



STAR Center

Simulation, Training, Assessment & Research

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TRAINING RELEASE AND WAIVER

I, _____, as a student in the following STAR Center
PRINT NAME

Less Lethal Weapons Training _____ ("Course") on _____,
agree to

COURSE NAME

COURSE START DATE

the following:

Acknowledgment of Inherently Dangerous Activity

By participating in this Course, I acknowledge the inherent dangers and risks involved in Handcuffing/Baton training. This course involves exposure to impact weapons; shoulder injury; blunt force trauma, possible physical injury from getting in or out of any of the required positions, eye injuries, possible broken bones, positional affixation, nerve damage, torn/strained muscle injuries, bruises, and cuts. Such injuries may range from temporary, permanent injuries to include minor to life threatening injuries, including death. I am responsible for minimizing the risk of injury by following any and all rules established and administered in both written form and orally announced by the instructor(s). I must at all times: (1) immediately report any unsafe condition I may observe to the instructor(s); (2) be aware of my surroundings and inspect all protective gear and equipment for defects; (3) be alert and recognize any indication of fatigue or disorientation or unsafe act I or others may be experiencing that could pose a risk to my safety; and (4) voluntarily remove myself from this course at any time in order to avoid injury. I assume full responsibility for the dangers and risks inherent including the risk of bodily injury and property damage.

Representation of Physical Condition & Certification

I have been fully advised of the physical conditions and requirements of this Course. I have submitted in writing to STAR Center any and all health problems, injuries, physical and mental limitations, and/or disabilities which may hinder or prevent me from training. A copy of the Student Profile is affixed hereto as Exhibit A. I represent that I am physically competent to undertake this Course.

I certify and warrant that I am in good physical condition, have a valid USCG Medical Certificate or current physical and able to participate in this Course.

Emergency Treatment Consent

In the event I become injured as a result of my participation in the Course, I give my consent to receive first aid, medical treatment, or medical transportation to treat my injury from, or initiated by, STAR Center and its agents, including both non-medical personnel and professional medical personnel.



Release, Hold Harmless & Indemnification

In consideration of being able to participate in this Course, I agree to unconditionally release, waive, and discharge American Maritime Officers Safety & Education Plan (d/b/a STAR Center) its administrator, contributing employers, union, and successors, and for each of them, their agents, trustees, officers, directors, employees, contractors, participants, and members (all referred to as "Releasees") from any and all claims and causes of action, whether in law or in equity, that I, my personal representatives, assigns, heirs, or next of kin, may have for any loss, damage, or injury resulting from bodily injury, including death, or property damage arising from my participation in this Course, whether or not caused by the negligence, in whole or in part, of Releasees, other participants receiving training, third parties, or otherwise. I further release Releasees from any claim whatsoever on account of receiving any first aid, medical treatment, or emergency transportation arising from my participation in the Course.

In addition, I further agree to indemnify Releasees from any loss, liability, damage or cost Releasees may incur due to my own negligence, in whole or in part, during my presence in or around the training area, for any purpose, while participating in the Course, whether or not such loss, liability, damage or cost was also caused in part by the negligence of Releasees, other participants receiving training, third parties, or otherwise.

I HAVE CAREFULLY READ THE FOREGOING TRAINING RELEASE AND WAIVER AND KNOW THE CONTENTS THEREOF AND HAVE SIGNED THIS RELEASE AND WAIVER AS MY OWN FREE ACT.

I expressly agree that this Training Release and Waiver is intended to be as broad and as inclusive as permitted by the laws of the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full force and effect.

In Witness Whereof, I have executed this Release and Waiver.

(STUDENT'S LEGAL SIGNATURE)

(PRINT NAME)

(DATE)

(WITNESS' LEGAL SIGNATURE)

(PRINT NAME)

(DATE)



Exhibit A

STUDENT PROFILE

Student Name: _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____ Relationship: _____ Phone: _____

Address: _____

NOTE: MANY OF THE EXERCISES IN OUR TRAINING PROGRAMS REQUIRE STUDENTS TO BE IN SOUND PHYSICAL CONDITION. STUDENTS ARE REQUIRED TO WEAR THE PROTECTIVE CLOTHING AND EQUIPMENT PROVIDED.

PHYSICAL RECORD:

Date of current USCG Medical Certificate or current physical? _____

DO YOU HAVE ANY CURRENT OR PREVIOUS DISABILITY/INJURY OR HEALTH CONCERNS WHICH MAY HINDER YOUR ABILITIES IN THIS TRAINING COURSE? _____

IF YES, PLEASE GIVE DETAILS: _____

DO YOU HAVE DIFFICULTIES WITH: HEARING? _____ VISION? _____ SPEECH? _____

ARE YOU TAKING ANY FORM OF MEDICATION? _____ (PLEASE EXPLAIN)

DO YOU HAVE ANY ALLERGIES? _____ (PLEASE EXPLAIN) _____

DO YOU READ ENGLISH? _____, DO YOU SPEAK ENGLISH? _____

IF YOUR ANSWER IS NO TO THE ABOVE, REPORT TO STUDENT SERVICES

I certify that the above information is true and correct.

Signature of Trainee

Date