

COURSE JOINING INSTRUCTIONS



>PLEASE READ CAREFULLY<

This form will be kept confidential

PERSONS NOT PERMITTED:

Persons with the following conditions are **NOT permitted** to attend the courses.



Expectant Mothers



Arm or Leg
Casts



Epilepsy



Insulin Dependent
Diabetes



Heart Attack or
Angina

PERSONS PERMITTED WITH MEDICAL CERTIFICATE:

If you have any of the conditions described below, you must have a valid medical certificate **BEFORE** you will be permitted to attend the course. If you have developed any of the conditions below since your last medical you **MUST** renew your medical certificate **BEFORE** joining the course.



Heart Condition or
Abnormal Blood Pressure



Asthma



Non-Insulin
Dependent Diabetes



Motion Sickness or
Dizziness



Back, Neck, Shoulder,
Head or Similar Physical
Condition or Injury



Recent Surgery or any
other Serious Medical
Condition or Phobia

If you are on medication for High Blood Pressure, Asthma or Non-Insulin Dependent Diabetes, you **MUST** make sure that you take this as prescribed before and throughout your course.

If you have Asthma, make sure that you have your inhaler or other 'reliever' treatment with you at all times during the course.

Self Declaration of Fitness for Attending Training and Liability Waiver

Name (print):	Course:
Company:	

Part 1		
Course activities may include, but are not limited to:		
<ul style="list-style-type: none"> Holding your breath underwater for 10 seconds Moving through water using your arms Wearing and using a lifejacket and survival suit in a pool Rebreathing using sterile ir pockets for up to 30 seconds Sitting attending classroom sessions for up to 60 minutes per session Stepping into a pool from a height of 1m / 3.2 ft Lifting/pulling/climbing action using the upper body muscles when climbing in/out of a life raft Lifting and operating a 12 kg / 26.5 lbs. fire extinguisher and fire hose handling Wearing a smoke hood in a potentially warm environment 		
PLEASE CHECK ANY OF THE BOXES THAT APPY		
Are you physically capable of performing the above listed activities?	YES	NO
Are you in compliance with the "Important Warning about Medical Conditions" on the back of this Self Declaration?		
Have you been treated or been in the care of a doctor in the last 12 months for ANY medical conditions?		
IF YES , to the above question, do you have a medical release to be back to full working duties?		
Have you taken ANY medication in the last 24 hours that could impair your ability to perform any activities listed above?		
Have you had ANY traumatic water experiences and/or do you have a fear associated with being in the water?		
I understand that I must report any injury sustained during the training event(s) to a staff member.		
I understand that I may be removed from this course at any time, if in the opinion of staff personnel; I am incapable of continuing the course for any reason. The circumstances will be reported to my employer or sponsor if applicable.		

Part 2	
PLEASE READ EACH STATEMENT, IF YOU AGREE PLEASE SIGN AND DATE THIS FORM	
<p>I, having read the entire Self Declaration (back and front), confirm that the information I have supplied is accurate, that I have not withheld any information regarding the status of my health and that I am capable of participating in the training course(s).</p> <p>I understand that if I suffer any medical symptoms or health problems during my training that I will inform a member of the staff, IMMEDIATELY.</p> <p>I understand that the information I have provided is being relied upon by Bastion Technologies Inc. in connection with the course(s) in which I am participating and will be kept confidential unless issues arise regarding my fitness, health, welfare or safety as may be determined in the sole discretion of Bastion Technologies Inc.</p> <p>LIABILITY WAIVER</p> <p>In consideration for receiving permission to participate in the course(s) sponsored by Bastion Technologies Inc., I hereby FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS, for any and all purposes, Bastion Technologies Inc., and their respective officers, servants, agents, contractors, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the course(s), INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES. I further agree to INDEMNIFY, DEFEND, AND HOLD HARMLESS the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the course(s) or my participation in the course(s), INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES but excluding any gross negligence or willful misconduct of the Released Parties.</p> <p>By execution below I hereby acknowledge that there are inherent risks involved in this course(s) and I recognize and assume all of the risks associated with participation in the course(s). I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE COURSE(S), AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT. I understand that Bastion Technologies Inc. does not provide such coverage, and that no insurance coverage may exist through Bastion Technologies Inc. to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the course(s).</p> <p><i>Acknowledgement</i></p> <p>I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.</p>	
_____ Signature	_____ Date
_____ Please provide us with an emergency contact name and number	_____ Phone number