



The USAR Foundation

**The USAR Foundation
HRD Open Training
Registration Form**

Session choice (check one):

March 26-27

March 28-29

Full Name	
Email Address	
Cell Number	
Street Address	
City	
State	
Zip	
Emergency Contact Name	
Emergency Contact Number	
FEMA Team	
K9 Name	
K9 Age	
Date of Most Recent Certification	

Photo Release Waiver*

I hereby grant permission to *USAR Foundation* to use photographs and/or video of me taken on during the *HRD Open Training* in publications, television, film, news releases, online, and in other communications related to the mission of *the USAR Foundation*. I agree that no compensation will be made to me by the USAR Foundation for the use of my likeness in any of the above-mentioned media.

Signature

Date

Accident Waiver and Release of Liability Form*

By signing below, I release the USAR Foundation from all liability related to injuries that may occur during the HRD Open Training. I acknowledge the risks involved in my participation in this class. These include, but are not limited to, the use of sharp objects, biohazards and trip & fall hazards. By signing this agreement, I agree to hold the USAR Foundation entirely free from any liability, including financial responsibility for injuries or illness incurred during my participation in this course. I attest that I am participating voluntarily, and I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

Signature

Date