

NAWA RESCUE

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY	
Dt. App. Rec.	_____
App. Compl.	_____
Deposit	_____
Dt. Deposit Rec.	_____

Date _____

Applicant's Full Name _____
(Last) (First) (Middle Initial)

Male Female

Date of Birth _____ Email Address _____

Applicant's Home Address _____
(Street)

(City) (State) (Zip) (Country) (Phone Number)

In case of an emergency, notify _____
(Last) (First)

Relation to applicant _____ Phone _____

Address _____
(Street) (City) (State) (Zip)

How did you hear about Nawa Rescue? _____

- I am applying with a group This is my first training with Nawa Rescue
 I am applying as an individual This is my _____ training with Nawa Rescue

Select One:

- Spring Rescue Training
- Medical Training
- Rope Rescue
- Water Rescue
- Cave Rescue
- Backcountry
- Winter Skills

Specify Course Name: _____

Specify Course Date(s): _____

Specify Course Code(s): _____
(course codes listed on website)

Financial Information:

Course Cost: _____

Amount Enclosed: _____ (credit cards are not accepted)

Note: All courses include a Nawa Rescue T-Shirt. Circle the size below.
small medium large extra-large XXL

Registration is on a first-come, first-served basis, with spaces limited. Please make checks payable to NAWA.
 A \$50.00 nonrefundable deposit is due to reserve a space in a Spring Rescue Training.

Updated: 4-16-08

NAWA RESCUE

17351 Trinity Mountain Road • French Gulch, CA 96033

(800) 358-6292 • (530) 359-2215 • Fax (530) 359-2229 • e-mail: info@nawa-academy.com

Previous Outdoor Experience

NOTE: Applicant is not required to have previous knowledge or training in any category to participate.

	Beginner	Intermediate	Experienced
Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing (with ropes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rappelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertical Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swift Water Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List any previous training that you have attended related to this course: _____

Please include any comments about experience levels and/or phobias: _____

Dietary Information

Is the applicant practicing any specific diet? Yes No

If yes, explain: _____

Which foods will not be eaten? _____

Training Goals

Why have you chosen to attend this training? _____

What are your goals for attending this training? _____

Emergency Notification and Data Sheet

Participant Name: _____ Age: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

General Medical History: _____

Allergies? (Please indicate severity) Food (which kinds) _____ Poison Oak _____ Bee Stings _____

Do you carry an epi-kit? _____ Other: (drug, asthma, hay fever, etc.) _____

In An Emergency Notify

(1) Name: _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

E-Mail Address: _____

Best Times to Call: _____

(2) Name (someone in another city or state): _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home) _____

E-Mail Address: _____

Best Times to Call: _____

Medical Insurance Billing Information

Company Name: _____

Telephone Number: _____

Policy/I.D. Number: _____

Address: _____

Comments: _____

Provide a copy of the applicant's medical insurance card



ACKNOWLEDGMENT OF RISKS • ASSUMPTION OF RISK AND RESPONSIBILITY • RELEASE OF LIABILITY

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

CONVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group ; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

RELEASE: In consideration of services or property provided, I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **NAWA**, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an emergency, notify: _____ Phone: _____

Date: ____/____/____ Age of Participant: _____



ACKNOWLEDGMENT OF RISK FORM FOR PARTICIPATION ON NATIONAL FOREST LAND

WARNING: NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

ACKNOWLEDGMENT OF RISKS: I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of NAWA.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group ; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

Agreement: I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by NAWA. I (we) further understand that NAWA reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.

Participant’s Name (printed): _____ Participant’s Signature: _____

In an emergency, notify: _____ Phone: _____

Date: ____/____/____ Age of Participant: _____