



LANDMARK LEARNING
The Learning Specialists for the Outdoor Industry.

REGISTRATION FORM

Please return this completed form along with your registration prerequisites with your deposit. Information submitted is confidential and will be used in the event that we need to contact you with questions, course changes or cancellations, and other related information.

Course Title: Relief Medic

Course Dates:

Course Tuition:

Name: _____

Address: _____ City: _____

Country: _____ State/Prov: _____ Zip/Postal Code: _____

Tel: _____ Fax: _____

Email: _____

Gender: M F Date of Birth (mm/dd/yy): _____

Name on Passport: _____

Passport Nationality: _____ Passport No.: _____ Exp. Date: _____

Passports must be valid at least 6 months from the date of arrival in Ecuador or they will not let you enter. No Visa is required for American or Canadian Citizens.

Please enclose copies of:

Passport Vaccination records Medical Certifications

INSURANCE: We highly recommend that participants have travel insurance. Ask us for a brochure.

PAYMENT POLICY

Please make check or money order payable to CORE EXPEDITIONS. The registration form must be completed and signed by all those who wish to participate. The payment procedure is as follows:

Registration, waiver and deposit USD\$400.00 (cash or check only)
Final payment deadline_ USD\$1450.00

If registration is made 45 days or less before the departure date then the full amount is due at the time of registration. If the balance is received late, a 2% late penalty will be added. If this balance is not paid 6 weeks before departure, we reserve the right to treat the participant's reservation as cancelled. If paying by credit card, please contact Core Expeditions at info@coreexpeditions.com or 336.329.8112 to make arrangements.

**Payments made by credit card are subject to a 3% credit card fee on the amount owed.

CANCELLATION POLICY

120 or more days prior to departure Deposit returned
119-61 days prior to departure Deposit NOT returned
60-0 days prior to departure 0% of trip cost returned.

Written cancellation is required. We regret that we cannot make exceptions for personal emergencies or health problems. Because of this, we strongly recommend trip cancellation insurance. Itineraries and trip prices are subject to change due to circumstances beyond our control. Trips may be canceled if required minimums are not met.

Please read Terms and Conditions.

I have read, understand, and agree to abide by all Landmark Learning, LLC, policies while I am enrolled in this Relief Medic course. In addition, I have reviewed the Important Dates, Terms and Conditions and Gear Lists, and will contact the office with any questions or concerns.

Signature: _____ Date: _____

PARTICIPANT AGREEMENT, RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Landmark Learning, L.L.C. their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "LL"), I hereby agree to release, indemnify, and discharge LL, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in hiking, camping, backpacking, caving, swimming, trailbuilding and/or individual and group initiatives, problem solving exercises and personal or professional growth and development training, including clinical and field experiences for EMT students, entails known and unanticipated risks that could result in physical or emotional injury or death. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks may include, among other things: Strenuous physical activity; slips and falls; sprains, strains, broken bones; inclement weather; other participants and/or my own negligence; and emotional stress.

Furthermore, LL facilitators have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

CHALLENGE BY CHOICE: LL programs are composed of activities that may be unfamiliar to participants. To insure participants' control over their own personal safety, we have adopted the philosophy of "Challenge by Choice". At all times, participants in activities are completely in control of their own level of participation. During our programs participants need only to do or attempt to do those things that they choose. I (the "Participant") must:

- i) Listen carefully to all instructions and briefing;
- ii) Set my own goals in relation to the group's goals;
- iii) Make a decision as to my level of participation; and
- iv) Inform others of my choice.

No one will force me to do anything – the choice is clearly my own. During the program, LL facilitators will provide a challenging setting in which I may expand my limits while supporting my personal boundaries.

**Note: Because nationally standard certification programs require a baseline involvement and skill competency, choosing not to participate during such programs may affect your end certification status. However, your participation is recognized as voluntary and will be upheld by LL facilitators at all times.*

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless LL from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of LL's equipment or facilities.

