

**Wilderness Therapy Application Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Gender:  Female  Male Date of Birth: \_\_\_\_\_  
 Date of program you have applied for: \_\_\_\_\_

*In case of emergency, please contact:*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_

**Acknowledgment of Use of Images**

I \_\_\_\_\_ (full name), hereby acknowledge that the photographs and other images described below as the "images," have been taken on behalf of the Tasmanian Government. I accept that the Tasmanian Government may deposit images in its "Communications Image Library" and may be used in print publications, on the World Wide Web, for promotional purposes or for purposes related to the activities, programs and services of the Tasmanian Government. The images taken by Wilderness Program staff, comprise participant activities undertaken during the wilderness program in which I participated.

Signed: \_\_\_\_\_ (participant)

Date: \_\_\_\_\_



THE WILDERNESS PROGRAM  
 PO Box 943, Rosny Park, TAS 7018  
 Ph: (03) 6233 3503 Fax: (03) 6233 2698  
[wildernessprogram@development.tas.gov.au](mailto:wildernessprogram@development.tas.gov.au)

**Medical Information**

Doctor's name \_\_\_\_\_

Doctor's phone number: \_\_\_\_\_

Do you have any medical conditions requiring medication?

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> Epilepsy           |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Bleeding condition |
| <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Kidney disease     |
| <input type="checkbox"/> ADHD          | <input type="checkbox"/> Depression         |

Other (please state) \_\_\_\_\_

Do you have any allergies? Yes  No

If so, what substances or foods are you allergic to?  
 \_\_\_\_\_

Please list any regular or intermittent medication that you take:  
 \_\_\_\_\_

Describe what happens to you if you fail to take your medication?  
 \_\_\_\_\_

Do you have enough medication to bring with you to last the length of the program? \_\_\_\_\_

What drugs are you allergic to? (please state): \_\_\_\_\_

Do you have any medical conditions not requiring medication? (eg. eating disorders?) (please describe) \_\_\_\_\_

Please describe any disabilities?  
 \_\_\_\_\_

Describe any fears or phobias? (eg. water, heights)  
 \_\_\_\_\_

Have you had surgery in the last 12 months?  
 \_\_\_\_\_

When was your last tetanus injection?

Within the past:  2 years  5 years  Unsure.

How comfortable are you in the water?

- Non swimmer  Moderate swimmer  Strong swimmer

Do you have any special dietary requirements?  
 \_\_\_\_\_

Boot size: \_\_\_\_\_ Jacket size: XXL XL L M S XS

**Assumption of Risk & Consent**

I \_\_\_\_\_ (full name), am aware in signing this Assumption of Risk document relating to participation in this Wilderness Program activity that certain elements of the program are physically and psychologically demanding. The program includes activities such as bush walking, rock climbing, abseiling, caving and kayaking in remote bush areas.

Furthermore I understand that certain risks and dangers such as those listed below exist in the activity in which I will be participating. These risks include but are not limited to loss or damage to personal property, injury or fatality due to bad weather, slipping, falling, insect bite, cold exposure, or suffering any type of illness or injury in remote areas without easy access to medical facilities or while travelling to and from activity sites.

I acknowledge that while the Wilderness Program and its staff will make every reasonable effort to minimise the exposure to known risks, not all dangers associated with these activities can be foreseen. Furthermore I understand that the Wilderness Program cannot be held responsible for risks and dangers that may arise as a result of my failure to provide complete and accurate medical information.

I have a personal duty and responsibility to learn and to follow guidelines and procedures established by my facilitators and I undertake to inform them at any point during the activity should I not understand what is expected of me or should I not wish to further participate in the activity. I am aware that if at any stage I choose not to continue the activity for any reason whatsoever I may cease to participate. I give my consent to all parties associated with the program to provide or arrange for provision of medical treatment should the need arise.

Signed: \_\_\_\_\_ (participant)

Date: \_\_\_\_\_

**Booking**

To secure a booking please forward a \$100 deposit with your completed application form to the Wilderness Program. Full fees are due two weeks before the course commences.

*Note: Cancellation within four weeks of the commencement date will result in loss of deposit. Cancellation within two weeks of the commencement date will result in the loss of all fees paid. Full refund of fees will be made on provision of a medical certificate or other valid reason for late cancellation.*