

## Course Registration Form

Course Location: \_\_\_\_\_

Course Dates: \_\_\_\_\_

Name:		Organization:	
Home Mailing Address:*		Job Title:	
Street:		Business Mailing Address:	
City, State, and Zip:		Street:	
Primary Phone:		City, State, and Zip:	
<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)
Emergency Contact Name:		Emergency Contact Phone:	
How did you hear about us?		<input type="checkbox"/> Internet Search <input type="checkbox"/> Referral <input type="checkbox"/> Returning Client <input type="checkbox"/> Other: _____	

**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 (additions or changes at a later date are not guaranteed & are based upon availability)			
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.

<b>Fees:</b> <table border="1"> <tr> <td>Course Tuition:</td> <td></td> </tr> <tr> <td>Certification Fees:</td> <td></td> </tr> <tr> <td>Total:</td> <td></td> </tr> </table>	Course Tuition:		Certification Fees:		Total:		<b>Office Use Only:</b> <input type="checkbox"/> Purchase Order Received <input type="checkbox"/> Payment Received <input type="checkbox"/> Confirmation Sent
Course Tuition:							
Certification Fees:							
Total:							

**Payment Information:**

☐ Check enclosed  
(Made out to Mistras Group Inc.)      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 Ropeworks, and Skywater Holdings, Inc., and any and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Ropeworks"), I hereby agree to release, indemnify, and discharge Ropeworks, 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 Ropeworks 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 Ropeworks 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 Ropeworks's equipment or facilities, **including any such claims which allege negligent acts or omissions of Ropeworks.**
4. Should Ropeworks 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 Ropeworks 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 Ropeworks 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 \_\_\_\_\_

## Fitness Guidelines for Rope Access Training

The following guidelines are provided to help identify suitable candidates for work-at-height. If you have any questions about these guidelines do not hesitate to contact our training department.

### GENERAL GUIDELINES

- Minimum age requirement for certification is 18 years
- Good strength-to-weight ratio and average to good cardio fitness level
- Healthy joints and full-function of extremities (especially hands)
- Recommended maximum body weight of 220 lbs for people up to 6 ft tall
- Will be required to perform moderate to strenuous activities for five consecutive eight hour days
- Each participant must assume all responsibility for monitoring their own physical limitations
- Individuals should abstain from activities that may threaten their health
- Candidates will be expected to keep up with an established course schedule and group pace
- A physical examination by a doctor is recommended

### MENTAL APTITUDE GUIDELINES

- Healthy respect for heights
- Consistent safety attitude
- Willingness to learn and improve

### PHYSICAL ATTRIBUTE TEST

Candidates wishing to register for rope access training should be able to complete the following tasks in order to successfully attend a rope access training course:

- One chin-up (or pull-up); with chin held above the bar.
- Twenty sit-ups with hands behind head in a two minute period (shoulder blades touching the ground each time)
- Twenty stair steps onto a 16"-18" platform in a two minute period without using hands/arms ([Harvard Step Test](#))

### POSSIBLE LIMITATIONS/CONCERNS

- Heart disease or hypertension
- Epilepsy, seizures, or blackouts
- Dizziness or impaired balance
- Severe allergic reaction to insect bites (anaphylactic shock)
- Brittle or uncontrolled diabetes
- Peripheral Vascular Disease (poor blood circulation to extremities)
- Severe hearing loss
- Psychiatric Illness
- Extreme sun sensitivity
- Severe tendonitis or arthritis
- Obesity

### Additional Notes:

For those taking a rope access training course for the first time, please note: arm, elbow and shoulder strains are relatively common for course participants not familiar with working on rope. A short warm up, or stretching routine, before the day of training can help minimize the potential for muscle strains and other injuries.

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I am able to perform all of the activities listed in the PHYSICAL ATTRIBUTE TEST section and have disclosed any possible limitations/concerns on my Ropeworks registration form.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_