4. Should LL or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I understand that LL does not provide health insurance for students of their courses. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

SIGNATURE (PAGE 1): _____ **DATE:** _____

6. In the event that I file a lawsuit against LL, I agree to do so solely in the state of North Carolina, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I further agree that the place of this release, its situs and forum, will be Jackson County, North Carolina, and it is said county and state for all matters whether sounding contract or tort relating to the validity, construction interpretation, and enforcement of this release be determined. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against LL on the basis of any claim from which I have released them herein. I also acknowledge that I have fully satisfied myself as to the nature of the activity or activities in which I will be participating, the risks associated with each such activity, the concept of "Challenge by Choice", and my responsibility to know my own limits. In the event of illness or injury, consent is hereby given to provide emergency medical care, hospitalization, or other treatment that may become necessary.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Print Name _____
Address _____
Phone _____ Date _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by LL to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless LL from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

PHOTO / MEDIA RELEASE

I grant Landmark Learning, L.L.C. the right to use, reproduce, assign and/or distribute photographs, films, video tapes, and sound recordings of me for use in materials they may create.

Signature: _____

Parent/Guardian's Signature _____

RELIEF MEDIC TERMS AND CONDITIONS

1. CONTRACT WITH CORE EXPEDITIONS, LLC

To make a reservation, individuals must sign the registration form and waiver. The person named on the registration form is referred to as the "participant". The participant is bound by the following conditions. All reservations are made with Core Expeditions LLC (CE) or its agent, Landmark Learning (LL). No person has any authority on CE's behalf to vary programs described in the itinerary. No person has any authority on CE's behalf to vary these program conditions. The service provided is the program referred to on the registration form.

2. PAYMENT AND ACCEPTANCE OF REGISTRATION

The registration form and waiver must be complete and signed by all those who wish to travel. The payment procedure is as follows:

Deposit - 20% of trip cost (cash or check only)

45 days prior to departure - Remainder of trip cost

If a reservation is made 8 weeks or less before the departure date then the full amount is due at the time of registration. If the balance is received late, a 2% late penalty will be added. Payments made by credit card will be subjected to an additional credit card fee of 3% of the amount owed. If this balance is not paid 6 weeks before departure, CE reserves the right to treat the participant's booking as cancelled.

3. OVERSEAS PAYMENT

Final payment from outside the US may be made by check or bank transfer. Checks drawn on foreign banks must be imprinted as payable in US funds. Information needed for electronic bank transfers can be arranged.

4. CANCELLATION BY THE PARTICIPANT

Cancellation by the participant must be made in writing. The date that CE or Landmark Learning receives the letter determines the applicable cancellation charge. Cancellation fees are as follows:

120 or more days prior to departure deposit returned.

119-61 days prior to departure deposit not returned.

60-0 days prior to departure 0% of trip cost returned.

Participant is strongly advised to take out cancellation insurance at the time of registration.

5. CANCELLATION BY CORE EXPEDITIONS

CE reserves the right to cancel a program for any reason. Programs will be cancelled in the case of force majeure, consolidation, or the participant's failure to pay the final balance. When a program is cancelled the participant may choose a full refund of all payments made or an alternative program by CE. Force majeure is an unusual or unforeseen circumstance outside the company's control. Consolidation refers to the dependence of each program upon a minimum of persons participating.

6. UNUSED SERVICES

No partial refunds are possible for unused services including hotel rooms, air or land transport, trekking days, or other sightseeing excursions.

7. PRICES AND SURCHARGES

Because some prices are published more than a year in advance, we may occasionally be faced with significant cost increases due to uncontrollable or unforeseen factors. As such we reserve the right to impose surcharges (or price decreases) up to 8 weeks before departure due to unfavorable exchange rates, increases in airfares or other transport costs, taxes, or if government actions should require us to do so. Surcharges

will be calculated according to the full extra cost, compared to the original costs and exchange rates. The company will be responsible for the first 2% of the additional price and the participant will be responsible for the balance. If any surcharge results in an increase of more than 10% of the program cost excluding insurance premiums the participant may cancel the booking within 14 days of notification of the surcharge and obtain a full refund.

8. SINGLE SUPPLEMENT

Trip prices are based on double or shared occupancy for hotels, lodges, and tents. Single accommodations cannot be arranged because of the nature of the program.

9. LATE RESERVATIONS.

If bookings are made less than 45 days before departure, then full payment is due.

