

Wilderness Medicine Outfitters Ana – Epi 2-3
Course registration, waiver, information, Contract, disclaimer,
and acknowledgment Distance learning Anaphylaxis –Epinephrine



I hereby contract that I will not copy or share any materials that I receive with this course. I am agreeing to a non disclosure regarding all materials of this course. The minimum admitted penalty for breaking this agreement is \$1,000. This course ONLY covers the use of Epinephrine Auto injectors and over the counter antihistamines. The course may be voided after 21 days if not completed. I understand it is solely my responsibility to check and follow states laws regarding delivery of epinephrine to a patient in any state I am in. Laws and rules are subject to change which is a reason to have a working rapport with a physician. I have been told I should write my state authority and request notice of all rule or law changes pertaining to these matters to be sent to me and keep a copy of that request. I further understand WMO's training gives me no authority as that must come from state laws and rules and should be reviewed with my physician. There are no refunds for this course. I, the undersigned agree any legal actions, arbitration, or mediation will occur in Colorado and be under its laws and procedures. Paying for this course and work on it does not guarantee passing as that is solely determined by WMO based on my performance in their unchallengeable evaluation.

I have been told to check with and follow the advice, directions and instructions of my personal physician or physician advisor. I have been told I must seek out a physician if I do not have one. I have also been told to follow the instructions of said physician; even if it is in conflict with the course I am taking or have taken from Wilderness Medicine Outfitters. I agree to make physician review arrangements and follow the laws of my state within no more than one week following this course completion if not sooner. I agree to check, follow the state laws and the physicians directions before giving any one other than myself EPI or antihistamines. It is recommended that this review be done at least annually. Your physician will decide if needed per person assisted. I am of legal age and sound mental status to commit to this contract. I have been told to keep a copy of this contract.

In your own hand, legibly write the following on next line:

“I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE”

Printed Student Name

Student Signature

Address

date

Your Email address

best telephone number and times available