



# RESCUE NET

## TRAINING COURSE REGISTRATION FORM

Please e-mail a digital photo  
when you submit this  
registration  
(required)

October 10-23, 2010  
San Francisco, CA, USA

Name: \_\_\_\_\_  
Last (family) First (given) Middle Preferred

Present Address: \_\_\_\_\_  
Street

City State/Province Post Code Country

Home Phone

Other Phone (Work, Mobile, etc.)

E-mail address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
Street

City State/Province Post (ZIP) Code Country

Home Phone

Other Phone (Work, Mobile, etc.)

\_\_\_\_\_ **Date of Birth** (month/day/year)

**Marital Status** (Check one:)  Single  Engaged  Married  
 Separated  Divorced  Widowed

**Emergency contact:**

\_\_\_\_\_ **First Name** Last Name Relationship

City State/Province Post (ZIP) Code Country

Home Phone

Other Phone (Work, Mobile, etc.)

E-mail address: \_\_\_\_\_

Please list any previous experience in any areas covered in the course or in emergency/relief work. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The primary language in international relief is English. Please estimate your proficiency in that language?: 1 2 3 4 5  
Poor Excellent

Are you currently YWAM staff? If so, where? \_\_\_\_\_

**For Non-US Applicants:**

Country of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Passport Details: _____	_____	_____
	Nation	Place of issue
		Date of issue (day/month/year)
_____	_____	_____
Passport Number	Expiration Date (day/month/year)	

**By signing below I state that all information on this form is true to the best of my knowledge and I have read and agree to the Indemnity, Disclaimer and Medical sections of this registration, which I have signed and included.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please include \$50, non-refundable application fee in US currency and mail to:  
**RescueNet US**  
**452 E Silverado Ranch Blvd.**  
**Ste. # 452**  
**Las Vegas, NV 89183-6209**  
**USA**

You may fax this form to +1 (888) 497-3620, or scan and e-mail it to [registrar@rescuenetus.org](mailto:registrar@rescuenetus.org) but your application will not be fully processed and your place in the school will not be reserved until the application fee and original, signed forms are received.  
Make checks or money orders payable to "RescueNet"  
*(The application fee is part of your total course fees, not additional.)*

The balance of your fees will be due and payable upon your arrival, before the start of class.

Address all questions to the registrar at the above address or:  
[info@rescuenetus.org](mailto:info@rescuenetus.org)  
+1.702.723.8326



## RESCUE NET

### RELEASE AND INDEMNITY

- In consideration of RescueNet US permitting me to participate in activities connected to or associated with the Emergency Relief Training Course and/or scenario, I agree to release and indemnify Youth With A Mission (International, North America, Nevada, Network of City Initiatives, San Francisco, et al.) the University of the Nations, the Australian Relief and Mercy Services Limited, RescueNet US and their representatives, as follows:
- I understand that despite careful preparation, instructions, medical advice, conditioning and equipment, not all hazards and dangers can be foreseen and therefore, I recognize and acknowledge there is still risk of serious injury or death. I voluntarily agree to assume the risk of any injuries, damages or loss regardless of severity that I may sustain as a result of participation in activities connected to or
- associated with this program and scenario.
- I understand that the activities connected to or associated with this program and scenario are very realistic, emotional, intense, exhausting and hazardous, encompassing many possible disaster situations.
- I understand that the activities connected to or associated with this program and scenario are not carried out according to Occupational Safety and Health Administration standards.
- I understand that there will be no refunds for payments made by me to RescueNet.
- I understand that by signing this form I do hereby fully release, forever discharge, indemnify and hold harmless Youth With A Mission (International, North America, Nevada, Network of City Initiatives, San Francisco, et al) the University of the Nations, the Australian Relief and Mercy Services Limited, RescueNet Australia and their representatives, from and against all actions and claims which may be made by me, or on my behalf, or by other parties for, or in respect of, or arising out of, any injury, loss, damage or death caused to me or my property whether by faulty equipment, negligence or in any other way whatsoever, in association with activities connected to or associated with this program and scenario.
- I have read and understand the 'Disclaimer' and that I have read and understand this Release and Indemnity form and I agree to be bound by the terms laid down therein, knowing that it affects my legal rights.
- I have signed this document freely and voluntarily without any inducement.

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Signature

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Print name

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Date



## RESCUE NET

### *Disclaimer*

You are advised that this course could involve intense learning, and could be an extremely emotionally, psychologically and physically strenuous event, and is offered only as a glance into the world of Emergency Relief.

You are also advised that the course is not accredited or registered and that whilst some of the presenters have experience and may be medical professionals, they may not be certified trainers.

Further, you are advised that at the conclusion of the training, you will be participating in a mock scenario that could involve very high levels of emotion, stress, anxiety and physical energy, and could also involve realistic injuries, simulated blood, intestinal organs and other body parts.

The contents of this course are neither exhaustive nor definitive. We are determined to provide the very best training, safety and care possible, however, all parties involved and their representatives disclaim liability to any person, or anything done by that person in reliance, whether wholly or partially, on information provided throughout this course.

Before engaging any of the principles taught in this course and its manual, you are strongly urged to seek advice from independent experts, who can give you qualified training and certification for your future in the world of Emergency Relief.

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Signature

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Print name

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Date



## RESCUENET

### MEDICAL INFORMATION

This course will be physically, emotionally and mentally strenuous at times. Therefore, to help us be as safe as possible, please answer the following questions. **If you answer yes to any questions, please provide further details.** Answering yes will not necessary exclude you from this course. These answers will be kept confidential.

**Do you have any medical conditions and/or physical limitations?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have any allergies?** \_\_\_\_\_

\_\_\_\_\_

**Are you currently taking any medications?** \_\_\_\_\_

\_\_\_\_\_

If I should suffer an injury or illness which renders me unconscious or unable to make proper medical decisions I authorize the staff and associates of this course to begin medical treatment including calling "911" and providing transport to the nearest appropriate medical facility. I further authorize them to provide the medical information on this form to those involved in my medical care.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date