

WELCOME TO THE WOMEN'S WILDERNESS INSTITUTE!

We're glad you're interested in a Girls' Wilderness Course! We hope that filling out this application will be the first step of a fun and exciting adventure for you.

Below are the forms to read through and fill out to return to us! Each form provides us with the most, and best, information to give you a great experience. Enclosed you will find more information about the course you are interested in, and the following forms to fill out and return to us:

- **Registration Form (page 3 & 4)**
This form contains basic information about you and your parents as well as necessary insurance information. It is important that both you and your parents fill this form out.
- **Questionnaire (page 5)**
Your answers to these questions will help us get a sense of the particular group that is forming for a course so we can plan accordingly.
- **Participant Medical Form (page 6-9)**
It is very important that you and your parents fill this out honestly and completely. Lots of medical conditions are very manageable in the backcountry, but for your safety it is important for staff to know your medical issues.
- **Assumption of Risk Form (pages 10 & 11)**
We have a strong commitment to making safety a top priority, but it is important that you and your parents read this carefully so that you understand the risk inherent in wilderness adventures. Please initial the bottom of page 10 and sign on page 11. Please call us if you have questions.
- **"I Understand"** (page 12)
It is important that you have a commitment to complete the course, so we want to make sure you understand the true adventure involved in a wilderness expedition.
- **Physician Medical Form (pages 13 & 14)**
The State of Colorado requires organizations that do programs for youth under the age of 18 to have a form signed by a physician or nurse practitioner that attests to each participant's physical health and capability of safely engaging in strenuous physical activity. You can send this form later, as long as we receive it one month before your course.

We are also required to keep an immunization record of all participants on file. Your school should already have a copy of this on file. Please ask your school nurse to make a copy for you, and then send that in to us.

Courses are filled on a first-come, first served basis, so return your application as soon as possible. We can reserve your space on a course once we have received all the items in this packet, fully completed, and a \$60 deposit or full payment. Please refer to the registration form for more details about payment. As soon as your application is accepted, we'll send you more information about what to bring, how to get ready for your course, and when your pre-trip meeting will be.

Lots of questions can come up when you're preparing for this kind of adventure, so you're welcome to call us at 303-938-9191 with questions or concerns. We're also happy to set up a time with you to stop by the office to meet us, or to check out the video about the Girls' Wilderness Program.

See you soon!

Lori Mathews, Enrollment Coordinator

Dear Parent,

For your daughter, going off on a wilderness adventure can be a major milestone in her process of growing up. And for a parent, letting her go off to have this kind of experience can be a significant event as well. You probably have questions and concerns about your daughter's well being. I welcome you to call us with any questions or concerns you may have, or if there is anything you would like to share with us about your daughter.

Parents are encouraged to come to the parent meeting, held during the last half hour of the pre-trip meeting that is held the evening before each course. At this meeting we'll go over how to help your daughter prepare for her course, answer last minute questions, and give you logistical information about the trip. You are also welcome to attend an informational meeting and slide show along with your daughter. These will be scheduled March-May. Please call us for specific times.

Some things you may want to know about the Girls' Wilderness Program:

- Our safety policies are patterned after standards set by the leading organizations in the field of adventure education. All field staff are currently certified as Wilderness First Responders- an intensive 80- hour first aid certification designed for the backcountry environment. As we enter our 10th season of girls' programs, over 500 girls have completed a course, with no significant safety incidents.
- As Program Director, I bring 16 years of experience in wilderness programming, and I hire and train all field staff. Our field staff are skilled outdoorswomen with prior experience guiding groups in the wilderness. Two adult women will accompany each group of 8 to 10 girls.
- The Girls' Wilderness Program is not "wilderness therapy". This program is designed to provide confidence-building experiences for all girls. We do not use punitive disciplinary strategies or confrontational approaches. Although we expect the course to have a significant impact on participants' confidence, personal strength, and relationships, our intention is not to "treat" behavioral or psychological problems. At the same time, our field staff are prepared to skillfully handle the issues that adolescent girls frequently face.

We are excited about this opportunity we are able to offer your daughter, and want to include your input and questions during this preparation period. Please feel free to call us if you have any questions!

Sincerely,



Jody Radtke
Program Director

The Women's Wilderness Institute is accredited by the Colorado Division of Childcare. They require us to let you know that you can file a complaint about this program at, the Colorado Department of Human Services/DOCC. 1575 Sherman Street, Denver, CO 80203-1714 or call 800.799.5876.



