



# Blue Ridge MedWAR 2024 Volunteer Information

Hello, MedWAR 2024 Volunteer!

Thank you so much for volunteering. We would not be able to put the race on without your help. Enclosed are several pieces of information about the weekend and a description of what to expect on Race Day. Please read them before the Race.

- 1) List of things to bring with you
- 2) Race Day Schedule
- 3) Map & Directions to the Race
- 4) Release Waiver (Please sign online at [Active.com](https://www.active.com))

Please plan to arrive at Wilderness Adventure at Eagle Landing by 7am. A map & directions are attached.

When you arrive, please Check-In at Registration. You will receive your MedWAR Volunteer T-shirt that you will wear while volunteering so racers will be able to identify you. You will probably want to eat before arriving and please bring lunch and water to last you until dinner. Dinner will be served beginning at 5pm.

This year the race will be held from 9am until 5pm. You will be transported to your first assignments between 8am and 9am. Lunch will not be provided. Once all teams have passed through a station, volunteers will be expected to move to their next exciting assignment.

There is a mandatory race cut-off of 5pm, so all teams and volunteers should be back at the campsite by 5:00pm at the latest. Dinner will be served at that time, and the post-race celebration will commence. Feel free to camp out with us on Friday and/or Saturday nights at Wilderness Adventure.

All the race directors, including myself, will be wearing distinctly colored shirts. If you cannot find me, any of the other directors can direct you to me.

Thanks again for all your help. Please feel free to email me at [brianabennett39@gmail.com](mailto:brianabennett39@gmail.com) with any questions.

Bri Bennett, MD  
Volunteer Coordinator  
MedWAR 2024



# Blue Ridge MedWAR 2024

## Suggested Items to Bring With You to the Race

Most of these things are not essential, but they may make you more comfortable. If you are bringing a kayak (or would like to be in a kayak/canoe for a few hours), please let us know as we have special assignments for you.

1. Photo ID (Mandatory)
2. A sense of adventure
3. Water bottle
4. Snacks & Lunch
5. Sunscreen (SPF 30+ recommended)
6. Bug repellent
7. Sunglasses/Hat
8. Good shoes/boots (& maybe extra socks)
9. Rain/wind jacket (it still gets cool after dark)
10. Light source (headlamp or flashlight – some teams will not finish until dusk)
11. Magazine or book (they may be some down time as you wait for teams)
12. Personal medications you may need (e.g. allergy medication, etc.)
13. Camera (if digital, please bring the cord to transfer pictures to a computer)  
    \*Any pictures you take and would share would be much appreciated.
14. Backpack/bag to put the above in
15. Fold-up portable chair
16. Kayak/canoe \*\*we will reach out to specific people about this\*\*



## Blue Ridge MedWAR 2024 Race Weekend Schedule

### Saturday, May 11th

7 am Check In Opens for all racers/bikes/canoes/volunteers

Bring required equipment and forms

8:00 Volunteer meeting

9:00 am RACE BEGINS!

5:00pm RACE FINISH- Dinner served (5-6pm)

6:00pm Awards

\*Schedule Subject to Change.



## Blue Ridge MedWAR 2024 Directions

### **Wilderness Adventure at Eagle Landing:** 11176 Peaceful Valley Rd., New Castle, VA 24127

We advise that you print our driving directions prior to visiting our facility. DO NOT rely solely on a vehicle GPS navigation system. It is best if you are using GPS only to follow it until you leave the interstate, then use the printable directions.

See below for a map with details to Wilderness Adventure.

#### **FROM NORTH:**

**(NORTHERN VIRGINIA, WASHINGTON, NEW YORK, NEW ENGLAND, etc.)**

Take I-81 South to Exit 156 (Troutville/Route 640). Turn right at stop sign at bottom of exit ramp. Follow 640 (Brough's Mill Road) for about 5 minutes, where it will end at Route 220. Turn right on 220 N. Go 1.4 miles (use your speedometer). Turn left onto Herndon Street/Route 606 (There is a Dollar Store on the left and an outdoor nursery on the far left corner.) Continue on Route 606 for 11.5 miles – you will cross a stop sign (606 is then also called Grove Hill Rd.), then go over a winding mountain road, and eventually come to a “T” where the road ends. Turn left onto 615. Go 1.3 miles and turn left onto 611 – (a brown sign for Fenwick Mines will be on the left). Our base camp is 1.7 miles on the right.

