



Strong Girls. Strong Women. Better World.

Course Registration Women's Courses

Welcome! This form is the first step in registering for a course. You may also register online at www.womenswilderness.org. This form and a deposit of \$60 will hold your space on a course while you complete and return the other registration materials- the Medical Form, Assumption of Risk, and Questionnaire. These forms may be downloaded from the website. Please contact Lori at 303-938-9191, or lori@womenswilderness.org if you have any questions about the registration process!

GENERAL INFORMATION

Name _____ Birth Date _____ Age at Course Start _____
Address _____ City/State/ZIP _____
Phone () _____ Email _____
Evening Phone () _____ Cell Phone () _____
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"/> Past Participant | <input type="checkbox"/> Cliff Notes e-newsletter |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Table at an Event: _____ | <input type="checkbox"/> Catalog or Flyer in Store
Store: _____ |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Newspaper Calendar Listing | <input type="checkbox"/> Clinic at a Store
Store: _____ |
| <input type="checkbox"/> Advertisement
Paper: _____ | <input type="checkbox"/> Newspaper Article
Paper: _____ | |

EMERGENCY CONTACT

In Case of Emergency Contact _____ Relationship _____
Daytime Phone () _____ Evening Phone () _____
Cell Phone () _____

INSURANCE INFORMATION

PLEASE NOTE: You are not required to have health insurance to participate on a course, but you are responsible for any medical expenses or evacuation costs for illness or injury occurring during or as a result of participation in the course.

Insurance Company Name _____ Policy or Certificate # _____
Address of Insurance Company _____
Does the Insurance Company require pre-authorization? Yes No If yes, phone # _____

(More on reverse side!)

WOMEN'S WILDERNESS INSTITUTE ♦ Strong Girls. Strong Women. Better World.
5723 ARAPAHOE AVENUE, SUITE 1B ♦ BOULDER, CO 80303
PHONE: 303.938.9191 ♦ FAX: 303.938.5071 ♦ WEB: girlswilderness.org & womenswilderness.org

PAYMENT

A \$60 non-refundable deposit is required to hold your space on a course. The remaining payment is due 2 months before the start date of the course. For one-day courses, or 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!

- My deposit of \$60 is enclosed.
- My full payment of _____ is enclosed.
- My partial payment of _____ is enclosed.

Payment Method:

- My check is enclosed.
- Please bill my credit card:
____Master Card ____ Visa
Number _____ Exp _____
- Please charge the remainder to my credit card 2 months before the course start date.

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 2008.

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 not being able to participate on her course, we suggest that you purchase trip insurance.

Other Things to Understand!

All Women's Wilderness Institute courses are real-life adventures. They take place in all kinds of weather, and while we expect courses to be fun and supportive, there may be times when you are physically tired or uncomfortable. Please understand that for backcountry courses, leaving before the end of the course is logistically difficult and can compromise the opportunities of others. We ask that you make a personal commitment to complete your course.

Any time a group goes outdoors for an extended period of time, there are numerous unpredictable factors, including weather, group composition, and other users of the area. Itineraries or scheduled activities may change.

For safety reasons, and to preserve a healthy group environment, no alcohol or recreational drugs are permitted.

Smoking is strongly discouraged. If you need to smoke, we request that you follow certain guidelines for the comfort of others and to protect the environment.

All participants must follow safety guidelines and follow the Leave No Trace environmental care practices that will be explained by staff. Refusal to do so may mean being asked to leave the course.

NEXT STEPS

The following paperwork must be completed within two weeks of submitting this application:

Questionnaire (*this helps us get a sense of your previous experience and expectations so we can plan accordingly*)

Medical Form

Assumption of Risk Form

Physician Visit Form (*For ALL backcountry courses. This may be submitted later, up to 2 weeks before the course*)

These forms may be downloaded from the website. Please let us know if you would rather have us email or mail the additional forms to you.

Thank you! We look forward to having you on a course!

Questionnaire Women's Courses

Name:

Course(s) Applying For:

Dates:

1) What makes you interested in taking the course you've selected?

2) What is your previous level of outdoor/travel experience?

3) Do you have personal intentions or hopes for the course? What are the specific skills you would like to learn?

4) What are you looking forward to the most about the course?

5) Is there anything that gives you apprehension about the course?

6) For rock climbing, mountain biking or yoga courses: what is your previous level of experience, and what type of yoga do you usually practice?

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

TWWI
ACKNOWLEDGEMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT
(Adult Participants)

PLEASE READ THIS ENTIRE DOCUMENT (hereafter "Document") CAREFULLY BEFORE SIGNING. 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"), I 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 you 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. I acknowledge that I may independently inspect and assess any of these contractors, facilities or premises, if I desire.

ACKNOWLEDGMENT AND ASSUMPTION OF RISKS

TWWI educational, instructional and/or adventure and recreation activities can occur inside or outside 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 and indoors on artificial walls); camping; orienteering; swimming; canoeing; fly-fishing; cross-country or back-country skiing; ice climbing; snowshoeing; mountain biking; high or low element ropes or challenge course activities; sports or interactive games or activities; volunteer community service projects and transportation with llamas, or to, from or during activities in vans, buses or other vehicles (collectively referred to in this Document as "activities"). Activities may be scheduled or unscheduled, structured or unstructured, and include free time. I 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. 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 winds; 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 a 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 your submitted health information, TWWI cannot anticipate or eliminate risks or complications posed by your 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 conditions.