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COURSE REGISTRATION FORM

GENERAL INFORMATION

Name _____	Birth Date _____ Age at Course Start _____
Address _____	City/State/ZIP _____
Phone () _____	Email _____
Evening Phone () _____	Cell Phone () _____
School _____	Next Year School _____
Course _____	Dates _____

How did you hear about this course and/or The Women's Wilderness Institute? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Received Catalog in Mail | <input type="checkbox"/> Cliff Notes e-newsletter | <input type="checkbox"/> Presentation at School |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Past Participant | School: _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Table at an Event _____ | <input type="checkbox"/> Catalog or Flyer in Store |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Newspaper Calendar Listing | Store: _____ |
| Paper: _____ | <input type="checkbox"/> Newspaper Article | <input type="checkbox"/> Clinic at a Store |
| | Paper: _____ | Store: _____ |

What made you decide to take a course with the Girls' Wilderness Program at this time?

PARENT CONTACT INFORMATION

Parent One

Parent Two

Name _____

Address _____

Phone _____

Eve Phone _____

Cell Phone _____

Email _____

Name _____

Address _____

Phone _____

Eve Phone _____

Cell Phone _____

Email _____

BACKUP EMERGENCY CONTACT (in case parents cannot be reached)

In Case of Emergency Contact _____ Relationship _____

Daytime Phone () _____ Evening Phone () _____

Cell Phone _____ Other Info _____

INSURANCE INFORMATION

PLEASE NOTE: Each participant is responsible for any medical expenses for illness or injury occurring during or as a result of participation in the course, and should be covered by their own insurance.

Insurance Company Name _____ Policy or Certificate # _____

Address of Insurance Company _____

Does the Insurance Company require pre-authorization? Yes No If yes, phone # _____

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5723 ARAPAHOE AVENUE, SUITE 1B ♦ BOULDER, CO 80303

PHONE: 303.938.9191 ♦ FAX: 303.938.5071 ♦ WEB: girlswilderness.org & womenswilderness.org



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PARENT PERMISSIONS

Is there anyone other than the parents and emergency contact person listed on this form who is also permitted to pick your daughter up after her course or other meetings?

- NO, no-one else is allowed to pick my daughter up.
- YES, the following people may pick my daughter up.

Are there any specific course activities that you would like your daughter to not participate in?

PAYMENT

A \$60 non-refundable deposit is required to hold your daughter's space on a course. The remaining payment is due 2 months before the start date of the course. If it is less than two months from the course start date, full payment is required at the time of enrollment. Please read the cancellation policy carefully!

- | | |
|--|--|
| <p>____ My deposit of \$60 is enclosed.</p> <p>____ My full payment of _____ is enclosed.</p> <p>____ My partial payment of _____ is enclosed.</p> | <p>____ My check is enclosed.</p> <p>____ Please bill my credit card:</p> <p style="padding-left: 40px;">____ Master Card ____ Visa</p> <p style="padding-left: 40px;">Number _____ Exp ____</p> <p>____ Please charge the remainder to my credit card
2 months before the course start date.</p> |
|--|--|

If you are applying for financial aid, please enclose a deposit if possible, and the financial aid form. This will hold your daughter's space on the course, and will be refunded to you if we are unable to provide the amount of financial aid you request, or if you receive a full scholarship. If you receive a partial scholarship, your deposit will be credited towards the amount of your payment. If you are unable to enclose a deposit, your daughter's space will be held after we are able to process her forms.

Cancellation Policy- PLEASE READ!

Our cancellation/refund policy is based on our investment in staff time, course planning, and food and equipment purchases before your course.

Cancellation refunds will be given according to the following schedule: *Days prior to course start*

- More than 60 days:** 100% of full tuition minus \$60 application fee.
- 21-59 days:** 50% minus \$60 application fee.
- 8-20 days:** No refunds, however 50% minus the \$60 application fee may be transferred to another course in 2010.
- Less than 7 days:** No refunds or transfers.

If we cancel a trip: TWWI reserves the right to cancel a trip if sign-up is inadequate to make the trip economically feasible for us to operate. If this happens, we will fully refund the stated cost including the application fee. However, TWWI is not responsible for additional expenses incurred by you in preparing for the trip, e.g. transportation costs, gear, etc.

