



Course Registration Form

Course Location: _____

Course Date: _____

Name:	Organization:
Home Mailing Address:*	Job Title:
Street:	Business Mailing Address:
City, State, and Zip:	Street:
Primary Phone: <input type="checkbox"/> Mobile** <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other	Secondary Phone: <input type="checkbox"/> Mobile** <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Other
Personal Email*:	Business Email:

* Personal information is optional. ** Mobile phone used only to contact you in case of course changes.

Date of Birth	Height	Weight	Waist (for harness sizing)
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Emergency Contact Name:	Emergency Contact Phone:
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Important: Please list any medical or physical issues that might affect your participation in physical, strenuous, or outdoor activity (e.g. insect allergies, heart conditions, recent surgeries, diabetes, etc). List any medication you are taking or are allergic to. This information will remain confidential. **If none, please write "none."**

Current Level of Certification		Desired Level of Certification	
SPRAT	IRATA	SPRAT	IRATA
<input type="checkbox"/> I: Worker Exp Date:	<input type="checkbox"/> Level I Exp Date:	<input type="checkbox"/> I: Worker	<input type="checkbox"/> Level I
<input type="checkbox"/> II: Technician	<input type="checkbox"/> Level II	<input type="checkbox"/> II: Technician	<input type="checkbox"/> Level II
<input type="checkbox"/> III: Supervisor Number:	<input type="checkbox"/> Level III Number:	<input type="checkbox"/> III: Supervisor	<input type="checkbox"/> Level III

Experience: Briefly summarize your work-at-height experience below. Certification candidates will be required to show experience documentation as required for the desired level of certification. **If none, please write "none."**

Registration and Cancellations: Register early to avoid disappointment. Registration is not confirmed until paid in full. Cancellations or changes with more than 14 days notice prior to course start date will be charged a \$100 cancellation fee. 50% of tuition fees will be charged for cancellations within 14 days. 100% of tuition fees will be charged for cancellations within 7 days or once course has begun. Invoices become late after 30 days and will be charged a 1.5% per month finance charge until paid. Tuition for cancellations resulting from weather or other factors outside of Ropeworks' control will be credited toward a future course.

<p>Fees:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Course Tuition</td> <td style="width: 30%;"></td> </tr> <tr> <td>Discounts</td> <td></td> </tr> <tr> <td>Certification Fee(s)</td> <td></td> </tr> <tr> <td>Total Due</td> <td></td> </tr> </table>	Course Tuition		Discounts		Certification Fee(s)		Total Due		<p>Office Use Only:</p> <p><input type="checkbox"/> Purchase Order Received <input type="checkbox"/> Payment Received <input type="checkbox"/> Confirmation Sent</p>
Course Tuition									
Discounts									
Certification Fee(s)									
Total Due									

Payment Information:

Check enclosed Amount Enclosed (to be invoiced) \$ _____

Visa/MC/Am Ex # _____ Exp. ____/____

Name on Card _____

Credit Card Billing Address: Street _____

City, State and Zip _____

Company P.O. # _____

I have read and understand the registration and cancellation policy and I authorize the above charges.

Signed: _____ Date: _____



PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK, AND PHOTO RELEASE

In consideration of the services provided by Skala, Inc., and Skywater Holdings, Inc., and any and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Skala"), I hereby agree to release, indemnify, and discharge Skala, on behalf of myself, and all other persons or entities acting in any capacity on my behalf.

1. I acknowledge that rope access, rescue, and work-at-height training, as well as performance evaluation, and/or demonstrations entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. **The risks include, among other things:** terrain hazards and slips and falls; being struck by dislodged or thrown objects; the use and potential or actual failure of climbing ropes and equipment; the forces of nature and exposure to environmental elements; the risk of falling; my own physical condition, and the physical exertion associated with this activity. Furthermore, I understand that although Skala personnel seek safety, they are not infallible. I expressly agree and promise to accept and assume all of the risks existing in this activity.
2. I certify that I am at least 18 years of age, my participation in this activity is purely voluntary, and I elect to participate in spite of the risks. I hereby certify that I am physically able to perform the strenuous tasks required in this activity and that I do not have any known sicknesses or physical impairments, which could be aggravated by my participation. Some contra-indications include, but are not limited to: heart disease, high blood pressure, epilepsy, black-outs, fear of heights, vertigo, impaired limb function, alcohol or drug abuse, psychiatric illness, and diabetes. I understand that this training involves being suspended in a harness for prolonged periods, which can place additional stress on the circulatory system. Furthermore, I agree to immediately notify the instructor if I feel I cannot *safely* perform a procedure and will refrain from performing such procedures.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Skala 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 Skala's equipment or facilities, **including any such claims which allege negligent acts or omissions of Skala.**
4. Should Skala 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 further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event of litigation, I agree to file solely in the state of Nevada, and I further agree that the substantive law of Nevada shall apply in that action without regard to the conflict of rules of law of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document 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 Skala on the basis of any claim from which I have released them herein.

I understand that photographs and video may be taken of me during my participation in Skala activities and I hereby release the use of these images without compensation.

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 _____ Print Name _____ Date _____

Address _____