



Dear SOLO Wilderness First Responder Participant:

Thank you for your interest in participating in a SOLO Wilderness Medicine course held at The University of Massachusetts Lowell.

Title: SOLO Wilderness First Responder

Dates: January 11-18, 2020

Times: 8am – 5:00pm all days (30min - 1 hour for lunch)

1-2 Night sessions may be required dates and times to be determined by instructor

Cost: \$550.00 UML Students/Faculty/Staff \$625.00 Public

\$100 Optional lodging at the Recreation Center is available for the duration of the course including showers, locker, kitchen (microwave, fridge, sink) and sleeping on the floor. Accommodations will be available from 8pm 1/10/20 to 8am 1/18/20.

Included in this packet are:

- ✓ Course Policies
- ✓ Equipment List
- ✓ Directions to the Campus Recreation Center
- ✓ Lodging Information
- ✓ Health Form
- ✓ Assumption of Risk

Please take the time to go through this information, and be in touch with questions or concerns that you may have prior to the course. Please print out and complete the health and assumption of risk forms and bring the forms to the first day of the course.

We look forward to welcoming you to UMass Lowell!

Kevin Soleil

Assistant Director of Outdoor and Bicycle Programs

UMass Lowell Campus Recreation

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www.uml.edu/campusrecreation

Course Site Policies:

Cancellations and Refunds

Due to needs of planning and reservations, cancellations must be made 14 DAYS PRIOR TO course date to receive a full refund. Cancellations that occur within 14 days of course will receive no refund, unless another participant on the waiting list can be found to take the open spot. 100% of your payment will be refunded if the course is cancelled by OAP staff (sometimes due to weather). Some longer and specialty trips/events may have separate cancellation and refund policies, which will be outlined at the time of registration. Participants are expected to be responsible for arriving on time and prepared for the course. Those who register for a course but do not show up on time or fail to complete the certification successfully will not receive a refund.

Alcohol, Drugs, & Tobacco

It is our mission to provide healthy and safe outdoor recreation experiences. Alcohol and illegal drugs are PROHIBITED on OAP trips and courses. We represent UMass Lowell on our trips and we need to follow the university's zero tolerance policy even while away from campus. Consumption and/or possession of alcohol or drugs while attending an Outdoor Adventure trip or event will be handled through the appropriate UMass Lowell authorities. If you carry personal medications you must indicate this on your Health Statement and keep it in your possession while on the trip. UMass Lowell is a smoke free campus.

Harassment & Discrimination

No harassment of any kind will be tolerated by participants or staff during any Outdoor Adventure trip or event. The Outdoor Adventure Program strives to be sensitive and supportive of cultural and individual differences—specifically those differences due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, and socioeconomic status. We encourage respect and appreciation for the diversity of all participants and staff and we hope you will do the same. It is your responsibility to report any misconduct to Outdoor Adventure Program staff or the Program Coordinator immediately.

Equipment Use

The Outdoor Adventure Program seeks to provide what equipment we can to participants in order to provide a safe and fun experience. Participants are responsible for equipment rented to them by the Outdoor Adventure Program. Participants will be responsible for paying for any damaged or lost equipment as assessed by the Outdoor Program Coordinator.

Pets

Pets are not allowed on the course site. Any student bringing pets to class will be asked to leave class until the pet is safely situated in a kennel or other facility.

Directions to Course Location

Campus Recreation Center Address:

322 Aiken St. Lowell, MA 01854

The course will be held in the Campus Recreation Center meeting room, #111.

From South or West

- From 495 N, take Exit 35C for the Lowell Connector, keep left at the fork to continue
- From US 3 North take a slight right onto the Lowell Connector (signs for I-495/Lawrence)
- Take Exit 5B to merge onto Massachusetts 3A N/Thorndike St (follow signs for UMass Lowell)
- Continue into downtown, turn Left at the intersection with the Tsongas Center, onto Farther Morissette Blvd
- Take your 3rd right onto Aiken St (be careful, the second traffic light is on the street corners and can be easy to miss)
- The Campus Recreation Center the red brick building one block down on the left, at the corner of Aiken and Perkins Streets.

From the North or East

- From 495, take Exit 1A for I-93 South toward Boston
- Take exit 46 for SR 113/ 110 toward Dracut
- At the traffic circle, take the 1st exit onto Lowell St. This turns into Lowell Blvd, Merrimack Ave, then the VFW Highway.
- Turn Left onto Aiken St. (Top Donuts is on the far corner of this intersection)
- The Campus Recreation Center is on the right, just across the bridge.