10. FLEXIBILITY DURING PROGRAM

The itinerary as stated for each program must be taken only as an indication of what each group may accomplish, and the participant acknowledges that the nature of this type of travel requires significant flexibility and should allow for changes. As such, the stated itinerary is not a contractual obligation on the part of the company. The participant understands that the amenities, type of transport, route schedule and the itineraries may change without prior notice due to local circumstances or events. Events causing these changes may include mechanical breakdown, flight cancellations, illness, strikes, political disputes, weather, and other unforeseeable factors.

11. ITINERARY CHANGES PRIOR TO DEPARTURE

While CE endeavors to operate all programs as advertised, reasonable changes in the itinerary may be made where considered necessary. CE also reserves the right to change any of the services and facilities described in the program descriptions before a reservation is made.

12. FORCE MAJEURE

CE will do its best to minimize the effects of matters outside its control, but cannot accept any liability for these matters which include political disputes, border closures, refusals of visas, industrial action, delayed flights, unforeseeable climate, etc.

13. ACCEPTANCE OF RISK

CE programs have been designed to provide participants with an exposure to the true nature of the environment visited and therefore involve an element of personal risk and exposure to potential hazards over and above those associated with normal "package" holidays. The participant acknowledges that the nature of the program is adventurous and that such travel may involve a significant amount of personal risk.

14. RULES, REGULATIONS, AND LAWS

The participant must at all times comply with the laws, customs, foreign exchange and drug regulations of the country visited. At all times, the decision of CE program leaders or representatives is final on all matters that may threaten the safety or interfere with the well-being of the group or individual participants. Should the participant fail to comply with the behavior policy of the Relief Medic program, or should the participant interfere with the well-being of the group, the program leader or company representative may order the participant to leave the program without recourse to any refund.

16. DISCIPLINARY ACTIONS

Should the participant fail to comply with the Relief Medic behavior policy, the participant will be expelled from the program. The participant will leave the program without recourse to refund. The participant will be escorted to Quito (Mariscal Sucre International Airport) or Guayaquil International airport and sent home at the participant's expense. Additional travel, accommodations and airfare expense will be at the participant's expense.

17. TRAVEL DOCUMENTS

The participant must obtain and have possession of a valid passport, all visas, permits and certificates, and vaccination certificates, required for the entire program. The participant accepts responsibility for obtaining these documents and any other necessary documents, information or advice given by CE on visas, vaccinations, climate, clothing, baggage, special equipment, etc. is given in good faith but without responsibility on the part of CE.

18. LOCAL CONDITIONS

Because of cultural and political differences and tougher physical conditions in the areas we visit, travel to these areas involves risk beyond those in our daily lives. It is important that participants make themselves aware of these risks, and that they make their travel plans and trip preparation accordingly.

19. CLAIMS AND COMPLAINTS

If a participant has a complaint against CE, the participant must first inform the program leader or company representative while on the program in order for the leader/representative to attempt to rectify the matter. Any further complaints must be put in writing to the company within 30 days of the end of the program.

20. INSURANCE

Travel insurance is not included in the price of the program. It is highly recommended that the participant have personal travel insurance. It is the participant's responsibility to obtain personal travel insurance. The participant accepts full responsibility for insurance up to the limits that may be required. Insurance should cover personal accident, medical expenses, air, ambulance, loss of effects, repatriation costs and all other expenses which may arise as a result of loss, damage, injury, delay or inconvenience occurring to the participant. When the participant chooses travel insurance through CE, the participant acknowledges and is satisfied with the levels of insurance arranged. When obtaining travel insurance from a source other than CE, the participant must

make certain that the insurer is aware of the type of travel that participant will be undertaking.

21. AIRLINES

Our responsibility with respect to air travel is limited to the airline's conditions of carriage. CE is not able to specify the type of aircraft to be used by an airline. In addition, CE is not responsible for losses due to cancelled flights or seats or changed flight itineraries. The participant cannot cancel the contract without penalty due to change of airline, aircraft type or destination. The responsibility of the airlines is limited to the carriage of passengers and baggage in accordance with their terms and conditions of service.

