



Card Holder Address:

Number and Street: _____

Address Line 2: _____

State/Province: _____

City: _____

Country: _____

Zip/Postal Code: _____

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."**

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."**

Rope Access Training Application

AND ASSUMPTION OF RISK, AND PHOTO RELEASE

In consideration of the services provided by Rope Partner, Inc. I hereby agree to release, indemnify, and discharge Rope Partner, Inc., 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 Rope Partner, Inc. 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



rope partner

we keep it turning

do not have any known sicknesses or physical impairments, which could be aggravated by my participation. Some contraindications 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 Rope Partner, Inc. 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 Rope Partner, Inc.'s equipment or facilities, including any such claims which allege negligent acts or omissions of Rope Partner, Inc.
4. Should Rope Partner, Inc. 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 California, and I further agree that the substantive law of California 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 Rope Partner, Inc. 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 Rope Partner, Inc. 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: _____