Parking

Free Parking can be found in the Campus Recreation Center Lot (P4) as well as East Garage (East Parking Garage (EPG) 47 Pawtucket St., Lowell, MA 01824). Call the on duty attendant at the parking gate or overnight host for access. See parking map [here](#). Students are discouraged from using hourly parking.

Food

There are two options for on campus dining and many food options close by in downtown Lowell. See the pages below for hours and menu of the University Dining options.

University Dining Commons – [See Schedule Here](#)

Local Accommodation Options

UMass Lowell Inn and Conference Center

50 Warren St, Lowell, MA 01852
(978) 934-6920

<http://www.acc-umlinnandconferencecenter.com/>

(Approximately 15 minute walk from course site)

On Site Overnight Accommodations

\$100 Optional lodging at the Recreation Center is available for the duration of the course including showers, locker, kitchen (microwave, fridge, sink) and sleeping on the floor. Accommodations will be available from 8pm 1/10/20 to 8am 1/18/20. This can be added to your registration at any time up until the start of the course.

Wilderness First Responder (WFR) Gear List

You should plan to wear or have with you clothing that will be appropriate to the season and location where you will be taking your course. Weather permitting, we will be spending a significant portion of the class time out-of-doors. The following list is to SUPPLEMENT the clothing you will be wearing and is to be considered a minimum. You are free to supplement it with anything else you would normally carry. You will be using your equipment to provide care, build splints, and to keep yourself and OTHERS warm. *Please note, we use moulage throughout the training that can stain some clothing, therefore, you may want to bring older or darker clothing to wear for scenarios.*

Required

The following items should be packed for each class

- Pack to put everything in (2500 cu in or large) or duffle bag
 - Raingear tops and Bottoms (no ponchos, water proof versus water resistant)
 - 2 Warm Hats (synthetic* or wool)
 - 1 Pair Warm Gloves or Mittens (synthetic* or wool)
 - Long Underwear Tops and Bottoms/Base layers (synthetic* or wool)
 - Warm Top and Bottom Layer (synthetic* or wool)
 - 2 Pair Warm socks (synthetic* or wool)
 - 2 Water Bottles (1 liter/quart or larger)
 - Hiking boots or Sturdy Hiking Shoes (no Five Fingers™ shoes please)
 - Notebook with Pen/Pencil
- *Polyester or Polypropylene (Capilene™, Bergelene™, Dri-Clime™, etc.) We do not recommend cotton which loses its ability to hold heat if wet.**

Highly Recommended

- Watch with Second Hand (or digital with seconds)
- Headlamp or Flashlight (don't forget extra batteries and bulbs)
- Pocket Knife
- Insect Repellent (in season)
- Sunglasses and Sunscreen
- 40 feet Small Diameter Cord (parachute cord is fine)
- Sleeping Pad (Ensolite, Thermarest™, Ridgerest™, etc.)
- 10' X 10' 4-6 mil Plastic Tarp (for shelter building)
- Bandanas/Cravats of any kind

UMass Lowell Outdoor Adventure

RELEASE OF LIABILITY (ADULT 18+)

I understand that participation in UMass Lowell Campus Recreation programs or utilizing its facilities is purely voluntary. I agree, on behalf of myself, my assigns, executors, and heirs, to release and indemnify and hold harmless, the Commonwealth, the **University of Massachusetts**, its Trustees, officers, agents, instructors, employees, hereinafter collectively referred to as **University**, from and against any and all claims, liability, losses, third party claims, damages, costs, or expenses (including attorneys' fees) arising out of or resulting from claims of negligence which I, my heirs, representatives, executors, administrators, and assigns may now have, or have in the future against **University** on account of personal injury, property damage, death or accident of any kind arising out of or in any way related to my presence at or participation in any activity, event or program, including traveling to, training for, being instructed in using equipment for or participation in or at any UMass Lowell Campus Recreation event, program, activity or facility. I agree to be responsible for any damage to University property that occurs while in my possession.

I understand that I am releasing **University** from any and all claims for injuries or damages arising out of **University's** negligence including, but not limited to the temporary or permanent muscle strain or soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, fractures, spinal injuries, head injuries, eye injuries, disfigurement, paralysis, internal injuries, organ damage or death. I recognize that there are other risks of injury that may occur by my participation, which are inherent in physical activity.

