



RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to participate in any NASTAR Center activities or being permitted to enter for any purpose any RESTRICTED AREA (defined as any area requiring special authorization, credentials, or permission to enter or any area to which admission by the general public is restricted or prohibited, including but not limited to NASTAR Center Training areas, classrooms and equipment), I, the undersigned, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I am qualified, in good health, and in proper physical condition to participate in NASTAR Center activities. _____(initials)

2. FULLY UNDERSTAND that: (a) NASTAR CENTER ACTIVITIES (Centrifuge rides at elevated, sustained G; altitude chamber experiences at lower than normal atmospheric pressure; motion simulator experiences that involve sustained motions in the axes of pitch, roll, and yaw) INVOLVE AND PRESENT RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these RISKS may be caused by my own actions, or inactions, the actions or inactions of others participating in the ACTIVITIES, or the condition in which the ACTIVITIES takes place; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the ACTIVITIES. _____(initials)

3. HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the NASTAR Center or its administrators, directors, agents, officers, members, volunteers, and employees, and any other participants, sponsors, advertisers, and owners and lessors of premises on which the ACTIVITIES take place, (each considered one of the "RELEASEES" herein) all for the purpose herein referred to as "RELEASEES," FROM ALL LIABILITY TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGES, AND ANY CLAIM OR DEMANDS THEREFOR, ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED, WHETHER CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASEES OR OTHERWISE WHILE THE UNDERSIGNED IS UPON THE RESTRICTED AREA. _____(initials)

4. HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the RELEASEES and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the ACTIVITIES WHETHER CAUSED BY THE NEGLIGENCE OR GROSS NEGLIGENCE OF THE RELEASEES OR OTHERWISE, including, but not limited to, indemnification from the cost of any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim. _____(initials)

5. HEREBY enter into NASTAR Center premises and ACTIVITIES voluntarily and ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OR GROSS NEGLIGENCE OF RELEASEES or otherwise. _____(initials)

6. HEREBY acknowledge that THE ACTIVITIES MAY BE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. I also expressly acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES. _____(initials)

7. HEREBY agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts by the RELEASEES, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the remaining portion shall, notwithstanding, continue in full legal force and effect. _____(initials)

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: _____



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	
_____	_____	Ositis, sinusitis, bronchitis, asthma, or other respiratory disorders.
_____	_____	Dizziness or vertigo.
_____	_____	Fainting spells, or any other loss of consciousness.
_____	_____	Seizures.
_____	_____	Tuberculosis.
_____	_____	Recent significant trauma (broken bones, concussions, poisonings, etc..)
_____	_____	History of decompression syndrome (DCS).
_____	_____	SCUBA Diving within the past 24 hours.
_____	_____	Anemia or other blood disorders.
_____	_____	Heart or circulatory disorders, implanted devices, stents.
_____	_____	Mental disorder, treatment or medications for depression.
_____	_____	Claustrophobia.
_____	_____	Alcohol or drug dependence or abuse.
_____	_____	Currently pregnant, or recently post-partum (less than 6 weeks), or If you have recently spontaneously or voluntarily terminated a pregnancy.
_____	_____	Diabetes.
_____	_____	Cancer.
_____	_____	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	
_____	_____	Acid reflux disorder, treated or untreated.
_____	_____	Borderline Hypertension, treated or untreated.
_____	_____	Surgery and other hospital admissions within the past 5 years. <i>(Please state reason for admission).</i> _____
_____	_____	Visits to physicians <i>(other than regular checkups & physicals)</i> in the last 3 years. <i>(Please state reason for visit).</i> _____
_____	_____	Previously attempted suicide.
_____	_____	Use of prescription medications. <i>(Please state medications).</i> _____
_____	_____	Previously rejected for life or health insurance. <i>(Please state reason for rejection).</i> _____

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.

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Signature: _____ Date: _____

Print Name: _____



Educator Professional Development Program Registration

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Telephone Number: _____ Date of Birth: _____

Grade(s) Taught: _____ Subject(s) Taught: _____

School: _____ District: _____

Instructional Certificate(s) Held: _____

Pennsylvania Professional Personnel ID: _____

Requested Session(s) and Date(s):

Program Tuition: _____

Optional Accommodation and Meal Package: _____

Total: _____

Payment may be made via check or credit card. For credit card payment, please use attached form.

**Please return completed registration form and payment to:
Greg Kennedy, NASTAR Center, 125 James Way, Southampton, PA 18966**



Credit Card Payment Processing Form

Customer Name: _____

Cardholder's Name: _____

Cardholder's Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: _____

Credit Card Number: _____

Exp Date: _____ CW2 (Security) Code: _____

Amount of Charge/Payment: _____

Cardholder Signature: _____

**Please return completed registration form and payment to:
Greg Kennedy, NASTAR Center, 125 James Way, Southampton, PA 18966**