22. MEDIA

Photography, video and audio recording of CE programs by CE staff are owned by CE and are reproduced for the sole use of video, web and print marketing and publicity of CE. Reproduction of voice, picture and likeness of participant in connection with the advertising and publicizing, and any promotional films or clips respecting CE are done so without additional compensation to the participant.

23. RESPONSIBILITY

Notice is given that all arrangements made on behalf of the participant are made by CE or its agents on the sole condition that CE shall not be held responsible for any injury, death, accident, delay, loss, damage or irregularity which may be occasioned through acts of any company and/or persons engaged in carrying out the arrangement and services described herein or otherwise in connection herewith. CE acts as an agent for transport companies, hotels, and other contractors and shall not be held liable for any injury, damage, loss, delay or irregularity that may occur, including but not limited to flight delays and cancellation, any defect in a vehicle or any other form of conveying a traveler, acts of God, detention, delays or expenses arising from quarantine, strike, theft, force majeure, civil disturbance, government restriction or regulation, accident by aircraft, boat, bicycle, motor vehicle or any other form of transport or in any hotel or guest house, pension, or other form of accommodation. The information contained in this itinerary is correct to the best of the organizer's knowledge, but the organizers reserve the right to alter any itinerary or services at any time without penalty to the organizer. Any additional expenses or cancellation shall be borne by the participant. CE reserves the right to withdraw or refuse service to any participant at our discretion. Payment of deposit is taken as acknowledgement and agreement of the above items.

The following signature certifies that the registered party has read the above terms and conditions and accepts and understands that they form part of this contract.

Signature of Participant

Date



LANDMARK LEARNING
The Learning Specialists for the Outdoor Industry.

TRAVEL PROFILE FORM - RM

Please be honest when filling out the following form.

Name: _____

Gender: M F Date of Birth (mm/dd/yy): _____

Height: _____ Weight: _____ Shoe Size: _____ T-shirt Size: _____

EMERGENCY CONTACT:

Name: _____ Relation: _____ Tel: _____

MEDICAL HISTORY

Medical conditions (Diabetes, seizures, heart disease, recent surgeries, chronic injuries, etc.)

Allergies _____

Medications _____

Smoker? Yes No

How often do you exercise?

What is your exercise routine including activities you normally participate in?

Food Preferences and Restrictions.

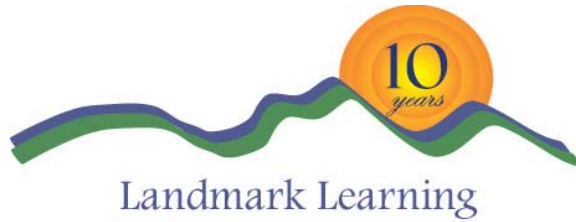
Dietary Preferences: Vegetarian (milk, eggs) Vegan Fish Meat

Describe a typical breakfast for you:

Favorite Foods:

Least Favorite Foods:

Other Dietary Restrictions/ Preferences (Please mention also strong dislikes):



HEALTH FORM

Disclosure

Landmark programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

General & Medical Information

Name _____ Date of Birth _____

Do you have health/medical insurance?..... no yes

Name & Address of Company:

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity?..... no yes

Do you have any chronic or recurring injuries?..... no yes

Are you currently taking any medication?..... no yes

Do you have any allergies or reactions to any medications, plants, or insects?..... no yes

Have you had surgery in the past year for any condition which may limit your participation?..... no yes

Do you have asthma?..... no yes

Do you have diabetes?..... no yes

If yes to any of the above, please explain/describe:

Are you pregnant?..... no yes

Do you have or do you have a history of:

- | | |
|---------------------------|---|
| _____ high blood pressure | _____ currently on medication for high blood pressure |
| _____ heart palpitations | _____ chest pain or pressure |
| _____ heart attack | _____ heart disease |
| | _____ stroke |
| | _____ heart murmur |

If yes to any of the above, please explain/describe:

Please list any other concerns or conditions that may affect your participation:

WE STRONGLY RECOMMEND THAT YOU CONSULT YOUR PHYSICIAN OR MIDWIFE IF YOU ARE PREGNANT OR HAVE CHECKED OFF ANY OF THE CONDITIONS ABOVE BEFORE PARTICIPATION IN LANDMARK ACTIVITIES.

