



Barnes Safety Services Inc

Participant Registration Information

Name (First) Required		(Last) Required	
DOB (DD/MM/YY)- REQUIRED			
Email - REQUIRED			
PO Box		Home Phone	()
Street Address		Cell Phone	()
Town/City		Work Phone	()
Province/State		CDN# (MAFA)	
Postal Code/ZIP		Employer	
Country		Position	
Course Name		Course Date	

Emergency Contact

Name		Relationship	
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Address	
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Home /Cell Phone		Work Phone	
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Safety Information

Barnes Safety Services welcomes you to one of our training courses, as we are trying to simulate real-life scenarios there is a degree of physical activity involved, and wish to make you aware of this.

We will try to make your experience safe and rewarding, but we must advise you that there is a degree of risk as with any physical activity. For a healthy individual, the risk involved in our courses should be minimal. Anyone with preexisting conditions (ex. Heart disease, muscle/ joint conditions, previous injuries that may be aggravated) may want to consider these things before continuing with the course.

Before you sign the attached liability waiver please consider the following questions:

- Are you on Medications that may affect your ability to stand, walk, bend, or kneel?
- Have you recently undergone surgery?
- Do you have a medical condition that can be aggravated by walking, standing, bending, or kneeling?

- If you answer **yes** to any of them you should consider consulting your doctor before continuing the course.

If you have been feeling ill in the 48 hours leading up to this course or are under a doctor's care during the same period, you will need to produce a certificate of fitness from a doctor to continue this course.

Anyone who suffers from a phobia (e.g. claustrophobia) should bring this to the attention of the instructor in private before the course and accommodations will be made if practically possible.

For your general safety, the instructor will give a safety briefing before the start of the course identifying safety features, procedures, and emergency exit locations for the facility. Any questions please feel free to ask the instructor.

Trainee Initials

Liability Waiver

By initialing the bottom of the section "Safety information" I am confirming I have read and understand the information contained within and that Barnes Safety Services Inc. and its Instructors will endeavor to keep me safe during my course, using this information as the basis for my decision to continue the course I am enrolling in, I _____ now release Barnes Safety Services Inc, it's assigns and agents, staff, owners from any claims, demands, damages, and causes of action as a result of my enrollment and participation.

I Fully understand that I may injure myself as a result of my enrollment and subsequent participation in this course and I, _____ now release Barnes Safety Services Inc. and its agents from any liability now or in the future for conditions I may obtain. These conditions may include but are not limited to Heart Attack, Muscle Strains, Muscle pulls, Muscle Tears, broken bones, shin splints, injuries to knees, injuries to back, injuries to foot or any other illness, or soreness that I may incur, including death

COURSE: _____ EMPLOYER (Sponsor): _____

START DATE: _____ END DATE: _____

NAME (PRINT CLEARLY- BLOCK LETTERS) _____

SIGNATURE: _____

PLACE and DATE: _____

Please Indicate any pre-existing Medical Conditions/Medications taken that might affect your ability to complete the course

Trainee Signature	
Instructor Initials	