



Rescue Dynamics

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phone (780) 916-7951

email: resqdyn@telusplanet.net

website: <http://rescuedynamics.ca>

OWLS Wilderness First Aid Course Application

Name: _____ Date: _____

Mailing Address: _____

City: _____

Province (State / Country): _____ Postal Code _____

Phone - Home: _____ Work: _____

Fax: _____ Cellular: _____

Email: _____

Highest Grade Attained: 10 11 12 13 GED or College / University: _____

AGE: ☐ <18 (specify:____) ☐ 18 - 25 ☐ 25 - 35 ☐ 35 - 45 ☐ 45 - 55 ☐ 55 - 65 ☐ >65

Date & location of course you wish to attend: _____

This course has no prerequisites but participants must be over 18 years of age. Participants who are 16 or 17 years of age will be allowed to attend if they are accompanied by a parent or guardian who also attends the course or if they have written parental consent.

List the most recent 1st Aid and CPR courses (or approved equivalent) you may have attended. Include the year, location, level of certificate granted and certifying body:

1st Aid: _____

CPR: _____

If the course is full, would you like to be placed on a waiting list ? ☐ YES ☐ NO

I hereby authorize Rescue Dynamics to disclose my marks or course status to the following persons:

☐ employer

☐ ACMG / TAP for purposes of exam eligibility verification

☐ _____

signature _____

NOTE: Preferred payment method is eTransfer. Cheque or cash are also acceptable and preferred. Do NOT send cash by mail. If paying by MasterCard® or VISA® be sure to complete and attach the credit card payment form.

**RELEASE OF LIABILITY, WAIVER OF CLAIMS,
ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT**
(hereinafter the "Release Agreement")

**BY SIGNING THIS DOCUMENT YOU WILL WAIVE OR GIVE UP CERTAIN LEGAL RIGHTS,
INCLUDING THE RIGHT TO SUE FOR NEGLIGENCE, BREACH OF CONTRACT OR
BREACH OF THE OCCUPIERS LIABILITY ACT OR CLAIM COMPENSATION
FOLLOWING AN ACCIDENT**

PLEASE READ CAREFULLY!

This Release Agreement Shall Apply to All Future Participation in Wilderness Activities

SIGNATURE OF
CLIENT/STUDENT

Name	Last		First		Initial
Address	Street				
	City	Prov/State	Country	Code	
Email Address					
Date of Birth	Year	Month	Day	Age	
Telephone	Home	Office	Mobile		

Write in name of guiding company (where applicable) and all guides

TO: _____

ASSOCIATION OF CANADIAN MOUNTAIN GUIDES; HIS MAJESTY THE KING IN RIGHT OF CANADA; and their directors, officers, employees, guides, apprentice guides, instructors, volunteers, agents, independent contractors, subcontractors, representatives, successors and assigns (all of whom are hereinafter collectively referred to as **"the Releasees"**)

WILDERNESS ACTIVITIES

In this Release Agreement, the term **"wilderness activities"** shall include but is not limited to: alpine skiing, nordic skiing, telemark skiing, snowboarding, snowshoeing, hiking, touring, mountaineering, rock climbing, ice climbing, expeditions, trekking, glacier travel, and all activities, services and use of facilities either provided, arranged or organized by the Releasees including orientation and instructional sessions or classes, transportation, accommodation, food and beverage, and water supply, and all travel by or movement around helicopters, other aircraft, snowcats, snowmobiles or other vehicles and camping or overnight stays in the outdoors.

In this Release Agreement, the term **"Negligence"** includes the failure by the Releasees to use such care as a reasonably prudent and careful mountain guide/instructor would use under similar circumstances, or breach of any other duty of care imposed by law.

I AM AWARE OF THE RISKS, DANGERS AND HAZARDS ASSOCIATED WITH WILDERNESS ACTIVITIES AND I FREELY ACCEPT AND FULLY ASSUME ALL SUCH RISKS, DANGERS AND HAZARDS AND THE POSSIBILITY OF PERSONAL INJURY, DEATH, PROPERTY DAMAGE OR LOSS RESULTING THEREFROM.

NOTICE TO SNOWBOARDERS AND TELEMARK SKIERS - INCREASED RISK

Unlike alpine ski boot/binding systems, snowboard, and some telemark boot/binding systems are not designed or intended to release and will not release under normal circumstances, thus increasing the risk of not surviving an avalanche.

NON-SCHEDULED OR EMERGENCY EVACUATION, RESCUE OR FIRST AID

I acknowledge and agree that all expenses associated with non-scheduled or emergency evacuation, rescue or first aid will be my responsibility and will not be covered by the Releasees.

