

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. Coverage under this program is not intended for canoe, hiking or any other type of outside training trips and exposures.

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 attach the information on a separate page.

Name of Applicant: _____

Levels of Training Taught: Level 1 Level 2

Instruction Environment

Will the course be taught in a classroom only: Yes No

If no:

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

Will the outside portion be held:

• In a parking lot or flat grassy areas? Yes No

• On rocks or steep inclines? Yes No

If yes, please describe:

• In or on water?

If yes, please describe activity:

• If other areas for training please describe:

Are all areas accessible for emergency services? Yes No

Will remote wilderness instruction be year-round? Yes No

If no, please advise months that wilderness first aid is taught:

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