If you are concerned about the possibility of your daughter not being able to participate on her course, we suggest that you purchase trip insurance. The following are a few companies that offer trip insurance:

Travelguard.com 1.800.826.4919 Insuremytrip.com 1.800.487.4722

Thank you! We look forward to having your daughter on a course this summer!



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QUESTIONNAIRE - GIRLS' WILDERNESS PROGRAM

Name: _____

Course Applying for: _____ Dates: _____

1) Why do you want to take this Course?

2) What are you looking forward to most?

3) What do you think will be the hardest part for you?

4) Have you done any camping, backpacking, or rock-climbing before?

5) Is there anything else you would like us to know?



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PARTICIPANT MEDICAL FORM

This Form **MUST** be filled out accurately and completely by Participant and, if under 18, parent or guardian.

Filling out this medical form honestly and completely is the first step in taking care of yourself on the course. For your safety, it is important that we know as much as we can about your physical condition. Many medical conditions will not prevent you from successfully completing the course, but failure to disclose information could result in serious harm to yourself or other participants.

Every item on this form must be completed. If it does not apply to you, mark "N/A".

If you have certain medical conditions, we may require that you have a physician fill out a supplemental form.

All information you provide will remain confidential.

PART I. GENERAL INFORMATION

Name _____	Birth Date _____	Age at Course Start _____
Address _____	City/State/ZIP _____	
Phone () _____	Email _____	
School _____	Course Name and Dates _____	
Family Physician _____	Phone () _____	
Physician Address _____	FAX _____	

Height _____	Resting Pulse _____	Blood Pressure _____	Weight _____
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A. Allergies

(Include Medicines, Foods, Bites, and Stings)

None

Allergy-List Below	Reaction	Medication Required

B. Medications

List any medications you are taking, including psychiatric and over-the-counter medications.

None

Medication	Condition	Dosage (Amt. and Freq.)	Current Side Effects

Note: If you are currently taking medication, bring double amounts in separate, non-breakable, waterproof containers, along with dosage instructions.

PART II. EMERGENCY MEDICAL RELEASE FOR PARTICIPANTS UNDER 18

In case of medical emergency, I hereby give permission to the physician selected by an authorized representative of The Women's Wilderness Institute to secure proper medical treatment for my daughter, including, but not limited to, injections, anesthesia, surgery, and hospitalization.

Parent/Guardian Signature (if participant is under 21)

Date



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PART III. PARTICIPANT HISTORY: PAST AND PRESENT MEDICAL ISSUES

(To be completed by applicant. **Fill in EVERY blank.** Use additional pages if necessary.)

A. Required Immunization

Immunization	Requirement	Year of Last Immunization
Tetanus	Within 10 years of course start	

B. Conditions and Symptoms. Do you have, or have you had, any of the following conditions or symptoms?

<p>1. High Blood Pressure _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Heart Disease _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Heart Murmur _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Irregular Heartbeat _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Family history of heart attack _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>6. Tuberculosis _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Recent exposure to active TB _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Positive TB test _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Active Hepatitis _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>10. History of Hepatitis _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>11. Seizure Disorder _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>12. Seizure within past year _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>13. Bleeding Disorder _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>14. Blood disorder/anemia/sickle cell trait _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>15. Chronic cough _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>16. Recurrent lung infections _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>17. Asthma _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>18. Diabetes _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>19. Hypoglycemia _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>20. Anorexia Nervosa _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>21. Bulimia _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>22. Cancer _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>23. Skin Problem _____ <input type="checkbox"/> <input type="checkbox"/></p>	<p>24. Frosbite _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>25. Circulation Problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>26. Active Bedwetting _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>27. Headaches _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>28. Head injury w/ neurological Impairment _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>29. Stomach Ulcers _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>30. Intestinal Problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>31. Heatstroke _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>32. Bladder Infection _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>33. Difficulty Urinating _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>34. Kidney Problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>35. Thyroid Problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>36. Endocrine Problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>37. Hearing Impairment _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>38. Vision Impairment _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>39. Motion Sickness _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>40. Sleep Walking _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>41. Broken Bones _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>42. Neck Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>43. Back Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>44. Arm Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>45. Shoulder Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>46. Knee Problem _____ <input type="checkbox"/> <input type="checkbox"/></p>	<p>47. Ankle Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>48. Leg Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>49. Foot Problem _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>50. Currently Pregnant _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>51. Special Diet _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>52. Learning Disability _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>53. Medical Equipment/Devices _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>54. Unexplained weight loss _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>55. HIV/AIDS _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you currently or regularly have any of the following symptoms?</p> <p>56. Chest Pain/Pressure _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>57. Heart Palpitations _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>58. Unexplained Sweating _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>59. Frequent Shortness of Breath _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>60. Frequent Dizziness _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>61. Frequent Fainting _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>62. Heartburn _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>63. Muscle Cramps _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>64. Intolerance to warm temps _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>65. Intolerance to cold temps _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>66. PMS or menstrual problems _____ <input type="checkbox"/> <input type="checkbox"/></p> <p>67. Other _____ <input type="checkbox"/> <input type="checkbox"/></p>
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If you have answered "yes" to any of the above items, please explain below. Include the following:

- What specific conditions/symptoms are occurring _____
- How often condition/symptom occurs _____
- How long condition/symptom lasts _____
- How symptom/condition restricts your activity in any way, including ability to run, lift and climb _____

Item No.	Detailed Description (Including restrictions, if any)



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B. Hospitalizations and Emergencies

Please list any hospital or emergency room visits in the past two years.

Dates	Reason	Length of Stay

C. Personal History

- Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes No
- Are you currently in counseling or treatment? Yes No
- If not currently in treatment, when was counseling terminated? _____
- Reason for counseling (check all that apply)

<input type="checkbox"/> Academic	<input type="checkbox"/> Family Issues	<input type="checkbox"/> Depression	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Career	<input type="checkbox"/> Trauma	<input type="checkbox"/> Suicide	<input type="checkbox"/> Other

The only way that we have to determine if psychological issues are beyond the scope of the course is to contact therapists with a brief questionnaire that describes serious mental conditions that unsuitable for a group backcountry situation. Please arrange for a 'Release of Information' with your counselor or therapist so that we may send him/her the questionnaire.

Name of most recent counselor/therapist _____
 Address _____

 Phone _____

D. Lifestyle

- Do you use alcohol? Yes No How much and how often? _____
- Do you use tobacco? Yes No How much and how often? _____
- Do you use any kind of recreational drugs? Yes No
 What kind? _____ How much and how often? _____
- Do you have a history of substance abuse or chemical dependency? Yes No
 Drugs used _____ Date last used? _____

E. Current Exercise and Fitness Level

1. Please list your current exercise activity.

Activity	Frequency	Approx. Time/Distance	Leisurely	Moderate	Intensely

2. Swimming Ability

- Non-swimmer Can't swim more than 100 yds.
 Moderate Swimmer Strong Swimmer Current Lifesaving Certificate

Do you speak and understand English? Yes No

Ethnicity (optional)

- African American Asian Latina/Hispanic
 Native American White/Caucasian Other



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F. Additional Comments _____

PART IV. SIGNATURE REQUIRED

I understand that The Women's Wilderness Institute courses are physically and mentally strenuous experiences that take place in a remote wilderness area, far from conventional medical facilities. The information on the preceding pages is a complete and accurate statement of my past and present medical condition, and I have included all physical and psychological factors that may affect my participation in a Women's Wilderness Institute course. I realize that failure to disclose such information could result in serious harm to myself and/or fellow participants. I agree to indemnify and hold The Women's Wilderness Institute harmless if all relevant information is not disclosed. I agree to notify The Women's Wilderness Institute should there be any change in my health status prior to my course start.

Participant Signature

Participant Name

Date

For Participants Under 18 Years Old:

I have reviewed this medical form with my daughter and certify that all information is accurate and complete. I have read and understand the above paragraph, and agree to indemnify and hold The Women's Wilderness Institute harmless if all relevant information is not disclosed. I understand that I am responsible for any medical costs that are incurred as a result of my daughter's participation on this course.

