



Participant Name: _____

DOB: _____ Phone: _____

Email: _____

Emergency Contact: _____

(Phone): _____

**Waiver and Release for Participation in
Winter Wilderness First Aid Course for Nurses and EMTs**

I, _____, acknowledge and agree that I wish to voluntarily participate in the Winter Wilderness First Aid Course for Nurses and EMTs being offered through the Departments of Emergency Medicine and Continuing Nurse Education at Dartmouth Hitchcock. I understand that my participation is completely voluntary and that the course fee is \$75.00 for two days of participation January 20th, from 4:00 – 8:15 pm, and January 21, 2023, from 9:00 am – 4:15 pm). I can receive up to 10.5 nursing continuing education credits, or a certificate of completion for EMTs, AEMTs, and ED Technicians for my participation in this course. Part of the course will involve participation in mock rescue exercises, and I will be going to **Boston Lot, Lebanon, NH**, with my instructors and fellow students for this portion of the training and education.

Boston Lot is a forested area with hiking trails and a reservoir at the peak (683 feet). Boston Lot is a “use at your own risk” area and is not on Dartmouth-Hitchcock property. For more information regarding this property, it’s use, rules and restrictions, you can visit Boston lot: [Lebanon, NH](#)

I understand that travel to and from Boston Lot and parking of my personal vehicle or other mode of transportation to and from Boston Lot as well as those activities and exercises I participate in while at Boston Lot could carry the risk of potentially serious injuries or illness, loss or damage to personal property, or financial loss or theft as a result of my participation in the event. I agree to voluntarily assume the full risk of any and all injury, damage and loss of any kind arising out of my participation in these voluntary activities. I am responsible for my own personal belongings while attending these classes.

In signing this waiver, I release and forever discharge Dartmouth Hitchcock, the Dartmouth Hitchcock Clinic, Mary Hitchcock Memorial Hospital, and any and all of their directors, officers, employees, and insurers from any and all risks or injuries, damages, harm, or financial losses that occur to me as a result of my voluntary participation in the Wilderness First Aid Course for Nurses activities at Boston Lot, Lebanon, NH.

Name of Participant

Signature of Participant

Date Signed