



PO Box 1160 Idyllwild, California 92549
 877.4-WILD-OUT (877.494.5368)
 adventure@wildernessoutings.com
 www.wildernessoutings.com

Adventure. For Life.

Course Registration Form

Course Information

Course Name	Course Dates	Course Location
How did you hear about Wilderness Outings?		A16 Discount Coupon# (if applicable):

Client Information

First Name	Last Name	Middle Initial
Permanent Address	City, State	Zip
Day Phone	Evening/Cell Phone	E-mail (REQUIRED for confirmation)

Course-Specific Information

Please provide the following information ONLY if it pertains to your course.

Rock Climbing Courses Please specify... Your shoe size? _____ Your waist size? _____	Backpacking Outings Please list any specific dietary needs:
For Wilderness Medicine Courses (Recertification, Bridge or WEMT courses ONLY):	
Current Certification level:	Certification Expiration date:
Name of certifying agency:	

Payment Information

Tuition Amount	Amount Enclosed	Payment Method: <input type="checkbox"/> Check Enclosed <input type="checkbox"/> Visa/Mastercard <input type="checkbox"/> Other:	
Credit Card # (print clearly)	Exact Name on Card (print clearly)		Expiration Date
Billing Address	City	State	Zip
I authorize Wilderness Outings to charge my credit card for the above tuition: Sign Here _____		I have read and agree to the terms of the Registration, Cancellation and Transfer Policy: Sign Here _____	

Registration, Cancellation and Transfer Policy

The Wilderness Outings Registration, Cancellation and Transfer Policy is based upon our goal to deliver quality, well-planned outings for our clients. Late cancellations and transfers place courses at risk of cancellation, creating hardship and frustration for other registered clients. Further, once a client is confirmed on a course, Wilderness Outings incurs multiple expenses that cannot be recovered after a cancellation. For these reasons, please choose your course carefully.

Registration: All courses require full payment to reserve a space. For Wilderness First Responder courses, a minimum deposit of \$300 may be made, with the balance due two weeks prior to the start of the course. Unpaid balances will result in non-participation, and are subject to the Cancellation Policy.

Cancellations or transfer requests will be handled according to the following criteria:

15 days or more prior to Day 1 of your course: Cancellations or transfer request will be subject to a \$40 processing fee, per registration. You may transfer only once to a future course.

14 days to 48 hours prior to Day 1: Cancellations result in 100% forfeiture of tuition. You may transfer to a future course with a credit of 30% of your paid tuition- this credit must be used within six months of your original course.

Within 48 hours of Day 1: Cancellations or transfer requests result in 100% forfeiture of tuition.

There is no refund for no-shows or early departure from a course. In the event that Wilderness Outings cancels a course due to inclement weather or low enrollment, you will receive a full refund, or you may transfer to another course with no additional fee. If you must cancel your registration, and if you can find another person to fill your spot, you will receive a full refund.

For Wilderness Medicine Courses: If, due to tardiness or absence, you become ineligible for certification, there will be no refunds. For Recertification, Bridge or Challenge students, please note that if you arrive at your course and are determined to be ineligible for your course, there will be no refund of course tuitions. You are responsible to ensure your eligibility for this course with Wilderness Medical Associates (WMA). Contact WMA at 207.730.7331 or Wilderness Outings for more information.

Medical Information

Wilderness Outings requests this information to assist field staff in the management of specialized medical conditions that any participant or observer may have. This information will remain protected and confidential. Wilderness Outings makes no pre-event determination of fitness or ability to participate in any activity, outing or course, and strongly recommends that all participants discuss these activities with their physician prior to arrival at the event. We will be happy to provide more information to you or your physician regarding the requirements for participation.

Wilderness Outings operates in outdoor, sometimes remote, wilderness locations. Clients may carry 25-50 lb. packs, hike 2-10 miles a day, and climb over 14,000'. Potentially harmful animals and vegetation may be encountered. On overnight outings, clients sleep outdoors and prepare their own meals. Weather conditions can vary greatly: temperatures from below freezing to over 100°F, rain and snow storms, high winds and intense sunlight are possible. Prior conditioning is strongly recommended. On all courses or outings, clients are expected to take responsibility for their own safety. Please consider the above description carefully as you complete this section.

Participant Age:	Height:	Weight:
Emergency Contact Person:	Phone:	Relationship:

Please list any relevant current or past medical or emotional conditions:

Condition:

Management considerations or limitations:

Note: The following list is a non-exhaustive list of conditions that may be pertinent: musculoskeletal injuries, cardio-respiratory system problems, neurologic conditions, allergies (environmental), blood sugar management, heat or cold injury...

Please list any medications that you take on a regular or periodic basis, and the typical dosage:

Medication:

Dosage:

For what condition?:

Verification of Accuracy and Full Disclosure

I understand and acknowledge that Wilderness Outings is not making a determination of my fitness for an outing; rather, I represent to Wilderness Outings and verify that I am physically fit and ready for the outing.

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others during a Wilderness Outing. I agree to indemnify and hold harmless Apogee Endeavors, LLC dba Wilderness Outings (hereafter referred to as 'Wilderness Outings') and its affiliates, members, officers, employees, independent contractors and other agents from any claims I may make for personal injuries or death to myself and from the claims of third parties whose injury or death I may have contributed to or caused as a result of my failure to disclose any such information.

I represent and warrant that I have provided all material and important information to Wilderness Outings pertaining to my medical, mental, and physical condition, in view of my participation on a Wilderness Outing. I agree to notify the Lead Instructor if there is any change in my physical, mental, or medical condition prior to my scheduled outing. I further represent and warrant that this information is complete and accurate.

Sign Here ✍

Signature of Participant or Parent/Guardian

Date

Completing your Registration

Please mail or fax this form to:

Wilderness Outings
PO Box 1160
Idyllwild, California 92549

Toll Free: 877.4.WILD.OUT
(877.494.5368)
Fax: 951.659.4091

Confirmation

When your Registration is received and confirmed by Wilderness Outings, a Confirmation Packet will be sent to you by e-mail within 1-3 days with information such as directions, and what to bring. Additionally, you will be required to read and sign an 'Assumption or Risk and Release of Liability' and 'Consent to Treat' form prior to your participation in any Outing or Course. (You may view this form on our website at www.wildernessoutings.com) This form can be brought with you to the start of the course and turned in to your instructor.

Questions?

Feel free to contact us with any questions you might have: 877.4-WILD-OUT (877.494.5368)

We look forward to seeing you!

Office Use

Payment received	Method	Confirmation Packet sent:	Processed by:
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