



Client Responsibility and Waiver
Critical Skill Training
www.criticalskill.com

Welcome to the Critical Skill training! Please Print, Fill in, Sign and Fax in this Responsibility, Waiver and Authorization Form.

I am hereby signing up for the Critical Skill Training to be held on (date) _____

Name (last) _____ (first) _____

Address _____

City _____ State & Zip _____

Phone (home) _____ (work) _____

E-mail address _____

Age _____

In case of emergency, notify:

Name _____ Phone _____

List any medical or physical conditions that the Critical Skill team should know about:

Critical Skill (CS) is a subdivision of Explorersweb Inc. The Critical Skill team will arrange training on the above date as specified at www.criticalskill.com. The training will be held indoor and outdoor. It is important that the participant has understood the physical requirement to attend the course. If in any doubt, please email or call the Critical Skill Team well ahead of the start date and discuss any questions. I have also understood the payment and refund policy of CS specified at www.criticalskill.com.

I HAVE READ AND UNDERSTAND THE ABOVE. I am enrolling for this training with the intent of attending indoor as well as outdoor schedule (see www.criticalskill.com).

Print Name _____

Signature _____ Date _____

If under 18 years of age parent or guardian must read and sign below

I am the legal guardian of the above minor and have read and understand the above responsibilities. I hereby consent to the participation of the above named minor in Critical Skill Lectures in indoors and outdoor setting.

Print Name _____

Signature _____ Date _____

RELEASE OF LIABILITY

RELEASE OF LIABILITY BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL ACTIVITIES SPONSORED OR CONDUCTED BY THE CRITICAL SKILL (CS), A SUBDIVISION OF EXPLORERSWEB INC, MAY BE HAZARDOUS AND MAY RESULT IN LOSS, DAMAGE, OR DEATH. WITH FULL KNOWLEDGE OF THESE DANGERS, AND IN CONSIDERATION FOR MY ACCEPTANCE AS A TRIP MEMBER, AND THE SERVICES AND AMENITIES PROVIDED BY THE CS IN CONNECTION THEREWITH, I CONFIRM THAT I HAVE READ THE FOREGOING AND VOLUNTARILY ASSUME ALL RISKS OF SUCH DAMAGES OCCURRING IN CONNECTION WITH THE OUTING. I HEREBY AGREE FOR MYSELF, ALL OF MY FAMILY AND HEIRS TO RELEASE THE CS AND ANY OF ITS VOLUNTEERS, EMPLOYEES, AGENTS, LEADERS, INSTRUCTORS, GUIDES, OFFICERS, DIRECTORS, OR REPRESENTATIVES FROM LIABILITY, CLAIMS, DEMANDS, OR ANY CAUSES OF ACTION. I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT AND THAT BY SIGNING IT I AM GIVING UP MY RIGHT TO SUE OR OTHERWISE MAKE ANY CLAIM AGAINST THE CS OR ANY OF ITS VOLUNTEERS, EMPLOYEES, AGENTS, LEADERS, INSTRUCTORS, GUIDES, OFFICERS, DIRECTORS, OR REPRESENTATIVES WHICH MAY ARISE DURING MY PARTICIPATION IN ANY ACTIVITIES OF THE CS. I INTEND THIS RELEASE OF LIABILITY TO BE EFFECTIVE WHETHER OR NOT any loss, damage, injury, or death RESULTS FROM NEGLIGENCE OF THE CS OR ANY OF ITS VOLUNTEERS, EMPLOYEES, AGENTS, LEADERS, INSTRUCTORS, GUIDES, OFFICERS, DIRECTORS, OR REPRESENTATIVES. I UNDERSTAND THAT NEGLIGENCE MEANS FAILURE TO DO AN ACT WHICH A REASONABLY CAREFUL PERSON WOULD DO, OR THE DOING OF AN ACT WHICH A REASONABLY CAREFUL PERSON WOULD NOT DO, UNDER THE SAME OR SIMILAR CIRCUMSTANCES TO PROTECT HIMSELF, HERSELF, OR OTHERS FROM INJURY OR DEATH. I AGREE TO BE SOLELY RESPONSIBLE FOR MY OWN SAFETY AND TO TAKE EVERY PRECAUTION TO PROVIDE FOR MY OWN SAFETY AND WELL BEING WHILE PARTICIPATING IN THE ACTIVITIES OF THE CMC. IN ADDITION, I UNDERSTAND THAT ON CS TRAINING THERE MAY NOT BE RESCUE OR MEDICAL FACILITIES OR EXPERTISE THAT MAY BE NECESSARY TO DEAL WITH POTENTIAL INJURIES TO WHICH I MAY BE EXPOSED. I UNDERSTAND THAT THESE RISKS EXIST AND NOTWITHSTANDING THEM, I WISH TO PARTICIPATE IN CS ACTIVITIES.

I HAVE READ THIS RELEASE AGREEMENT AND HAVE FULLY INFORMED MYSELF OF ITS CONTENTS BEFORE I HAVE SIGNED IT.

Print Name _____

Signature _____ Date _____

If under 18 years of age parent or guardian must read and sign below

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of the CMC on the terms stated.

Print Name _____

Signature _____ Date _____

Payment and Credit Card authorization

I certify I have read and agree to all the terms and conditions at www.criticalskill.com including the authorization to charge my credit card to the amount of: _____

Customer Name (as it appears on the credit card): _____

Credit Card Number: _____ Expiry: _____

I prefer to call in my credit card info

I prefer to pay by check or bank wire (you will be contacted by the Critical Skill administration)

Customer Billing address: _____

Customer Phone number: _____ Email: _____

Customer Signature: _____

Please Sign and Fax to +1 (516) 845- 1685

Explorersweb Inc.

Financial Office

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Farmingdale, NY 11735

For all questions call +1 (212) 966 1928 or email info@criticalskill.com