

Completion of this form and payment of the credit recording fee registers you for this academic credit course at the University of Montana. Return completed form and payment to Aerie or course instructor.

Once your registration is processed, you will receive a credit registration confirmation/receipt from UM via email. It is the student's responsibility to verify the transferability of courses to their degree-granting institution and intended major.

COURSE INFORMATION

Course: ECP 130 Emergency Medical Technician
Credits: 5 Undergraduate Credits
Grading: Traditional Letter Grade
Course Location: _____
Course Dates: _____

PERSONAL INFORMATION

UM Student ID No. (if known) _____
Last Name _____ First Name _____ Middle _____
Address _____ City _____ State _____ Zip _____
Birth Date (Month/Day/Year) _____ Day Telephone _____
Email Address _____
Any previous last names? _____ Ever been admitted to University of Montana? _____ Yes _____ No

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

Your signature _____ Date _____

Disability Services for Students: UM is an equal opportunity education provider. For questions, concerns, or requests for reasonable accommodations, contact Holly Kulish at Extended Credit Courses: 406-243-4168 or holly.kulish@umontana.edu.

PAYMENT

Credit Recording Fee: \$155 (nonrefundable)

Check/Money Order (payable to *University of Montana*) Visa MasterCard Discover

Card No. _____ - _____ - _____ - _____ Exp. Date _____ Signature _____

UM tuition/fee waivers cannot be used for this course. VA Education Benefits may be arranged through Aerie.

____ Check here if requesting an AmeriCorps Education Award. To submit a request, visit www.americorps.gov. After our approval, the award is wired to UM (half at beginning of course and half midway through). UM will refund you as funds are received. Use your award to reimburse yourself for the credit recording fee paid above.

ECP 130 Emergency Medical Technician

Agreement and Acknowledgment of Risk

By signing below, I (print name) _____ agree that I am choosing to voluntarily participate in the ECP 130 Emergency Medical Technician 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 ECP 130 Emergency Medical Technician 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 ECP 130 Emergency Medical Technician 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 ECP 130 Emergency Medical Technician 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)