#### **FROM EAST:**

**(GREENSBORO, RALEIGH, ROANOKE, etc.)**

Take I-64 West to I-81 South. Please continue with direction FROM NORTH.

#### **FROM SOUTH / SOUTHWEST:**

**(ATLANTA, CHARLOTTE, NASHVILLE, etc.)**

Take I-81 North to Exit 140. Turn left at stop sign at bottom of ramp. Go 3/4 mile and turn left at traffic light. Follow signs to 311 and New Castle. Follow Route 311 over Catawba Mountain and eventually into New Castle (approx. 20 miles). Turn right onto Market Street (Route 615) just past the C&M gas station. Follow Route 615 out of New Castle past the IGA grocery and Subway. After 2.7 miles you will pass the Pine Top Inn on the right. Continue straight on 615 for another 2 miles. After crossing a small concrete bridge over Barbours Creek you will see a sign for Fleming Farm on the left. About 300 yards past Fleming Farm take the road to the right Route 610 (Peaceful Valley Rd.), which turns into Route 611 after the Y at the top of the hill. Our Base Camp is 1.7 miles on the right.

### **FROM SOUTHEAST:**

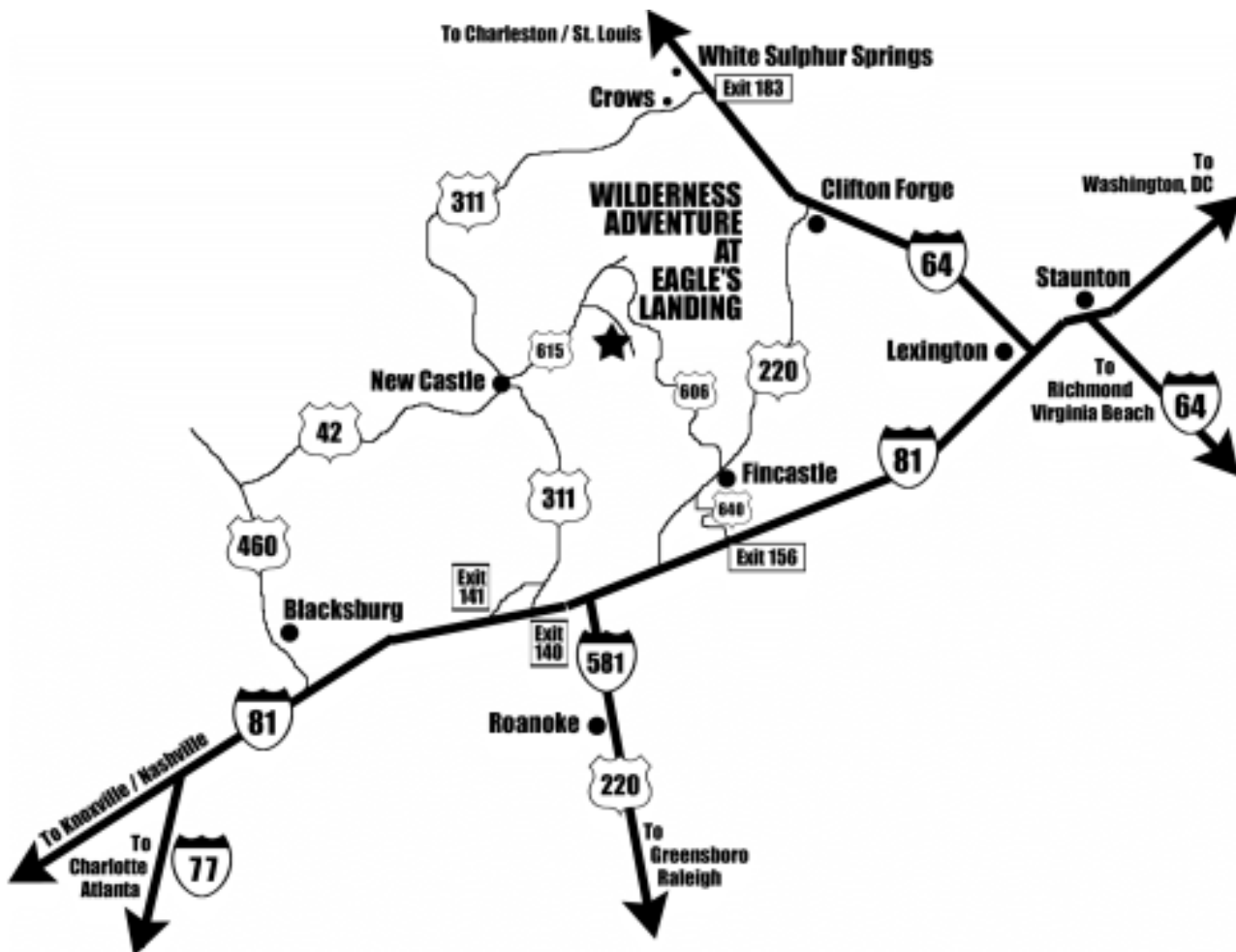
**(GREENSBORO, RALEIGH, ROANOKE, etc.)**

