

## **Prolonged Transport Training Waiver**

I hereby acknowledge that I have been clearly told the course I am taking from Wilderness Medicine Outfitters / Carl Weil (WMO/CW), contains some medical treatment information that is considered controversial. I have been told to check with and follow the advice/ instructions of my personal physician/physician advisor. I have been told to seek out a physician if I do not have one, only docs can authorize me to give meds. I am to follow the instructions of said physician, even if it is in conflict with the course I am taking from Wilderness Medicine Outfitters. I agree to immediately notify a class instructor if I, or anyone else in the class is injured during a class. I will describe any injuries, problem or concerns on my three questions due each 4 hrs. I have been told not to lift any weight in class if I have an injured back or extremity. I have been told to lift with my legs not my back. I am responsible for my wellbeing. I can ask to be excused from any practical exercise participation I feel uncomfortable or unsafe with. I agree to hold harmless defend and indemnify WMO / CW from any incident that happen to me during class. I have been offered a copy of the course detailed learning objectives with references for purchase to prevent confusion. I have read and agree to follow the current WMO housekeeping form. I have been given a copy of this form.

**In your own hand, write:" I have read, understand, and agree to the above"**


**Sign legibly Name, address and date**

Wilderness Medicine Outfitter 2477 County Rd. Elizabeth CO 80107 (303)688-5176 waiver 1-95 1-15 r6