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 participant, or other participants or third parties (e.g. driver, rescue squad, hospital) may act carelessly or recklessly; or that a participant may react adversely or suffer emotional trauma arising out of her participation or for any other reason.

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

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 or boat collision, capsizing 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.

I 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 I have further questions about these activities or the associated risks;
- if I have any mental, physical or emotional condition/s or limitation/s which might affect my ability to participate I agree to disclose those to TWWI, and represent I am fully capable of participating in these activities without causing harm to myself or other;
- that TWWI cannot assure my 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;
- I am voluntarily participating with knowledge of the risks. Therefore, I assume and accept full responsibility for me, for the inherent and other risks (both known and unknown) of these activities and for any injury, damage, death or other loss suffered by me, resulting from those risks and/or resulting from my 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 agree as follows:

1) to release and agree not to sue TWWI with respect to any and all claims, liabilities, suits, or expenses (including attorneys' fees and costs) (hereafter collectively "claim" or "claim/s"), in any way connected with my enrollment or participation in these activities, or use of TWWI equipment, facilities or premises. I understand that in signing this Document, I, and anyone acting on my behalf, surrender all rights to make a claim against TWWI, for any injury, damage, death or other loss suffered by me;

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 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 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

I agree that Colorado law (without regard to its conflict of laws rules) governs this Document, any dispute I have with TWWI, and all other aspects of my relationship with TWWI, and that any mediation, suit, or other proceeding must be filed or entered into only in Boulder County, Colorado. I agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Colorado mediator. I authorize TWWI staff, representatives, volunteers or contractors to obtain or provide medical care for me, to transport me to a medical facility and to provide treatment they consider necessary for my health. I agree to pay all costs associated with medical care and transportation and further agree to the release (to or by TWWI) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize TWWI and/or parties or entities designated by TWWI, to take my photo and to use it for sale or reproduction in any manner TWWI desires, for advertising or other use, without compensation to me. All negatives and prints are the property of TWWI. All TWWI trips begin and end at the trailhead, and participant is solely responsible for her transportation to and from the trailhead. 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 I am dismissed or depart for any reason, I understand that I am 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.

I 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 Signature

Date

Print Name

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

Height _____	Resting Pulse _____	Blood Pressure _____	Weight _____
---------------------	----------------------------	-----------------------------	---------------------

A. Allergies None
 (Include Medicines, Foods, Bites, and Stings)

Allergy-List Below	Reaction	Medication Required

B. Medications None
 List any medications you are taking, including psychiatric and over-the-counter medications.

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

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

1. Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes No
2. Are you currently in counseling or treatment? Yes No
3. If not currently in treatment, when was counseling terminated? _____
4. 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

1. Do you use alcohol? Yes No How much and how often? _____
2. Do you use tobacco? Yes No How much and how often? _____
3. Do you use any kind of recreational drugs? Yes No
 What kind? _____ How much and how often? _____
4. 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

Please Sign on Reverse Side.

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’s Signature

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/Guardian Signature (if participant is under 18)

Date

Physician Medical Form- Women's Courses

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 one year before program start date.

Name of Patient _____ Date of Birth _____

Course _____ Number of Days _____

Activities: *(applicant- please check all that apply)*

<input type="checkbox"/> Backpacking	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Rock Climbing
<input type="checkbox"/> Camping	<input type="checkbox"/> Mountain Biking	<input type="checkbox"/>

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. On some courses 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. 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**

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

None Please list: _____

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

None Please list: _____

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

None Please list: _____

G. Cardiovascular Testing

If any of the following cardiovascular risk factors apply to your patient, we strongly suggest and may require and **EXERCISE TEST** to be administered prior to the program.

- | | |
|---|---|
| <input type="checkbox"/> High blood pressure + one other factor on this list | <input type="checkbox"/> Current cardiovascular disease |
| <input type="checkbox"/> Long-term sedentary life-style + one other risk factor on this list | <input type="checkbox"/> Abnormally high cholesterol (over 250) + one other risk factor on this list |
| <input type="checkbox"/> Overweight or obesity + one other risk factor on this list | <input type="checkbox"/> Diabetic requiring insulin and over 50 years of age |
| <input type="checkbox"/> History of prior heart disease + one other risk factor on this list | <input type="checkbox"/> Smokes cigarettes, over 45 years of age + one other risk factor on this list |
| <input type="checkbox"/> Symptoms of chest pain, pressure, SOB (shortness of breath), palpitations, sweats or weak spells | |

1. Do you think an exercise test is needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If "yes," date administered	_____/_____/_____	
3. Results:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

Please forward a copy of the Exercise Test Report. Acceptance into the program will depend upon interpretation of the test.

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.

Name of Physician _____ Date _____
 Office Address _____
 Telephone _____
 Signature _____