



Emergency Response Training LLC

Registration Form

Please complete and return to:
6834 Plantation Road
Frederick, MD 21701

Student Name _____ DOB _____

Address _____ Home Phone _____

_____ Cell Phone _____

Email address _____ @ _____

Emergency Contact _____ Relationship _____

Contact Number _____

Class Registering for _____ Class Date _____

If registering for a WFA class will you be staying for CPR (+ \$25) YES NO

Class Information

Classes will be held at 6834 Plantation Road Frederick, MD 21701 unless otherwise noted. All students are responsible for being to on class on time and staying the entire length of the class. Students will be contacted by email the week prior to class with the information that they will need for the class. If you have not been contacted by the Monday prior to class, please contact us at info@onthetrailfirstaid.com so that we can provide you with the necessary information.

Cancellation and Refund Policy

The current refund policy for Emergency Response Training classes is as follows: "Includes a \$50.00 non-refundable registration fee. If the student cancels after 5 p.m. the Friday one week before the class, the student will not receive a refund, thereby forfeiting the entire class fee. This includes "no-shows" and students that do not participate in the entire class. If the instructors cancel the class, the student will receive a full refund."

When submitting your registration form, please submit the following:

- Registration form
- Check (for the entire amount) made payable to Emergency Response Training
- Liability form

If taking the Wilderness First Aid class please also include:

- Health form

I have read, understand and agree to the cancellation policy of Emergency Response Training.

Student Name (or parent/guardian if student is a minor)

Date

Signature

For Official Use Only: ____/____/____

- Full payment Registration Form (complete)
- Health Form Liability Form



Emergency Response Training LLC

Medical Information Form

Student Name: _____

DOB: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Emergency Contact:

Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Medial Information:

Allergies: _____

Medications: _____

Past Medical History: _____

Do you wear contacts? YES NO Are you pregnant? YES NO

Do you have any medical issues that might affect your ability to fully participate in the class?

The information collected on this form is COMPLETELY confidential and will be disclosed to no other person unless needed for emergency medical treatment. It is the responsibility of each participant to know and understand their limitations and to work within them as to limit chance for illness or injury. It is also each student's responsibility to bring any medications they might need during the class. Any life saving medications (i.e. Epi-Pen, Nitro, Albuterol etc.) should be brought to the attention of the instructors so that they may be of assistance if administration of that medication is required. No medications are kept on the site of the Emergency Response Training Center, therefore please bring your own.

I give permission for the staff of Emergency Response Training to administer first aid and/or life saving care to me (or my child if the student is a minor) if needed. I also grant permission for Emergency Response Training to secure proper treatment at a definitive care facility including but limited to hospitalization, surgery, medication administration if I am unable to grant consent (or I am unable to be reached if the student is a minor).

Print Name

Date

Signature

Print name of Parent or Guardian (if student is a minor)

Date

Signature



Emergency Response Training LLC

Student Agreement and Waiver

Please read through this entire document carefully. It must be signed by all students (or parent/guardian if student is a minor) in order to participate in the program.

Activities and Risks:

I understand that the Wilderness First Aid Class will include risks that are inherent to outdoor activities and may include (but not limited to) the following:

- Hiking on uneven terrain
- Carrying persons or being carried over uneven terrain
- Physical and emotional stress
- Equipment failure, damage, or loss
- Extreme weather conditions
- Prolong exposure to inclement weather
- Delay in definitive care

I also understand and acknowledge that these risks may result in broken bones, injury to self, loss or damage of equipment, illness, or in extreme cases, permanent trauma, disability, or death.

Medical Provision:

Emergency Response Training LLC is in no way responsible for determining the physical or mental abilities of the students and their ability to fully participate in the class. I understand that if I have any medical concerns I will address them with my physician prior to the class. I will also notify the instructor of any medical issues or disabilities that may interfere with my participation in the class. I know of no medical health reason why any minor I am signing for should not participate in the class.

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 Emergency Response Training LLC, its officers, trustees, agents, and staff including employees, volunteers and interns, 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 a minor student of whom I sign for, arising in whole or part from my, or the minor student's enrollment or participation on any activity of Emergency Response Training LLC. I agree further to indemnify ("indemnify" meaning to defend, and to pay or reimburse, including costs and attorney's fees) Released Parties against any claim by a member of my, or the minor 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 the minor student, in connection with my or the minor student's, enrollment or participation in any activity of Emergency Response Training. 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 loss which occurs on lands whose rules or regulations prohibit such agreements.

I agree that all disputes arising under this contract shall be litigated exclusively in the Circuit Court for Frederick County or in the United States District Court for the District of Maryland. This agreement is governed by applicable law of this state. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

The Student and the Parent or Guardian of a minor student have read this page and understand and voluntarily agree to its terms, which shall be binding upon them, their heirs, estate, executors, and administrators. The agreement may only be modified in writing.

Student Signature DOB _____ Date _____

Student Name (Print)

If Student is a minor (under the age of 18), a parent or guardian must sign below.

Parent/Guardian Signature Date _____

Print name