



**REGISTRATION and WAIVER
LSART BOOT CAMP TRAINING
March 21-24, 2016**

Full Name: (Dr., Mr., Ms.)		
Organization:	Title:	
Mailing Address:		
City:	State:	ZIP:
Work Phone:	Cell Phone:	
Home/Emergency Phone:	E-Mail:	
Emergency Contact & Phone:		
Please Select All Dates of Attendance/Additional Items:		
<input type="checkbox"/> March 21- Large Animal Handling (\$15)	<input type="checkbox"/> March 22- Technical Large Animal (\$15)	<input type="checkbox"/> March 23- Slack Water Rescue (\$15)
<input type="checkbox"/> March 24- Slack Water Rescue (\$15)	<input type="checkbox"/> Bootcamp T-Shirt (\$12) Please indicate shirt size: _____	
Payment Type:	VISA MASTERCARD DISC AMEX Check	
Card Number:	Expiration Date:	CVV:
Name on Card:	Amount to be Charged:	

(for office use only) Payment enclosed <input type="checkbox"/> Yes <input type="checkbox"/> No	Check No.:	Date Received:
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****For the security of your data, we do not accept credit card information by email****
Please fax to 225-408-4422 or mail with payment to LSART, C/O LVMA
8550 United Plaza Blvd., Ste 1001 Baton Rouge, LA 70809

ASSUMPTION OF RISK

By signing this agreement, the undersigned, (print name) _____, acknowledges that the nature of this training involves a high degree of risk of injury to person and property (including death) and the undersigned voluntarily accepts and assumes such risk. These risks include, but are not limited to: strenuous physical activity; travel to, within and from rustic and/or remote areas under rugged conditions, by plane, helicopter, truck, boat and other modes of transportation; exposure to human and animal diseases; lack of adequate or immediately available medical care; animal and insect bites, kicks or scratches; risks associated with construction, loading and unloading; risk of electric shock; exposure to oil and hazardous materials; and exposure to inclement weather and other natural elements. The undersigned acknowledges and agrees that he/she is solely responsible for determining his/her ability, fitness and suitability to participate in this training and represents to the sponsors that he/she is in good health, and is aware of no physical problem or condition that would impair his/her ability to perform the Services.

WAIVER OF LIABILITY

The undersigned, (print name) _____, hereby releases, discharges, holds harmless and indemnifies the sponsors, LSART and ASPCA and their affiliates and their respective members, shareholders, Operations Managers, trustees, agents, employees and representatives from all damages, losses, injuries, liabilities, claims, demands and causes of action for personal illness or injury, death or damage to personal property ("Claims"), in each case suffered by the undersigned, or by any other person, arising from or occurring in connection with provision of this training, including illness, injury, death or damage caused in whole or in part by the negligence or wrongdoing of any member of LSART or ASPCA and any illness, injury, death or damage arising out of any medical treatment or first aid provided or procured by the sponsors. The undersigned agrees that neither he/she or his/her successors or assignees will ever assert in any forum any such Claim, and the undersigned shall indemnify and hold harmless the sponsors from and against any such Claim (including reasonable attorneys fees and costs incurred in defending such Claim) brought against them by any other person.

Signature _____ Date _____

*** Please make two copies of this form. Send one copy to LSART and retain a copy for your records.**
Questions? Please contact us at 337-298-1636 or by email at lsartinfo@gmail.com