



The University of  
**Montana**

### Credit Registration for Continuing Education

Terms 201240/ 201260/201322  
Check No. \_\_\_\_\_

#### COURSE INFORMATION

Title: **HHP 249 Wilderness First Responder**  
Credits: **2 Undergraduate Credits**  
Grading: **Traditional Letter Grade**

Course Location: \_\_\_\_\_

Course Dates: \_\_\_\_\_

#### PERSONAL INFORMATION

UM Student ID No./Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date (Month/Day/Year) \_\_\_\_\_ Day Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Have you ever been admitted to The University of Montana?  Yes  No

If yes, under what last name? \_\_\_\_\_

#### PAYMENT

Credit Recording Fee: \$135 (nonrefundable)

Method of Payment:  Check/Money Order (made payable to *The University of Montana*)  Visa  MasterCard

Credit Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_\_ Signature \_\_\_\_\_

**Attention AmeriCorps Students:** You should visit [www.americorps.gov](http://www.americorps.gov) to submit a request online for your AmeriCorps education award. Your award will be electronically sent to UM and applied to your student account. You will receive a check for the amount of your award (less any fees you may owe UM). You can then use your award to reimburse yourself for the credit recording fee you have paid above.

I hereby certify that, to the best of my knowledge, the foregoing information is true and complete without evasion or misrepresentation.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

## HHP 249 Wilderness First Responder Course

### Agreement and Acknowledgment of Risk

By signing below, I (print name) \_\_\_\_\_ agree that I am choosing to voluntarily participate in the HHP 249 Wilderness First Responder course, and that I fully understand and acknowledge that participating may involve certain risks of harm to participant which the University has no reasonable basis to prevent. I understand that voluntarily traveling to and attending this HHP 249 Wilderness First Responder course may involve certain risks beyond the reasonable control of The University of Montana, its officers, directors, volunteers, and agents in connection with this trip, including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of the Facility's security and medical personnel. I understand that I will sometimes be at the tour sites and at other times may be at other places on my own such as hotels or on tourist excursions in or about the HHP 249 Wilderness First Responder course. Such risks may include the risk of travel in vehicles on roads or highways, crimes against persons or property and natural disaster, although this list is not intended to be all-inclusive. I understand, acknowledge and accept that my voluntary participation in the HHP 249 Wilderness First Responder course could result in injury, illness or death and/or damage to personal property. I understand and acknowledge that in the event of an injury my personal health coverage is primary and that the university is not responsible for any insurance coverage for my personal property in the event it is lost or stolen while participating in this trip.

I (print name) \_\_\_\_\_ grant the University faculty member full authority to take whatever action the University, in its discretion, determines to be warranted to preserve my health and safety. I hereby give permission to order x-rays, routine tests, treatment, release any records necessary for insurance purposes, and to provide or arrange for necessary transportation in the event of an emergency at my expense, and I hereby give permission to administer treatment, including hospitalization in the event that I am injured an unable to give consent.

I have read and understand the rules of conduct for this activity, and I agree to abide by the rules or instructions given to me either verbally or in writing. I agree to abide by all state laws and the University of Montana policies and Student Conduct Code.

**PLEASE NOTE:** The University is not able to assist students who break the law out of state and is not responsible for legal fees or other costs while attempting to secure your release from legal custody. The University of Montana students are subject to the local laws of the state of travel.

\_\_\_\_\_

\_\_\_\_\_

Signature of Participant

Date

MY EMERGENCY CONTACT INFORMATION IS AS FOLLOWS:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(i.e. parent, spouse) Cell Phone: \_\_\_\_\_



## Course Evaluation

1. What is your overall evaluation of this course?

Excellent      Good      Average      Fair      Poor

2. Were your objectives met through the content presented?    Yes    No  
If you answered “no,” please explain.

3. How effective was the instructor in presenting material and leading discussions?

Excellent      Good      Average      Fair      Poor

4. Was the format/schedule of the course conducive to learning?    Yes    No  
If you answered “no,” please explain.

5. What aspects of this course were *most* beneficial for you? Why?

6. What aspects of this course were *least* beneficial for you? Why?

7. We appreciate your additional comments or suggestions:

8. Do you have topics or suggestions for future courses?