program. **Wilderness First Responder May 13-19, 2024 may include the following activities: wilderness medicine simulations, hiking on and off trail over rough terrain, outdoor activities in inclement weather conditions, night time simulation exercises.** In the backcountry, meals are prepared over gas stoves and water requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness. NCCC outdoor programs occur in remote places, many hours from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be delayed. Travel is by vehicle, canoe, kayak, skis, on foot and by other means, over rugged unpredictable terrain, including stream crossings, snow and ice, steep slopes, slippery rocks and downed timber. Environmental risks and hazards include rapidly moving, deep or cold water, insects, falling or rolling rock or ice, lightning, avalanches, floods and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions. Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. *Throughout the course, participants are responsible for their own safety and for the safety of other members of their course, particularly in situations where they are away from the instructor or the rest of the group, such as while bathing or using the bathroom.*

I am aware that NCCC programs include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:**

I am the legal guardian of the above named minor and have read the above ACKNOWLEDGEMENT. I hereby consent to the terms of the ACKNOWLEDGEMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of NCCC on the terms stated.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINT NAME OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_