



Highpoint Access & Rescue
 Highpoint Industries Pty Ltd ABN 91 022 147 723
 PO Box 1858 Rockhampton Qld 4700
 Phone: 07 4927 2722
 Fax: 07 4927 3233
 Web: www.haar.com.au

Registration Form

Course:

Rope Rigging Instructor Workshop Part 1

Venue:

Rockhampton / Blackdown Tablelands, Queensland

Date:

2nd to 7th November 2009

Warning: The course you are applying for will contain certain hazards and risks which are unavoidable. We cannot emphasise enough the importance of your filling out the registration form accurately, completely and honestly without exaggeration. The safety of the entire group may depend, in part, on the information you provide on this form.

SECTION 1 PERSONAL INFORMATION

Full Name:
 (as it would appear on the certificate)

Date of Birth:/...../..... Sex: Height:cm Weight:kg

Residential address:
 State: Postcode:

Postal address:
 State: Postcode:

Telephone: Fax:

Employer:

Occupation:

Emergency Contact

Name: Contact number:

Past experience related to Rope Rescue (brief):

.....



SECTION 2 MEDICAL

1. Do you have any medical conditions that may impair your ability to operate a motor vehicle, an item of machinery or perform rope access activities during this training?

(please circle one) YES NO

Explanation:

.....
.....

2. Do you have any known allergies?

(please circle one) YES NO

Explanation:

.....
.....

3. Is there any medical condition or problems that you have which instructors may need to know about for the safety of yourself and other participants?

(please circle one) YES NO

Explanation:

.....
.....

4. Is there any additional information about yourself which you feel might be significant about your participation in this training?

(please circle one) YES NO

Explanation:

.....
.....



SECTION 3 PHOTOGRAPHIC RELEASE

I give permission for Highpoint Access & Rescue to use any and all photographs taken of me while engaged in any Highpoint Access & Rescue course. Said photographs of me may be used for any purpose. This permission to use photographs of me pertains to all photographs taken during a Highpoint Access & Rescue course without regard to who takes the photograph.

SECTION 4 LIABILITY RELEASE

I am aware that any and all rope access activities in which I will participate involve certain risks and dangers which include, but are not limited to, personal injury and death caused by falling, equipment failure, falling objects, forces of nature such as lightning and rain, motorised vehicle accidents or illness, and the hazards of working within an industrial site.

I am aware that my involvement in this training may have a direct or indirect effect on the safety of myself and others in the workplace. I am also aware that there are certain hazards and risks associated with the training activities that cannot be eliminated. Having accepted this I will take all reasonable and practicable measures to prevent injury or incident throughout this training program. I will follow all reasonable instructions given by the instructors. I will seek clarification on matters where I do not fully understand.

I understand that participation in the activities is by personal choice. I am aware of my personal physical abilities and will not attempt to perform any task which may be beyond those capabilities. I understand that completion of this training will not classify me as an expert in the subject of rope access.

In consideration of the above, I hereby assume all risks inherent in this activity and release Highpoint Access & Rescue from all liability, courses of action, debts, claims, and demands of any kind and nature whatsoever which may arise out of or in conjunction with my participation in this rope access training. This assumption of risk and release of liability is binding upon me, my heirs, executors and administrators, and all members of my family, including any minors.

SECTION 5 DECLARATION

Declaration: Please rewrite the entire sentence if you are convinced it is true – then sign.

“I have answered the entire application form to the best of my knowledge”

“ ”

I hereby agree to the above contract terms.

Signature:

Date:



Payment options:

Credit card

All cards except AMEX

Transaction by telephone or visit Highpoint office in Rockhampton

Electronic Funds Transfer

ACCOUNT NAME: Highpoint Access and Rescue

BANK: Suncorp Metway

BRANCH: Bolsover St, Rockhampton 4700

BSB: 484 - 799

ACCOUNT NUMBER: 60-098977-0

Cash - visit Highpoint office in Rockhampton

Office use only.

Application received – Date:

Position accepted: Yes No

Deposit received – Date:

Receipt number: Payment type:

Balance received – Date:

Receipt number: Payment type: