



# **Kayak Instruction, Inc.**

8417 Carrie Lane, Rowlett, Texas 75089  
972-475-2838 RKRZFTW@AOL.COM

## **WMI WILDERNESS FIRST AID AND WILDERNESS FIRST RESPONDER RECERTIFICATION**

Sponsored By Kayak Instruction, Inc.  
and the  
Wilderness Medicine Institute of NOLS

### **Statement**

**NAME:** \_\_\_\_\_

WILDERNESS FIRST AID &  
WILDERNESS FIRST RESPONDER RECERTIFICATION

Place: Dallas, Texas  
Date: October 10-11, 2009

**COURSE COST: \$185.00**

**DEPOSIT Due now: \$ 50.00**

**BALANCE DUE 30 days before class: \$135.00**

*Checks to be made payable to Kayak Instruction, Inc.*

## **Thank You!**



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**WMI WILDERNESS FIRST AID**  
**&**  
**WILDERNESS FIRST RESPONDER RECERTIFICATION**  
Sponsored by Wilderness Medicine Institute of NOLS and Kayak Instruction, Inc.

**DATES:** October 10 & 11, 2009  
**COST:** \$185.00 Tuition Only  
**LOCATION:** Dallas, Texas

### **COURSE DESCRIPTION**

Fast paced and hands-on, this two day course covers a wide range of wilderness medicine topics for people who travel in the outdoors. Whether spending time in the backcountry is your passion or your profession, you should never have to ask, "What do I do now?" On this course, you'll learn how to prepare for the unexpected. WMI's curriculum is unique and includes many advanced topics that other programs leave out such as dislocation reduction, focused spinal assessment and epinephrine administration. In just two days, you'll have the knowledge, skills and ability to make sound decisions in emergency situations. This course is ideal for trip leaders, camp staff, outdoor enthusiasts and individuals in remote locations. WMI's course is pre-approved by such organizations as the American Camping Association, the United States Forest Service, and other governmental agencies. This course *does not* include CPR.

### **WFR RECERTIFICATION REQUIREMENTS**

If you hold a current Wilderness First Responder certification from WMI, SOLO, NOLS, OpEPA, WMA or WPT, you will receive a WMI WFR certification upon successful completion of your WFA or WFR Recertification only course. Please bring a copy of your current certification if other than WMI. If you hold a current WFR certification from any other wilderness medicine

organization, you will receive a letter of course completion in lieu of a WMI WFR certification. This letter of completion may allow you to recertify with your original certifying organization. You must contact that organization prior to your WMI course to ensure that our course will meet their requirements for recertification.

All students are required to submit a photocopy of their WFR certification card on the first day of the course.

There is a one-year grace period for recertification of WMI cards. (Keep in mind that your certification is not current during this grace period and therefore can not work as a Wilderness First Responder.)

### **REGISTRATION/POLICIES**

Tuition payment in full is required to reserve your spot in the course. Tuition is non-transferable. Tuition is payable by check (with driver's license number), or cash. The tuition fee covers textbooks, syllabus, equipment and certification cards. A full refund will be given if we are forced to cancel the course for any reason.

### **CANCELLATION AND REFUND POLICY**

If a student cancels or withdraws from a course:

- ❖ Greater than or equal to 30 days prior to the course starting date, Kayak Instruction, Inc. will retain a \$35.00 administrative fee.
- ❖ Within 30 days of the course start date and once the course has begun, tuition is non-refundable.

Acknowledgment and Assumption of Risks Release and Indemnity Agreement: Please read the enclosed documents very carefully as it affects your legal rights. We ask that you bring both signed waivers to the first day of the course. If you are a minor, a parent or guardian must sign the documents. Failure to provide signed waivers will result in you not being able to participate in the course. WMI participants, including minors, will have unsupervised free time throughout the course. Any activities during the free time are not part of the WMI program and are at the sole risk of the participant.