Emergency Contact Information

Person: _____

Address: _____

Home Phone: _____ Business Phone: _____

LANDMARK LEARNING, LLC
PO Box 1888 - CULLOWHEE, NC 28723
828-293-5384 - admin@landmarklearning.org
www.landmarklearning.org

INTERNATIONAL COURSES POLICY

Release/Assumption of Risk

All participants will be asked to read and sign a release acknowledging the inherent risks that are involved in outdoor adventure activities.

Eligibility

Participants must be of sound health and able to walk 6-8 miles a day and/or display adequate swimming skills in water-based courses. Although our trips are designed to travel at a leisurely pace and much of the day is occupied with classroom and practical time, this request serves to mark an appropriate level of physical fitness.

Community Living

Much of the instruction will be led as a participatory and hands-on activity, with micro-lectures for specific topics and workshops. Each person is expected to participate fully within the class context, as well as in the living community during non-class times. This includes participating in general chores like collecting and maintaining classroom gear and equipment, but also includes managing personal living needs within the context of the group, and assisting others with their needs as they become apparent. In a backcountry setting, each person will be responsible for helping out as an active part in the group's everyday camping tasks including: cooking, cleaning, equipment set up and break down, water purification, etc. Living with other people in close conditions requires practice in understanding and tolerance. All participants should be prepared to work within the group's dynamics.

Drugs and Alcohol - This is a ZERO TOLERANCE policy.

No controlled substances or alcoholic beverages are permitted during courses. *Violation of this policy will result in immediate expulsion from the program with no fee or tuition reimbursement.*

All participants under the influence of a prescription medication must inform the administration on their health forms, and the course instructors will also have access to that information. Medications should not disqualify you from a program; instructors need to know how to help you with your medications in the event that you need it. We encourage participants to bring all medications needed during trip hours. Your instructor will help make travel accommodations for needed items. (Ex. Bee sting kits, inhalers, etc.).

Tobacco

Class times are inappropriate for tobacco product use (chew, cigarettes, etc.). During 10 minute breaks, lunch, and after class there will be a designated area in which you can use tobacco. Violation of this request can result in immediate expulsion from the course with no fee or tuition reimbursement. Please field dress your butts and dispose of them in the appropriate receptacles – the nicotine in the filters is not only dangerous to you, but highly toxic to the wildlife. If your nicotine needs interfere with class attendance, you should investigate other nicotine alternatives (the patch, gum, or other).

Transportation

In-country transportation will be provided through the logistics of CORE Expeditions. It may consist of any mix of public buses, taxis, and privately rented vehicles. Landmark and CORE assume no responsibility for gear and personal belongings in vehicles left unattended.

Safety

It is our primary mission to provide outdoor adventure programming while paying close attention to plans for risk management. The outdoors and outdoor activities are inherently dangerous. We have chosen equipment and program sites carefully. Our staff are outdoor professionals who hold current certification in Wilderness First Responder, Wilderness EMT, and professional level CPR. In the event of an accident, Landmark staff will aid in medical care of the ill or injured until EMS arrives or evacuation is executed. Any costs of medical care and evacuation beyond the initial medical care given by our staff, is the sole responsibility of the ill or injured.

Pets

Please leave your animal companions at home.

Phones/Computers

There are cafes in the city of Quito, and perhaps in surrounding city areas, that have email access and internet phones available to the public for a fee. There are many times when we will not be near these areas and so access is not available. Emergency messages should be initiated through our office – we have your actual itinerary and updates available in our office, and can get messages to you in the most timely fashion.

Harassment

Absolutely no harassment of any kind will be tolerated by students, staff, or administrators during courses and after course hours. It is your responsibility to report any misconduct to the administration of Landmark. If you are suspected of harassing others you will be asked to leave, and your tuition will not be refunded.

Down Time

Tourist time is built into your itinerary, with some Ecuadorian adventure and relaxation, trips to native markets, and authentic meals to allow a taste of the full experience of Ecuador.

Deposits and Refunds

Please refer to the RELIEF MEDIC TERMS AND CONDITIONS provided within this registration packet.