Parent Signature

Parent Name

Date

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

For youth participants and their parent/s

PLEASE READ THIS ENTIRE DOCUMENT (hereafter "Document") CAREFULLY BEFORE SIGNING. The participating child (referred to in this Document as 'participant' or 'child') must sign this Document. One or both of participant's Parent/s or Legal Guardian (collectively referred to in this Document as "parent/s") must also sign, whether the participant is an adult or minor (minors are those under 18 yrs. of age in Colorado). The term "we" refers to both the participant and her parent/s. In consideration of the services of The Women's Wilderness Institute, Inc., and its officers, directors, employees, agents, representatives, volunteers, independent contractors and all other persons or entities associated with it (collectively referred to in this Document as "TWWI"), **we agree as follows:**

The Women's Wilderness Institute contracts with individuals or organizations that are independent contractors (not their employees or agents) to provide some of the services, and to conduct some of the activities participants may engage in. Although the Institute has made efforts to locate responsible contractors, it does not supervise or control these contractors and is not legally liable or responsible for their conduct. In addition, activities may take place at facilities or on premises not owned by, or associated or affiliated with, the Institute. The Institute does not oversee, supervise, or take responsibility for any aspect or condition of these independent facilities or premises. We acknowledge that we may independently inspect and assess any of these contractors, facilities or premises, if we desire.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

TWWI educational, instructional and/or adventure and recreation activities can occur inside or outside of Colorado and can be conducted by TWWI staff or independent contractors. These activities can include, but may not be limited to: hiking and peak ascents; backpacking; rock climbing (both outdoors on natural rock or indoors on artificial walls); camping; orienteering; swimming; cross-country or back-country skiing; snowshoeing; high or low element ropes or challenge course activities; skateboarding; indoor sky diving (after school programs only); sports; dance; interactive games or activities; volunteer community service projects and transportation in vans, buses or other vehicles to and from activities (referred to in this Document as "activities"). Activities may be scheduled or unscheduled, structured or unstructured, and include free time. **We acknowledge that the inherent and other risks, hazards and dangers (collectively referred to in this Document as "risks") of these activities can cause injury, damage, death or other loss to participant or others.** Parent/s give permission for their child to participate in all TWWI activities and agree to discuss the nature of these activities and risks with their child. **The following describes some, but not all of those risks:**

Risks present in an outdoor or wilderness environment. These risks include travel in high altitude, mountainous or wilderness terrain both on and off trail. Participants' travel may be subject to lightning; strong wind; fast moving rivers or other water bodies; difficult stream and/or snowbridge crossings; falling rocks, ice or objects; extremely hot (geothermal) or cold weather or water; snow and ice; avalanche dangers; falling or fallen timber; stinging, venomous or disease carrying animals or insects; poisonous plants; wild or domestic animals and other natural or man-made hazards. Hazards may not be marked or visible and weather is unpredictable year around.

Risks involved in decision making and conduct, including the risk that a TWWI staff member, representative, volunteer, co-participant or contractor may misjudge a participant's capabilities, health or physical condition, or misjudge some aspect of instruction, medical treatment, weather, terrain, water level, or, river and/or terrain route location.

Personal health and participation risks. The risk that participant's mental, physical or emotional condition (disclosed or undisclosed, known or unknown) combined with participation in these activities could result in injury, damage, death or other loss. Although TWWI personnel will review participant's submitted health information, TWWI cannot anticipate or eliminate risks or complications posed by participant's mental, physical or emotional condition.

Risks associated with travel. Travel can be on foot or by vehicle, skis, snowshoes, or other means and can be over rough and unpredictable terrain, highways or other roads, or via lakes and rivers, in snow, sleet, rain or other adverse weather.

Risks connected with geographic location. Activities may take place in remote places, several hours or days from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care. Although TWWI staff or contractors may have wireless communication devices (including cell or SAT phones) while conducting programs, use of these communication devices in outdoor, mountainous and/or wilderness terrain is unreliable and inconsistent.

Equipment risks. The risk that equipment used in an activity may be misused or may break, fail or malfunction. TWWI requires helmets or other safety gear for some activities. Safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

Cooking and camping risks. Risks include gas explosion, scalding or other burns associated with cooking over a gas stove or open fire, and water contamination in natural water sources. Water may be contaminated and must be disinfected or boiled before use.

Volunteer community service risks. Participating in volunteer service projects can include risks associated with activities such as building, digging, lifting, painting, construction and clean-up projects. Projects may include the use of tools and equipment (i.e. drills, saws, power tools) that can cause injury resulting from use, misuse or malfunction.

Risks associated with free time. Participants may have free time before, during and after the start of a course and at various other times. Unsupervised time may include free time, or time where participant is stationary, alone and possibly overnight in the field for up to 24 hours (solos).

