



IMPORTANT NOTICE AND DISCLAIMER

Certain of the simulators and training devices used in the NASTAR Center may expose participants to gravitational forces (G-forces), motions, and simulated altitudes similar to those experienced during actual flight by astronauts and jet fighter pilots. G-forces, motions, and simulated altitudes can cause some individuals to experience symptoms of motion sickness, altitude sickness, claustrophobia and/or other disorientating effects.

Accordingly, you should NOT PARTICIPATE in any NASTAR Center training, experiences, or activities if you have any of the following conditions. Please check all that apply.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Otitis, sinusitis, bronchitis, asthma, or other respiratory disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or vertigo.
<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells, or any other loss of consciousness.
<input type="checkbox"/>	<input type="checkbox"/>	Seizures.
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis.
<input type="checkbox"/>	<input type="checkbox"/>	Recent significant trauma (broken bones, concussions, poisonings, etc..)
<input type="checkbox"/>	<input type="checkbox"/>	History of decompression syndrome (DCS).
<input type="checkbox"/>	<input type="checkbox"/>	SCUBA Diving within the past 24 hours.
<input type="checkbox"/>	<input type="checkbox"/>	Anemia or other blood disorders.
<input type="checkbox"/>	<input type="checkbox"/>	Heart or circulatory disorders, implanted devices, stents.
<input type="checkbox"/>	<input type="checkbox"/>	Mental disorder, treatment or medications for depression.
<input type="checkbox"/>	<input type="checkbox"/>	Claustrophobia.
<input type="checkbox"/>	<input type="checkbox"/>	Alcohol or drug dependence or abuse.
<input type="checkbox"/>	<input type="checkbox"/>	Currently pregnant, or recently post-partum (less than 6 weeks), or if you have recently spontaneously or voluntarily terminated a pregnancy.
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes.
<input type="checkbox"/>	<input type="checkbox"/>	Cancer.
<input type="checkbox"/>	<input type="checkbox"/>	Acid reflux disorder, treated or untreated.

Additionally, the NASTAR Center may require details and a recommendation from your personal physician, or an Aero Medical Examiner (AME) regarding any of the following conditions before a determination can be made if you can participate in any of the NASTAR Center training programs or experiences.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Acid reflux disorder, treated or untreated.
<input type="checkbox"/>	<input type="checkbox"/>	Borderline Hypertension, treated or untreated.
<input type="checkbox"/>	<input type="checkbox"/>	Surgery and other hospital admissions within the past 5 years. (Please state reason for admission). _____
<input type="checkbox"/>	<input type="checkbox"/>	Visits to physicians (other than regular checkups & physicals) in the last 3 years. (Please state nature and reason for visit(s)). _____
<input type="checkbox"/>	<input type="checkbox"/>	Previously attempted suicide.
<input type="checkbox"/>	<input type="checkbox"/>	Use of prescription medications. (Please state medication(s)). _____
<input type="checkbox"/>	<input type="checkbox"/>	Previously rejected for life or health insurance. (Please state reason for rejection). _____

Persons having any health concerns regarding their suitability to participate in NASTAR Center training and activities should obtain their personal physician's approval, since the NASTAR Center does not assume any responsibility in this regard.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature: _____ Date: _____

Print Name: _____