from Exit 210 on I-40, go north on Route 68 (past Piedmont Triad Int'l Airport), which turns into 220 North just north of Greensboro. Follow 220 North to Roanoke. Just before Roanoke follow signs to I-581. Take I-581 to I-81 South (left exit). Take first exit off I-81 South (Exit 141 – New Castle/311). Please continue with directions FROM SOUTH.

### **FROM WEST:**

**(ST. LOUIS, CHARLESTON,  
WV, COLUMBUS, OH, etc.)**

Take I-64 East to 311. South/Crows (Exit 183 in West Virginia, about 12 miles after White Sulphur Springs). Follow 311 (winding road) to New Castle. Turn left on to Route 615 just past the C&M gas station (on the left), following signs for Route 615. Follow Route 615 out of New Castle past the IGA grocery and Subway. After 2.7 miles you will pass the Pine Top Inn on the right. Continue straight on 615 for another 2 miles. After crossing a small concrete bridge over Barbours Creek you will see a sign for Fleming Farm on the left. About 300 yards past Fleming Farm take the road to the right Route 610 (Peaceful Valley Rd.), which turns into Route 611 after the Y at the top of the hill. Our Base Camp is 1.7 miles on the right.



# North American Educational Adventure Racing MedWAR



## NAEAR Membership Application & Waiver

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Race Name \_\_\_\_\_ Race Date \_\_\_\_\_  
Team Name \_\_\_\_\_

### Agreement, release and waiver of liability

I acknowledge that adventure racing is an inherently dangerous sport. I am participating in this sport at my own risk, and in consideration of being permitted to participate in this event, I, individually and on behalf of my heirs, executors, administrators, legal representatives, successors, or assign, acknowledge, understand and declare that:

- 1) To the best of my knowledge, I am in good physical and mental condition to participate in this event, and have no physical or mental condition that would impair or be impaired by my participation in this event.
- 2) Participating in this event may involve risk of injury to me, including death, loss or damage to me or my property, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used.
- 3) There may be other risks not known or reasonably foreseeable

I assume all of the above risks and release, waive, discharge, hold harmless, indemnify and covenant not to sue:

- 1) NAEAR, MedWAR or any of its agencies, employers, volunteers, or officials, or any affiliated agency, sponsor or advertiser, or associations
- 2) Owners, lessors and lessees of premises used to conduct this event from any and all liability for injury, including death, loss or damage to person or property, or any other consequence in connection with entry in or arising out of participation in the event, including travel to and from such event

I know the risk and danger to myself and property while participating or assisting in this event, so voluntarily and in reliance upon my own judgment and ability, I hereby assume all risk for loss, damages or injury (including death) and my property from causes whatsoever.

I consent to all emergency treatment as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with MedWAR.