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SIGNATURE OF
CLIENT/STUDENT

ASSUMPTION OF RISKS – AVALANCHES, ALPINE TERRAIN, WILDERNESS TRAVEL, WEATHER

I am aware that participation in wilderness activities involves many risks, dangers and hazards. Avalanches occur frequently in the terrain used for wilderness activities and may be caused by natural forces or by persons travelling through the terrain. I am aware that the Releasees may fail to predict whether the terrain is safe or whether an avalanche may occur. The terrain used for wilderness activities is uncontrolled, unmarked, not inspected, and involves many risks, dangers and hazards in addition to that of avalanche. These may include, but are not limited to: cornices; crevasses; cliffs; trees, tree wells; tree stumps; forest dead fall; creeks; rocks; rockfall; boulders; holes and depressions on or below the snow surface; variable and difficult snow conditions; lightning; effects of high altitude including pulmonary edema and cerebral edema; snow immersion; equipment failure including equipment associated with or related to climbing, rappelling and belaying; encounters with dangerous or poisonous flora and fauna; impact or collision with other persons; becoming lost or separated from one's party or guide; loss of balance, slips, trips and falls; infectious disease contracted through viruses, bacteria, parasites, and fungi which may be transmitted through direct or indirect contact; negligence of other persons; and **NEGLIGENCE ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF WILDERNESS ACTIVITIES.**

Communication in the alpine terrain may be difficult, and in the event of an accident or illness, rescue, medical treatment and evacuation may not be available or may be delayed. Alpine weather conditions may be extreme and can change rapidly and without warning. Disease may arise from the increased difficulty in maintaining personal hygiene.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT

In consideration of the Releasees allowing me to participate in wilderness activities I hereby agree as follows:

1. **TO WAIVE ANY AND ALL CLAIMS** that I have or may in the future have against the Releasees and **TO RELEASE THE RELEASEES** from any and all liability for any loss, damage, expense or injury including death that I may suffer, or that my next of kin may suffer as a result of my participation in wilderness activities, **DUE TO ANY CAUSE WHATSOEVER, INCLUDING NEGLIGENCE, BREACH OF CONTRACT, OR BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE, INCLUDING ANY DUTY OF CARE OWED UNDER ANY APPLICABLE OCCUPIER'S LIABILITY LEGISLATION ON THE PART OF THE RELEASEES. I UNDERSTAND THAT NEGLIGENCE INCLUDES FAILURE ON THE PART OF THE RELEASEES TO TAKE REASONABLE STEPS TO SAFEGUARD OR PROTECT ME FROM OR WARN ME OF THE RISKS, DANGERS AND HAZARDS OF PARTICIPATING IN WILDERNESS ACTIVITIES;**
2. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party resulting from my participation in wilderness activities;
3. This Release Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives, in the event of my death or incapacity;
4. This Release Agreement and any rights, duties and obligations as between the parties to this Release Agreement shall be governed by and interpreted solely in accordance with the laws of the province where the wilderness activities take place and no other jurisdiction; and
5. Any litigation involving the parties to this Release Agreement shall be brought solely within the province where the wilderness activities take place and shall be within the exclusive jurisdiction of the Courts of that province.

In entering into this Release Agreement I am not relying on any oral or written representations or statements made by the Releasees with respect to the safety of wilderness activities, other than what is set forth in this Release Agreement.

I CONFIRM THAT I HAVE READ THIS RELEASE AGREEMENT AND I AM AWARE THAT BY SIGNING THIS RELEASE AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I OR MY HEIRS, NEXT OF KIN, EXECUTORS, ADMINISTRATORS, ASSIGNS AND REPRESENTATIVES MAY HAVE AGAINST THE RELEASEES.

I ACKNOWLEDGE THAT THIS RELEASE AGREEMENT SHALL APPLY TO ALL FUTURE PARTICIPATION IN WILDERNESS ACTIVITIES

Witness Signature

Please Print Name of Witness

Signature of client/student

Date

Signature of Parent or Guardian if under age 19

MEDICAL INFORMATION FORM

Name	Last	First	Initial
Date of Birth	Year	Month	Day Age

EMERGENCY CONTACT

NAME		Relationship
TELEPHONE	HOME	Office Mobile

MEDICAL INFORMATION

ALLERGIES		
MEDICATIONS		
MEDICAL CONDITIONS		
FAMILY DOCTOR		Phone
MEDICAL INSURANCE NUMBER AND CARRIER		
IS THERE ANY OTHER HEALTH OR MEDICAL INFORMATION YOU WANT US TO KNOW ABOUT		

