

WCA RANGERS

Wilderness Education and Backcountry Travel

2019 - 2020 Application



Student Name:	Grade:
Student Email:	Phone #:
Parent(s): Address:	Parent Email:

ASSUMPTION OF RISK:

I am aware that during Rangers, in which my son/daughter/self (if over 18 years of age) will participate under the direction of Westminster Christian Academy, certain dangers may occur; including but not limited to, the hazards of traveling in the wilderness, the forces of nature, accidents and/or illness in remote places without medical facilities.

In consideration of the right to participate in such wilderness trips, other activities, services, and food arranged for my son/daughter/self (if over 18 years of age) plus all the above mentioned risk, I will hold WCA harmless of any liability, action(s), cause of action(s), debts, claims, demands of every kind, and nature whatsoever which may arise of or in assumption of risks and liability for my son/daughter/self (if over 18 years of age).

Signature of Parent or Legal Guardian

Date

MEDICAL RELEASE:

I hereby give permission for my son/daughter/self (if over 18 years of age) to receive emergency medical attention from a physician in the event of illness or injury.

Signature of Parent or Legal Guardian

Date

Is your child's most current medical information on file with the school? **YES** **NO**

****** Are there any medical conditions that the Ranger leadership should know about? If so, what?