



WILDERNESS & REMOTE FIRST AID ADDENDUM

This Addendum forms part of your Application for Insurance as an Authorized Provider in providing instruction in First Aid, CPR and Wilderness & Remote First Aid.

Please complete all Sections to the best of your ability. If you are unsure how to answer, please contact McFarlan Rowlands. If there is not sufficient space for you to answer the questions, please add information on a separate page.

Name of Applicant: _____

Number of Employees: _____

Levels of Training Taught (Level 1 or 2 or Both): _____

Number of persons anticipated in each class: _____ Number of Students Annually: _____

What percentage of the course(s) will be done outside of the classroom? _____

Type of environment the outside portion is to be held in:

A parking lot or grassy park-lot area? Yes No

Wilderness and/or remote areas? Yes No

If yes, is it accessible for emergency services? Yes No

Will Remote & Wilderness Instruction be taught all year or seasonal only? All year Seasonal

If seasonal, please advise what months of the year: _____

Will there be special training trips (i.e. Canoe trips, hiking)? Yes No

If yes, please provide details regarding location and risk management steps to be taken (in certain instances, would you be hiring guides/outfitters?) _____

Will any training simulations be done on water? Yes No

Will any training simulations be done on rocks or steep inclines? Yes No

If yes to either above, please describe activity: _____

Please complete section below for all persons involved in teaching of Wilderness First Aid:

(If space is insufficient, please provide on a separate sheet.)

Name	Qualifications	To teach Level I or II or Both?

I understand that the teaching of Remote & Wilderness First Aid may present situations that can create inherent risk of injury to participants.

I agree that I will require all participants (or parent/guardian, if under the age of majority) to sign the Canadian Red Cross Risk Awareness and Release Form at the time of course registration and that I will retain a copy of the signed forms on file for future reference.

Applicant's Signature _____

Date _____