Risks regarding conduct. The potential that the participant, or other participants or third parties (e.g. driver, rescue squad, hospital) may act carelessly or recklessly; or that the participant may react adversely or suffer emotional trauma from her participation or for any other reason.

Other risks that are generally associated with educational, instructional and/or recreation and adventure activities.

Participant and Parent Initials here _____



These and other risks may result in participants: falling partway or falling to the ground, being struck; colliding with or impacting objects or people; experiencing vehicle collision or rollover; reacting to high altitudes, weather conditions or increased exertion; becoming lost or disoriented; suffering gastro-intestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause hypothermia, hyperthermia (heat related illness), heat exhaustion, dehydration, frostbite, drowning, high altitude sickness, heart or lung complications, broken bones, paralysis, mental or emotional trauma, concussions, sunburn or other burns or other injury, damage, death or loss.

We acknowledge and agree:

- To read, understand and abide by the terms of the Application, the "I Understand" form and other TWWI forms, and to obey all TWWI rules and policies;
- TWWI staff are and have been available should we have further questions about these activities or the associated risks;
- If participant has any mental, physical or emotional condition/s or limitation/s which might affect her ability to participate, we agree to disclose those to TWWI, and represent that participant is fully capable of participating in these activities without causing harm to herself or others;
- TWWI cannot assure participant's safety or eliminate any of these risks, and that during both supervised and unsupervised activities, all participants share in the responsibility for their own well-being;
- **Participant is voluntarily participating with knowledge of the risks. Therefore, participant (and her parent/s) assume and accept full responsibility for participant, for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by participant (and her parent/s), resulting from those risks and/or resulting from participant's negligence or other misconduct.**

RELEASE AND INDEMNITY AGREEMENT

Please read carefully. This Release and Indemnity Agreement contains a surrender of certain legal rights. Certain federal land agencies may restrict service providers from seeking releases of liability for negligence, for injuries or other losses occurring while operating under permit on some federal lands. Therefore, except to the extent a court determines these federal restrictions apply to TWWI as a matter of law, **I (adult participant, and/or parent/s, for myself and for and on behalf of my participating child) agree as follows:**

- 1) **to release and agree not to sue TWWI** with respect to any and all claims, liabilities, suits, or expenses (including attorney's fees and costs) (hereafter collectively "claim" or "claim/s") for any injury, damage, death or other loss in any way connected with my child's enrollment or participation in these activities, or use of any equipment, facilities or premises. **I understand that in signing this Document, I, my child, and anyone acting on my or my child's behalf, surrender our respective rights to make a claim against TWWI, for any injury, damage, death or other loss suffered by me or my child;**
- 2) **to defend and indemnify ('indemnify' meaning protect by reimbursement or payment) TWWI** with respect to any and all claim/s:
 - (a) brought by or on behalf of me or a family member for any injury, damage, death or other loss in any way connected with my child's enrollment or participation in these activities, or use of any equipment, facilities or premises; and/or,
 - (b) brought by a co-participant or any other person for any injury, damage, death or other loss to the extent caused by my child's conduct in the course of participating in these activities or using any equipment, facilities or premises.

This Release and Indemnity Agreement includes claim/s resulting from TWWI's negligence (but not its gross negligence or willful, wanton or criminal misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency or medical response, assessment or treatment) property damage, breach or contract or any other claim.

OTHER PROVISIONS

We agree that Colorado law (without regard to its conflict of laws rules) governs this Document, any dispute we have with TWWI, and all other aspects of our relationship with TWWI, and that any mediation, suit, or other proceeding must be filed or entered into only in Boulder County, Colorado. **We agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator. We authorize TWWI staff, volunteers, contractors or other medical personnel to obtain or provide medical care for participant, to transport participant to a medical facility and to provide treatment they consider necessary for participant's health. Parent/s agree to pay all costs associated with medical care and transportation and further agrees to the release (to or by TWWI) of any medical records necessary for treatment, referral, billing or insurance purposes. We authorize TWWI and/or parties or entities designated by TWWI, to take the participant's or parent's photo and to use it for sale or reproduction in any manner TWWI desires, for advertising or other use. All negatives and prints are the property of TWWI. TWWI reserves the right to remove any participant from the program that staff believes, in their discretion, presents a safety concern or medical risk, is disruptive, or otherwise conducts herself in a manner detrimental to the program. If participant is dismissed or departs for any reason, participant (and her family) are responsible for any and all costs of early departure whether for medical reasons, dismissal, or otherwise. This Document is intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions and those remaining provisions shall continue in full force and effect.**

Participant and parent/s each agree: I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon me, my minor children, spouse and other family members, and my heirs, executors, representatives, subrogors and estate. Participant and one or both parent/s must sign below.