I have read this form in its entirety and have provided truthful information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Blue Ridge MedWAR 2024 Race



## PHOTOGRAPHY RELEASE FORM

I hereby grant to the MedWAR and NAEAR organizations the irrevocable and unrestricted right to use and publish photographs of me, or in which I may be included, for publications, electronic reproductions (websites) and/or promotional materials or any other purpose and in any manner or medium. In addition, I grant my permission to alter the same without restriction; and to copyright the same. I hereby release the photographer and the MedWAR and NAEAR organizations from all claims and liability relating to said photographs.

Team Name: \_\_\_\_\_

Team Number: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Building Confidence, Leadership, and Teamwork since 1990.**



**Adult -  
APPLICATION, MEDICAL INFORMATION & RELEASE**

**YOUR GROUP NAME:** \_\_\_\_\_

**DATES OF VISIT:** \_\_\_\_\_ **Adult**

***Information:***

Last: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Pronoun: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

***Emergency Contact Information:***

Last: \_\_\_\_\_ Preferred First Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

***Name of Medical/Hospital Insurance:***

Policy or Group #: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

11176 Peaceful Valley Rd. New Castle, VA 24127, 540-864-6792,

Fax: 540-864-6800 [www.wilderness-adventure.com](http://www.wilderness-adventure.com)



**DOES THE APPLICANT HAVE ANY MEDICAL CONDITION WHICH WOULD PRECLUDE HIM OR HER FROM PARTICIPATING IN ANY OF THE OUTDOOR ACTIVITIES LED BY WILDERNESS ADVENTURE AT EAGLE LANDING?**

If yes, explain and state which activities are prohibited:

**ALLERGIES:** (If allergy requires an Epi-Pen, I, the undersigned, understand that I must send the participant with his/her personal Epi-Pen):

Reaction to exposure of allergen (How severe is the allergy?):

**DIETARY RESTRICTIONS:** (Is the dietary restriction an intolerance or a preference?):

Current medications:

Chronic or recurring medical condition:

Suggestions on health related information for camp personnel:

I give permission to the camp staff to administer medication for common complaints of headache, stomach discomfort, insect bites or stings, etc. (e.g., acetaminophen, ibuprofen, antacid, antihistamine). In the event the Applicant is injured, I hereby give permission for the WILDERNESS ADVENTURE AT EAGLE LANDING staff to administer first aid and/or select a physician to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery.

I hereby consent to and authorize the use of photographs or video of the Applicant by WILDERNESS ADVENTURE AT EAGLE LANDING for promotional purposes.

I understand that WILDERNESS ADVENTURE AT EAGLE LANDING'S activities include, without limitation, hiking, backpacking, camping, rock climbing, rappelling, canoeing, kayaking, caving, low ropes, high ropes, mountain biking, climbing wall, and zip line, and I understand the risks and hazards involved in such activities, including, without limitation, rough water conditions, hiking on irregular and steep terrain, the unpredictable forces of nature, accidents or illness in remote places, and vehicle travel. I understand that such activities may be subject to injury. I understand that such injuries may include broken bones, paralysis, or other serious injury or death. Therefore, in consideration of the acceptance of the Applicant into the WILDERNESS ADVENTURE AT EAGLE LANDING program, I, the undersigned, consent to the Applicant's participation in such activities, and to his/her assumption of all of the above risks. I, personally and on the Applicant's behalf, agree to forever waive, discharge, and release for myself and the Applicant, all claims that I and he/she may have against WILDERNESS ADVENTURE AT EAGLE LANDING, INC. and/or its officers, directors, shareholders, and employees, arising out of or resulting from his/her participation in the WILDERNESS ADVENTURE AT EAGLE LANDING program, and I agree to indemnify them from all liability, costs, and expenses incurred in connection with this release. The information provided on this form is true and complete to the best of my knowledge and the Applicant has permission to engage in any or all of WILDERNESS ADVENTURE AT EAGLE LANDING's activities except as noted above.

☐ Check here if you would NOT like the email listed above to be included in future mailings about information and discounts for our Retreat or Adventure Program.

\_\_\_\_\_  
(date) \_\_\_\_\_ (signature)