



RTR APPLICATION

Revised January 2021

ROPES THAT RESCUE LTD.

1400 Shangri-La Drive
 (Oak Creek Canyon)
 Sedona, Arizona 86336
 ph (928) 282-7299
 fax (928) 282-7307
<http://www.ropesthatrescue.com>
info@ropesthatrescue.com

PLEASE READ THIS! The program you are applying for WILL contain certain risks and dangers which are unavoidable in the vertical realm. We cannot emphasize enough the **IMPORTANCE** of your filling out this Application accurately, completely and honestly and with no exaggeration. The safety of the entire group will depend, in part, on the information you provide here. Please type or print clearly—use as many extra sheets as you need.

RTR Program	Begins?	Where?
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Name	50% deposit required AMOUNT ENCLOSED?	M <input type="checkbox"/> F <input type="checkbox"/>
Address	Date Today	Wt
City	State/Country	Post Code
Home Tel	Fax	
Cellular	Work+Ext	
Email #1 (clearly)		
Email #2 (clearly)		
Occupation	Position	
Rescue Agency Affiliation		

EXPERIENCE and SKILL LEVEL
List all your affiliations, including professional and recreational; mountaineering accomplishments, rock climbing level, caving, military, swiftwater, etc. Give amount of time in each field

EMERGENCY MEDICAL EXPERIENCE LEVEL
List all your emergency medical experience including pre-hospital care, ambulance work, emergency room and/or other significant experience

Please Answer YES or NO (check the box) Document any ailments, problems, hospitalizations or diagnosis history which relate to the following. Use additional sheets if needed	NO	YES
1) HEART CONDITION: Including heart attacks, congestive heart failure, angina, diagnosed high blood pre	<input type="checkbox"/>	<input type="checkbox"/>
2) RESPIRATORY CONDITION: Including any lung ailments, asthma, difficulty breathing, conic problems	<input type="checkbox"/>	<input type="checkbox"/>
3) NEUROLOGICAL PROBLEMS: Including fainting spells, loss of consciousness, seizures	<input type="checkbox"/>	<input type="checkbox"/>
4) MUSCULOSKELETAL PROBLEMS: Including old dislocations, back pain, arthritis, chronic pain	<input type="checkbox"/>	<input type="checkbox"/>
5) MENTAL-EMOTIONAL PROBLEMS:	<input type="checkbox"/>	<input type="checkbox"/>



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Questions	NO	YES										
1) Do you perform any regular exercise, whether for cardiovascular fitness or for strength training?	<input type="checkbox"/>	<input type="checkbox"/>										
2) Do you smoke anything?	<input type="checkbox"/>	<input type="checkbox"/>										
3) Are you allergic to any medications? If so, list all medications.	<input type="checkbox"/>	<input type="checkbox"/>										
4) Do you have any medical conditions or problems? Explain.	<input type="checkbox"/>	<input type="checkbox"/>										
5) How would you rate yourself endurance-wise: 1 (poor) to 10 (best)	<table style="display: inline-table; border: none;"> <tr> <td style="border: none; padding: 0 5px;">1</td> <td style="border: none; padding: 0 5px;">2</td> <td style="border: none; padding: 0 5px;">3</td> <td style="border: none; padding: 0 5px;">4</td> <td style="border: none; padding: 0 5px;">5</td> <td style="border: none; padding: 0 5px;">6</td> <td style="border: none; padding: 0 5px;">7</td> <td style="border: none; padding: 0 5px;">8</td> <td style="border: none; padding: 0 5px;">9</td> <td style="border: none; padding: 0 5px;">10</td> </tr> </table>		1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10			

Photographic Release

I, PRINT _____, hereby give permission for ROPES THAT RESCUE, Ltd. to use any and all photographs taken of me while engaged in any ROPES THAT RESCUE Program. Said photographs of me may be used for any purpose. This permission to use photographs of me pertains to ALL photographs taken during a ROPES THAT RESCUE course without regard to who takes the photograph

Your Signature _____

Contract Terms

1. REGISTRATION: In order to register for a program, you must completely fill out this 3 page application and submit it along with a minimum 50% deposit to ROPES THAT RESCUE, Ltd. who's address is 1400 Shangri-La Dr., Sedona, AZ 86336. Written or verbal notification of ACCEPTANCE or REJECTION will be made within one month from the date this application is received. Final payment of balance owing must be received no later than one month before the beginning of the program you wish to attend. If final payment is not timely received, it will constitute a request for cancellation and any person on the waiting list will take your place in the program

2. CANCELLATIONS & REFUNDS: If you cancel not later than two months before the program start date, you will receive a full refund. If you cancel not later than one month before the start of the program, ROPES THAT RESCUE, Ltd. will retain 10% of the total program fee, and the balance shall be refunded to you. If you cancel within 30 days of the beginning of the program, you will not receive any refund, unless a replacement can be found. If a replacement can be found, ROPES THAT RESCUE, Ltd. will retain an amount equal to 20% of the total program fee, and the balance shall be refunded to you. If for any reason, ROPES THAT RESCUE, Ltd. has to cancel a program, you will receive a full refund. In the event of cancellation, ROPES THAT RESCUE, Ltd. will notify all registrants as early as possible, but assumes no liability for expenses incurred by the registrant up to the time of the course. Programs will not be canceled due to weather. Participants should be ready for any and all field conditions and are responsible for their own protection from weather or thermal-related insult or injury

3. CERTIFICATES: Instructor-signed CERTIFICATES OF COMPLETION will be awarded to each participant who has shown reasonable comprehension of the material presented and who has remained for the entire course length—from beginning to end. No CERTIFICATE can be awarded if student misses part of the program

4. GUARANTEES: Ropes That Rescue makes no warranties about a participant's achievements, nor will it guarantee that the participant will be able to access the training locations

I, _____, hereby agree to the above contract terms

PRINT *Your Signature* _____



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Participation Agreement, Release & Assumption of Risk

In consideration of the services of Ropes That Rescue, Ltd., their agents, owners, officers, volunteers, personnel, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "RTR"), I hereby agree to release, indemnify, and discharge RTR, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in Non-Recreational Technical Training - Rope Rescue & Rope Access Courses activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: the hazards of walking on uneven terrain; slips and falls; rope burns; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, or even more severe life threatening hazards; falling objects; the use of ropes and equipment; falls from significant heights; water hazards; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; accidental drowning; improper lifting or carrying; transmissible pathogens or diseases; my own physical condition, and the physical exertion associated with this activity. Accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered.

Furthermore, RTR instructors have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather, the elements, or the terrain. They may give inadequate warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless RTR from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of RTR's equipment or facilities, **including any such Claims which allege negligent acts or omissions of RTR.**
4. Should RTR or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against RTR, I agree to do so solely in the state of Arizona, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against RTR on the basis of any claim from which I have released them herein. I also agree that this document is valid for subsequent visits and participation at RTR.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms. My address and phone number is the same as on page one of this Application.

Print Name: _____

Date: _____

Your Signature _____