Participant Signature: _____ Print Name Here: _____ Date: _____

Participant's Age _____

Parent Signature: _____ Print Name Here: _____ Date: _____

"I UNDERSTAND..."

We expect that you will find your Girl's Wilderness course to be an enjoyable and rewarding experience. We also want to make sure that you understand that due to the nature of the wilderness environment, your course will be a true adventure, and you will probably find challenges and struggles mixed in with the excitement of your new experiences. We want to make sure that as you consider enrolling on a course, you understand the following things:

I understand:

1. That a Women's Wilderness Institute course is a physically strenuous experience. I understand that due to the nature of a wilderness experience, there may be times when I am physically tired and/or uncomfortable.
2. That I am not permitted to bring or use alcohol, recreational drugs, or tobacco products while on the course.
3. That violence or the threat of violence towards others or myself is not permitted, and may mean being removed from the course.
4. That due to the remote nature of the course, it is extremely difficult and disruptive to the course for someone to leave early. I understand that by participating I am making a commitment to stay for the duration of the course, except in the case of an emergency.
5. That I will be expected to practice environmental stewardship and the principles of the "Leave No Trace" ethic, which will be explained to me in detail by my instructors.
6. That I will be required to follow all safety policies while on course.

Participant Signature

PHYSICIAN MEDICAL FORM

Applicant: Please take this form to your physician, physician's assistant, or nurse practitioner, along with a copy of the regular medical form already filled out. This form may be mailed in after the rest of your application, but it should arrive no later than 2 weeks before your course start date. **Note:** This form may be filled out based on an exam done up to two years before program start date. You must also provide a copy of your immunization record. This can be obtained from your school nurse.

Name of Patient _____ Date of Birth _____

To the Examining Physician, Physician's Assistant, or Nurse Practitioner:
 To ensure that our program activities are appropriate for your patient, we need your help in the screening process. Careful and intelligent medical screening will enhance the program for applicants and in some cases avoid serious medical problems.
Women's Wilderness Institute courses are wilderness-based programs of backpacking and wilderness living. Courses can be physically and mentally strenuous, and may involve stressful environmental conditions. Altitudes may reach above 12,000 feet. Field staff are trained as Wilderness First Responders, but hospital-based services may be up to one day or more away. While individuals with normal physical and mental capacity should be able to complete a course, there are some individuals for whom participating on a course may be a health risk.
 Please provide the requested information, and review the applicant's medical history (which should be on an accompanying form) for potential issues that may need further evaluation.
 If you have questions about specific course activities, please call our office at 303.938.9191. Thank you!

Physical Exam

1. Date of Exam _____
2. Height _____ ft. _____ in.
3. Weight _____ lbs.
 If underweight _____ lbs. If overweight _____ lbs.
4. Blood Pressure _____ / _____
 If over 150/90, please repeat. Second reading _____ / _____
5. Pulse Rate _____
 Pulse irregularities? _____

B. Allergies- Food, Drug, or Insect. Please note severity and past level of effective treatment.

None Please list: _____



C. Summary of Active Medical Problems and Relevant Medical History (use additional pages if needed)

None Please list: _____

D. Restrictions on Course Activities (use additional pages if needed)

None Please list: _____

E. Current Medication- Name of Medication, Dosage, and Directions for Use

None Please list: _____

F. IMMUNIZATION

Immunization	Requirement	*Year of Last Immunization
TETANUS	Within 10 Years of Program Start	

*** If greater than 10 years or unknown, please schedule tetanus booster.**

DATE TO BE ADMINISTERED: ____/____/____

***PLEASE CALL OR SEND CONFIRMATION**

I have examined this patient and found her to be in satisfactory physical condition and capable of the strenuous physical activity and remote nature of a Women's Wilderness Institute course, as described above. I also authorize qualified staff of The Women's Wilderness Institute to administer any prescribed medications listed above to this participant.

Name of Physician _____ Date _____

Office Address _____

Telephone _____

Signature _____

- Immunization Record enclosed.
- Immunization Record will be sent by _____. (date)