



## **Aerial Rescue Training Course with Arizona Community Tree Council, Inc.**

**Date:** December 11, 2020

**Location:** Folley Park 601 E Frye Rd, Chandler, AZ 85225

**Course Times:** 8:00am – 4:30pm; lunch is not provided

**Cost:** \$250 early registration (through 11/27/20); \$350 late registration (11/27/20-12/4/20); course registration closes on 12/4/20

**Class Size:** This course is limited to 40 participants.

**CEUs:** International Society of Arboriculture (ISA) Certified Arborists, Utility Specialists, Municipal Specialists, and Tree Workers will be eligible to receive CEUs

**Course Description:** The Aerial Rescue Training Course prepares climbers for the most likely scenarios where they may have to respond to an emergency. The one-day course provides instruction and field demonstration around emergency preparedness, readiness and accident prevention. Specific topics of instruction include:

- Rescue, readiness and reality
- Risk assessment, scene management and first aid
- Self-rescue
- Scenario identification and injury evaluation
- Climber extrication, rescuer ascent and work positioning
- Most common tree rescue scenarios

***This course is instruction and field demonstration and does not include hands-on learning opportunities.***

**Age of Majority:** Each participant must be over the age of majority in the state in which the course is being held

**Cancellation Policy:** 30 or more days in advance: full refund; 29-14 days in advance: 50% cancellation penalty; 13-0 days in advance: 100% cancellation penalty; no-shows: no refund

**Registration Form - Aerial Rescue Training Course**  
(One form should be filled out for each individual)

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**Name:** \_\_\_\_\_

**Company/Employer:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Years of Experience:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Bus ph #:** \_\_\_\_\_ **Cell ph #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Second e-mail to be cc'd:** \_\_\_\_\_

**How did you hear about this course?** \_\_\_\_\_

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We ask each registrant to provide either an e-mail address AND a physical mailing address, as you will receive your confirmation letter and supporting information email and your course materials will be mailed directly to you. If an administrator in your office is submitting a registration, please ensure to pass along the confirmation package to the staff member who will be attending the training.

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**You may register with a check or through our online payment system.**

**Check Enclosed**                       **Online Payment**

**Amount Paid:** \_\_\_\_\_

<b>Office Use Only:</b>	
Received By: _____	Date registration received: _____
_____	

**Send to: North American Training Solutions P.O. Box 184 Douglas, MA 01516**  
**Ph: 888-652-9116 . Fax: 678-344-6865 . [info@natstraining.com](mailto:info@natstraining.com) . [www.natstraining.com](http://www.natstraining.com)**

**Cancellation Policy**

29-14 days advance: 50% cancel penalty  
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## **PARTICIPANT REGISTRATION, RELEASE, WAIVER**

In consideration of mutual covenants expressed herein, North American Training Solutions ("Company"), and Participant ("Participant"), agree in exchange for the fee paid by Participant/Employer/Other, Company will provide certain Training as described below and incorporated in this Participant Registration, Release, Waiver and Hold Harmless Agreement ("Agreement"). Participant represents he or she has reached the age of majority in the state/province where Training shall occur and is participating upon his or her free will. Participant also understands attending Training does not qualify him or her to instruct others, to hold him or herself out as an expert in the Training topic or represent he or she is qualified to conduct Training or provide any expertise in the topic.

All materials distributed by Company are protected under United States Copyright Laws. Any duplication, modification, or distribution of same is strictly prohibited. This Agreement shall be binding on Participant, his or her heirs, next of kin, executors, administrators & personal representatives. This paragraph shall survive the termination of Agreement and Participant instructs his or her spouse, children, heirs and estate to honor this paragraph.

BY CHECKING THE BOX BELOW, YOU ACKNOWLEDGE YOU HAVE READ AND AGREE TO THE TERMS OF THE PARTICIPANT REGISTRATION, RELEASE, WAIVER & HOLD HARMLESS AGREEMENT

I have read and agree to the above terms

## **PHOTOGRAPH & VIDEO CONSENT, WAIVER & RELEASE FORM**

I hereby grant full and knowing consent to North American Training Solutions ("Company") the rights and privilege under federal and state(s) laws to use my image, likeness, and sound of my voice as recorded on audio, video or any other reproduction method without payment or any other consideration or compensation. I understand that my image may be edited, copied, exhibited, published or distributed for multiple purposes including but not limited to advertising, marketing, sales and training purposes, and may be used in diverse educational settings within an unrestricted geographic area, may be used on the world wide web (Internet), and in both public and private settings, in for-profit and not-for-profit companies and government settings, from the date entered below until either the end of time or until I submit in writing a written revocation of this consent.

Agree  Disagree

I also waive the right to inspect or approve the released image of my likeness or voice recording prior to its use or notice of its use. Additionally, I waive any right to royalties or other compensation, if any, arising or related to the use of my image or voice recording.

Agree  Disagree

I understand this consent, waiver and release form will continue in effect until it is revoked in writing and mailed to PO Box 184 Douglas, MA 01516. Any use of my image or voice prior to the date the Company receives the revocation, or any images or voice recordings already in use will not be retracted. Revocation will only apply to future use in new venues.

Agree  Disagree

I acknowledge that I have completely read and fully understand the above consent, waiver and release and agree to be bound thereby. I hereby release any and all claims against any person or organization, including but not limited to the Company using my image or voice recording

Agree  Disagree

### **DISCLAIMER**

The information in this manual and workshop are the ideas and beliefs of the organization and the presenters, and are NOT intended to be and should NOT be mistaken as a substitute for professional, legal or medical advice. This information is provided for educational purposes only.

I have read and understand the course disclaimer.

Agree  Disagree