

# Rescue Consulting Canada Inc.

## Registration Form 2008



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

Organization: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_

Prov/State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Tel: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

In Case of Emergency Contact:

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

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

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

Relationship to you: \_\_\_\_\_

Please List below any medical training that you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Course(s) Selected: \_\_\_\_\_  
\_\_\_\_\_

Course Dates:

Choice 1: \_\_\_\_\_

Choice 2: \_\_\_\_\_

Please briefly list any prior high angle training or experience that you have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGEMENT OF REQUIREMENT TO SIGN A WAIVER OF ALL CLAIMS, RELEASE OF LIABILITY, ASSUMPTION OF RISKS AND A PHOTOGRAPHIC RELEASE.**

*"I am aware and understand that participation in high angle training has inherent risks and dangers. I understand that I will be required to sign a waiver and release form prior to taking part in the course activities. I will be sent the form prior to my arrival so that I have time to thoroughly read and review the waiver and release, to ensure that I will accept the terms and conditions as outlined. Upon arrival, failure to sign the waiver agreement will constitute a cancellation on my part, and my fees will be subject to the cancellation policy in place at the time. I also hereby give my permission to Rescue Consulting Canada Inc, for the unlimited use of any and all photographs in which I appear, that are taken during the course, regardless of who may have taken them.*

**I have read, I understand, and I agree to, the terms of the above acknowledgement.**

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

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