I understand that I am responsible for determining whether I have any health conditions that restrict my participation in any UMass Lowell Campus Recreation event or activity. UMass Lowell may rely on my representation that I am healthy enough to participate safely. I understand that should an accident or injury occur, I hereby give my consent to necessary medical care. I acknowledge and accept that the cost of such medical care is my responsibility.

It is the clear intent of this release agreement that the participator is releasing **University** and/or the UMass Lowell Campus Recreation Department, their Trustees, officers, agents, employees and/or instructors from any and all liability for any personal injury or property damage caused by **University's** negligence or the negligence of any and all officers, agents, employees or members of **University** or the UMass Lowell Campus Recreation Department.

I understand, have read this release and understand its terms.

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Required if participant is under the age of 18 at the time of the event/experience)

Activity _____ Date _____

UMass Lowell Campus Recreation
Outdoor Adventure Program
100 Pawtucket Street Lowell, MA 01854
(p)978.934.6797 Outdoor_adventure@uml.edu
www.uml.edu/OAP

UMass Lowell Outdoor Adventure
Health and Medical Form

- Please complete this form in its entirety. It aids in identifying participants who might have special needs and therefore need extra safety precautions. It also provides important medical information in the event any treatment is required.
- The information on this form is confidential.
- Please attach additional pages if necessary

General Information:

Full Name: _____ Male _____ Female _____
 Student _____ Faculty _____ Staff _____ CRC Member _____ Non-University _____
 Permanent Address: _____
 City: _____ State: _____ Zip Code: _____
 Local Telephone #: _____ E-mail: _____
 Date of Birth: _____ Height: _____ Weight: _____
 Shoe Size: _____ Do you wear eye glasses/contacts? _____ What Rx or Strength? _____ R _____ L
 Can you swim? _____
 Are you currently certified in (check all that apply):
 CPR ___ First-Aid ___ First Responder ___ EMT ___ Other _____

Emergency Contact: _____ Telephone #: _____
 Relationship _____
 Medical Insurance Co. _____ Policy#: _____
 Physician's Name: _____ Telephone#: _____

Medical Information:

Allergies (Including medicines, foods, bites, stings).

_____ NONE (initial here if you have none)

<i>Allergy</i>	<i>Reactions (what happened)</i>	<i>Medication Required</i>

Medication

_____ NONE (initial here if you have none)

<i>Medication</i>	<i>Condition</i>	<i>Dosage (amt./frequency)</i>	<i>Side Effects</i>

Health History (please describe in area provided if checked yes)

Yes	No		Yes	No	
___	___	1. Pregnant	___	___	8. Other medical issues
___	___	2. Require medical equipment	___	___	illness/symptoms needs
___	___	3. Seizure within past year	___	___	9. Do you have diabetes,
___	___	4. Hospitalization/emergency	___	___	NIDDM or IDDM?
		Room visit within past year	___	___	10. Do you have elevated
___	___	5. Surgeries within past year			blood cholesterol or triglycerides
___	___	6. Neck/back/shoulder/knee	___	___	11. Do you smoke?
		ankle problems	___	___	12. Do you consume more than
___	___	7. History of heart attack or			one alcoholic beverage per day?
		other heart problems			

If you answer yes to any question in the Health Profile section, please provide a detailed description including symptoms and restrictions.

Fitness Level

Be advised that OA programs involve physical exertion but nothing out of the average person's physical capabilities. To prepare yourself for the activity, it is recommended that you do some aerobic activity like biking, walking/hiking, or jogging for about 20-30 minutes per day at least 3 times per week. If time before the program permits, increase your exercise level incrementally over a two to three month period.

Please describe current exercise activities including frequency and intensity

Parental Consent (To be completed by parents or guardians of students under the age of 18)

The laws of Massachusetts require that surgical and medical treatment of minors and release of medical information to hospitals, other physicians, and insurance companies about conditions treated by us be at the request of and with the approval of their parents. This right to request and approval may be delegated to College officials. Although it is our policy to notify the parents as soon as possible in the event of major illness or injury, it is impractical to notify for every minor illness or injury requiring treatment. It will help us protect the health of your child if you will delegate to us discretion in these matters.

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my child and agree to present information concerning their medical condition to other responsible authorities when deemed desirable. No major operations will be performed, except in extreme emergency, without parents being fully informed.

Signature of Parent or Legal Guardian _____ Date _____
Signature of Student _____ Date _____

Please return this form as soon as possible to allow time for review. It is possible that further medical evaluation is needed to approve your participation in some OA activities.