### **CLASS FORMAT/ EQUIPMENT**

Check in is at 7:45 AM on the first day of the course. Course days run from 8:00am – 5:00pm. The format for the WFA/WFR Recert is classroom lectures integrated with practical scenarios. Scenarios, and practice sessions will take place both inside and outside. Please bring outdoor clothing appropriate for laying on the potentially wet, muddy or snowy, cold ground playing the role of both rescuer and patient. Frequently stage (moulage) blood and make-up will be used to emphasize the reality of a scenario. Generally the classroom environment lends itself to a pair of comfy shoes/slipper and a crazy creek-type chair. Please come equipped with a light day pack, waterproof top and bottom, light hiking boots, and layers well suited for spending time outside playing the role of patient and rescuer.

### **TRAVEL DIRECTIONS TO REI**

From I-635 W take the 22B exit toward DALLAS PKWY/INWOOD RD. Stay STRAIGHT to go onto LYNDON B JOHNSON FWY/I-635 W/LBJ FWY. REI is on the north access road next to The Guitar Center.

From I-635 E take exit 23 toward MIDWAY RD/WELCH RD. Stay STRAIGHT to go onto LYNDON B JOHNSON FWY/I-635 E/LBJ FWY. Turn LEFT onto N WELCH RD. Turn LEFT onto LYNDON B JOHNSON FWY/I-635 W/LBJ FWY. REI is on the north access road next to The Guitar Center.

#### **GPS Coordinates**

32° 55.583' N

96° 49.949' W

WGS84

#### **REI – Dallas**

4515 LBJ Fwy

Dallas, TX 75244

(972) 490-5989

## **MEAL/LODGING OPTIONS**

Nearby Restaurants: Wendy's, Taco Bell, Luby's Cafeteria also REI is close to the Galleria Mall with many options and Restaurant Row in Addison which has Chili's, Blue Goose and Italian Gardens and many more.

### **Hotel Option:**

13900 Parkside Center Boulevard  
Dallas, Texas 75244 USA  
Phone: 1-972-661-9800  
Fax: 1-972-661-8118  
Sales: 1-972-661-9800  
Sales fax: 1-972-661-8118

### **Camping Options:**

Lewisville Lake Environmental  
Learning Area  
Offic: 1801 N. Mill St., Suite A  
Lewvisville, TX 75057  
972-219-7908 (gate house)

The entrance to LLELA is located at the corner of Jones and Kealy Streets in Lewisville, TX.

[http://www.las.unt.edu/llela/assets/documents/camping\\_brochure.pdf](http://www.las.unt.edu/llela/assets/documents/camping_brochure.pdf)

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Kayak Instruction Inc.  
www.KayakInstruct.com

The Vineyards Campground and Cabins on Lake Grapevine  
1501 N. Dooley Street  
Grapevine, TX 76051  
888-329-8993 | 817-329-8993 | 817-488-1427

<http://www.vineyardscampground.com/>

### **SPECIAL NOTES**

**PETS ARE NOT ALLOWED AT THE TEACHING SITE. THIS INCLUDES LEASHING THEM OUTSIDE. NO EXCEPTIONS.** Any student bringing pets to class will be asked to leave class until the pet is safely situated in a kennel or other facility.

**NO SMOKING OR ALCOHOL IS ALLOWED ON SITE**

Please contact us with any questions or concerns you may have.

