

COURSE JOINING INSTRUCTIONS – MINORS (BELOW 18 YRS)

IMPORTANT WARNING ABOUT MEDICAL CONDITIONS

>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.

Declaration of Fitness for Attending Training and Liability Waiver – FOR MINORS (Below 18 yrs)

Participant Name (print):	Course: Space Center Houston Student Survival Course
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Part 1		
Course activities may include, but are not limited to:		
<ul style="list-style-type: none"> • Holding your breath underwater for 20 seconds • Moving through water using your arms • Wearing and using a lifejacket and survival suit in a pool • Rebreathing using sterile air 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 APPLY		
Is Participant physically capable of performing the above listed activities?	YES	NO
Is Participant in compliance with the "Important Warning about Medical Conditions" on the back of this Declaration?		
Has Participant 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, does Participant have a medical release to participate in this training?		
Has Participant taken ANY medication in the last 24 hours that could impair ability to perform any activities listed above?		
Has Participant had ANY traumatic water experiences and/or has a fear associated with being in the water?		
Participant understands that they must report any injury sustained during the training event(s) to a staff member.		
Participant understands that they may be removed from this course at any time, if in the opinion of staff personnel; they are incapable of continuing the course for any reason. The circumstances will be reported to sponsor if applicable.		

Part 2		
PLEASE READ EACH STATEMENT, IF YOU AGREE PLEASE SIGN AND DATE THIS FORM		
<p>As parent or legal guardian of Participant, I am aware that Participant's participation in the Bastion Technologies Inc ("Bastion") training (the "Activity") involves inherent risk, dangers and hazards that can result in serious personal injury or death. I am also aware the training facility and/or equipment contain dangers and can cause serious injury or death. I and Participant hereby freely agree to assume and accept all known and unknown risks of injury arising out of the Activity including injury or death that results from Bastion's negligence, design of the facility and/or equipment or from any third party.</p> <p>I and Participant, having read the entire Declaration (back and front), confirm that the information supplied is accurate, that I and Participant have not withheld any information regarding the status of Participant's health and that Participant is capable of participating in the Activity. I and Participant understand that if Participant suffers any medical symptoms or health problems during the Activity, Participant will inform Bastion, IMMEDIATELY. I understand that the information I have provided is being relied upon by Bastion in connection with the Activity in which Participant is participating and will be kept confidential unless issues arise regarding Participant's fitness, health, welfare or safety as may be determined in the sole discretion of Bastion.</p> <p>LIABILITY WAIVER</p> <p>In consideration for Bastion allowing Participant to participate in the Activity, I and Participant understand and expressly acknowledge that we, on our own behalf and on behalf of the other members of our family, including spouse, parents, children, heirs and assigns, hereby FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS, for any and all purposes, Bastion, and their respective officers, servants, agents, contractors, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability for any damage to or loss of Participant's property, any injury to Participant's person, including death, arising directly or indirectly out of Participant's participation in the Activity, INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES. I and Participant 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 Activity or Participant's participation in the Activity, 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 and Participant hereby acknowledge that there are inherent risks involved in this Activity and I and Participant recognize and assume all of the risks associated with participation in the Activity. I AND PARTICIPANT ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT PARTICIPANT HAS INSURANCE COVERAGE WHICH EXTENDS TO PARTICIPANT WHILE PARTICIPATING IN THE ACTIVITY, AND THAT I SECURE SUCH COVERAGE IF PARTICIPANT DOES NOT ALREADY HAVE IT. I understand that Bastion does not provide such coverage, and that no insurance coverage may exist through Bastion to cover any injuries or damages which I and Participant may sustain or claims which may arise as a result of Participant's participation in the Activity.</p> <p>ACKNOWLEDGEMENT: By signing below, I certify that I fully understand that this release will provide an absolute defense to any lawsuit or claim against the Released Parties for any injuries or damage that I and Participant may incur by reason of participation in the Activity.</p>		
Participant Name	Date	
Guardian's Signature	Guardian's Phone number	