



Rescue Training Specialties

Training that saves lives

Course Registration Form

Course Name: _____ Course Date(s): _____

Last Name: _____ First Name: _____

Last 4 SSN: _____ D.O.B _____ Phone: (_____) _____ - _____

Mailing Address: _____ e-mail: _____

City: _____ State: _____ Zip: _____ County: _____

Organization: _____ Organization Phone: (_____) _____ - _____

Registration Fee (Circle One): Payment Enclosed / Payment to Follow / Invoice

Responsible Party for Course Fees (Circle One): Individual / Organization / Other: _____

Agreement and Waiver / Liability Release:

- In Consideration for participating in Rescue Training Specialties (R.T.S.) training, I hereby release, indemnify, and covenant not to sue Rescue Training Specialties (R.T.S.), their officers, agents, or employees (Releasees) as well as any other students or Instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on any premises owned, leased, or used by Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of Rescue Training Specialties (R.T.S.). I understand that falsifying information or violating rules, policies, or regulations may result in me being denied admission to the course and/or loss of course credit.
- I understand that Rescue Training Specialties is not authorized to provide travel, medical, or health insurance, I verify that I or my agency maintain appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with rescue type training, including but not limited to burns, cuts, abrasions, heat stroke, Heat stress, heart attack, hypothermia, drowning, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release: and that **I am at least 18 years of age**. I am a fully competent adult and if applicable a member of a legally organized fire department, rescue squad, rescue related business or organization.
- By registering for this course, I hereby give Rescue Training Specialties (R.T.S.) permission to reproduce and publish my name and/or photographic likeness.

Signature – Form must be signed by Student

Organization Head or Designee (if applicable)

Date

Rescue Training Specialties

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