Kim Martinez  
Kayak Instruction, Inc.  
8417 Carrie Lane  
Rowlett, Texas 75089  
972 475 2838  
RKRZFTW@AOL.COM

**ACKNOWLEDGEMENT AND ASSUMPTION OF INHERENT AND OTHER RISKS**

I understand and acknowledge that the description above (Activities and Risks) of the inherent risks of WMI's activities is not complete and that other, including unknown or unanticipated, risks, inherent or otherwise, may result in property loss, injury, illness or death. I acknowledge that my participation in this WMI course is purely voluntary, and I wish to participate in spite of and with knowledge of the inherent and other risks involved. **I acknowledge and assume the inherent risks described above and all other inherent risks of my WMI course. In addition, except with respect to an injury or other loss which occurs on lands whose rules or regulations prohibit my doing so as a matter of law, I expressly assume ALL risks of enrolling and participating in a WMI course, inherent or otherwise, and whether or not described above.**

**AGREEMENTS OF RELEASE AND INDEMNITY**

If I am an adult student, or the parent of a minor student, I agree for myself and on behalf of the minor student for whom I sign, as follows:

**I hereby release, hold harmless and agree not to sue WMI, the National Outdoor Leadership School (NOLS), it's officers, trustees, agents, and staff including employees, volunteers and interns. (Released Parties), with respect to any and all claims of loss or damage to person or property by reason of injury, disability, death, or otherwise, suffered by me or by a minor student for whom I sign, arising in whole or part from my, or the minor student's, enrollment or participation in an activity of WMI, or transportation to and from such activities. I agree further to indemnify (indemnify meaning to defend, and to pay or reimburse including costs and attorneys fees) Released Parties against any claim by a member of my, or the student's, family, a rescuer, another student, or any other person, arising in whole or part from an injury or other loss suffered by me or caused by me, or by the minor student, in connection with my, or the minor student's, enrollment or participation in an activity of WMI. These agreements of Release and Indemnity include claims of negligence of a Released Party, but not of gross negligence or intentionally wrongful conduct. They are intended to be enforced to the fullest extent permitted by law. These agreements of release and indemnity are of no force or effect with respect to an injury or other loss which occurs on lands whose rules or regulations prohibit such agreements as a matter of law.**

**OTHER PROVISIONS**

If I am an adult or the parent of a minor student I further agree for myself and on behalf of the minor student for whom I sign, as follows:

WMI is authorized to obtain or provide emergency hospitalization, surgical or other medical care for me or for the minor student. I understand that situations may arise in which third party medical care is not available and which require WMI staff to provide first aid and possibly more advanced procedures, employing wilderness first responder training. Such care will be provided under the guidance of the NOLS Physician Advisor by way of WMI's written Medical Protocols. Any such thirdparty medical care provider is authorized to exchange pertinent medical information with WMI. Costs associated with medical services, including evacuation shall be born by me.

I agree to be responsible for any damage I, or the minor student, may cause to the property of NOLS, WMI or others. WMI is not responsible for loss, theft or damage to a student's personal belongings at any time during the course, including storage by WMI or others.

WMI and persons designated by it may use my or the minor student's photograph for sale or reproduction in any manner WMI chooses, including for advertising display, audiovisual presentations or otherwise.

Any dispute between me or the minor student and WMI will be governed by the substantive laws (not including the laws which might apply the laws of another jurisdiction) of the State of Wyoming, and any mediation or suit shall occur or be filed only in the State of Wyoming.

If any part of this agreement is found by a court or other appropriate authority to be invalid, the remainder of the agreement nevertheless will be in full force and effect.

**THE STUDENT AND THE PARENT(S) OR GUARDIAN OF A MINOR STUDENT HAVE READ THIS PAGE AND THE PREVIOUS PAGE AND UNDERSTANDS AND AGREES TO ITS TERMS, INCLUDING THE ACKNOWLEDGEMENTS AND ASSUMPTIONS OF RISKS, AGREEMENTS OF RELEASE AND INDEMNITY AND THE ADDITIONAL PROVISIONS, ABOVE.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Student Signature Age Date Print Name

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent or Guardian Signature Date Parent or Guardian Signature Date



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## RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Kayak Instruction, Inc. program, its related events and activities, I, (please print \_\_\_\_\_), the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Kayak Instruction, Inc., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), 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 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.**

X \_\_\_\_\_ Age: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT 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 the 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, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

x \_\_\_\_\_ Date Signed: \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE (print name)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email Address Phone