GSI ENROLLMENT FORM

Please print – Fax application to 877-432-9018

Name:	Age: Date	:
Enrolling for (class name):		
Home Address:		
City:	State:	Zip Code:
Home Phone Number:	Emergency Nu	ımber:
Your Occupation:	List any allergi	es:
Physical limitations:	Email Address:	
PAYMENT THROUGH OUR WEB SITE IS REQUIRED AL CLASS IS CANCELLED FOR ANY REASO		
WAIVER AND RELEASE		
During classes, demonstrations and fieldwork coreasonable care is taken to prevent serious injuraware of the fact that all aspects of survival traidanger, and the student hereby agrees to accept acts of God, of injury, death, and/or loss to his/bestudent agrees to obey the rules and regulations	ries and minimize accidents. T ning, even under the safest con full responsibility and assume ter person and/or property, kn	he student states that he/she is fully ditions possible, may pose some all risks, including those caused by owingly and voluntarily. The
The student knowingly, voluntarily, and irrevoce demands, and causes of action which the student agents, instructors, assistant instructors, administration of the control	t now has or may have in the f istrators, or any provider of fa onducted, for any and all past, God, received while participat visitor, or in any other manne	uture against all officers, employees, cilities or equipment while on any present, and/ or future injuries, ing in the activities conducted by r or form taking part in the
The student certifies he/she is physically capable skills training program despite the rigors and desponsibility for any injury, death, and/or loss God, for the rigors and dangers inherent in this photographs or video taken while participating including advertising.	angers inherent in such an und to his/her person or property, undertaking. The student rele	lertaking. The student accepts full including those caused by acts of eases to GSI rights to use any
Student – print name	Student – s	ignature
Witness – print name	Witness – si	gnature
Guardian – print name	Guardian -	 signature