

2015-2016 BOOKING/RESERVATION PACKET



For SPACE TRAINING PROGRAMS

Please sign and Email back all forms to:

Brie Henwood

Email Forms: BHenwood@nastarcenter.com

Fax Forms: 1-215-357-4000

Mail Forms: The NASTAR Center. 125 James Way,
Southampton, PA 18966. USA.

Call us with any questions at 1-215-355-9100 x1504

RESERVATION & TRAINING REQUIREMENTS

Welcome! To reserve your spot in the NASTAR Center Space Training Course you must meet the requirements below and send us back all the specified information via email (BHenwood@NASTARCenter.com), or fax (267) 989-1251), or mail (see address in footer of page) with payment no later than 30 days prior to your training date to complete your registration.

A. MEET HEALTH REQUIREMENTS

- Simulator Requirements
 - Max Height: 6'7" or 77 inches (196cm)
 - Max Weight: 310 lbs. (141kg)
 - Min Age: 18 years and above
- Altitude Chamber Requirements
 - Free of illnesses, severe allergies and afflictions that could be aggravated by atmospheric pressure changes
 - No scuba diving activities within 24 hours preceding training date
 - Participants must be clean-shaven or trimmed around nose, mouth, and lower jaw to ensure proper mask fit. Failure to do so may result in not being permitted to participate in the chamber flight

B. COMPLETE FORMS AND SEND THEM BACK

1. **Booking Form**
 - 25% deposit is required to secure your spot in the course; Final payment is due 30 days prior to class start date (see terms and conditions for full details).
2. **Waiver of Liability Form**
 - Sign this form to indicate you read and agree to our waiver of liability, assumption of risk, and indemnity agreement
3. **Medical Attestation & Personal Health Form**
 - Sign this form to indicate if you have any medical condition(s) we should be aware of; for our information and your safety

C. MEET MEDICAL & SAFETY REQUIREMENTS

1. **Get a Valid FAA Third Class Medical Exam (Form 8500-8) or NASA JSC Form 708 or In-Country equivalent**
 - a. To obtain, (1) LOCATE an FAA Aeromedical Examiner near you: www.faa.gov/pilots/amelocator/ or check with your local/country aviation medical organization for a qualified physician in aviation medicine
 - b. (2) SCHEDULE your FAA Medical 3rd Class Exam
 - c. (3) BRING the included **Medical Letter** to your Physician indicating why you are requesting this Exam
 - **If you Pass Exam:** You will receive FAA Medical Certificate. Send a copy of the Certificate to NASTAR.
 - **If you do NOT pass Exam:** Have the Physician give you a copy of the FAA Form 8500-8 (front and back) paperwork with a written explanation indicating why you did not pass. Send to NASTAR Center. A NASTAR Center physician will evaluate the paperwork and inform you if you can still participate.
 - ***ECG/EKG test** (*Only for clients 40 years of age and older) Your AME physician may conduct an ECG test during your FAA Medical Exam if over 40. Send a copy of ECG received to NASTAR Center.



BOOKING/RESERVATION FORM

Registration Information

Course Name: Circle: (1) Basic Space Training - \$4,000; (2) Payload Specialist - \$1,500; (3) Advanced- \$4,000; (4) Space Suit Training – call for price. Based on Suit Manufacturer. See class calendar for dates.

Course Dates: _____
 (See Course Calendar for available course dates)

Participant's Name: _____	FOR INTERNAL USE ONLY SOR #: 103706 Invoice #: _____ Program Code: _____ Deposit Date: _____ Final Payment: _____ Other: _____
Company/Organization: _____	
Home Address: _____	
City, State, Zip: _____	
Country: _____	
Day Telephone: _____	
Eve. Telephone: _____	
Email: _____	

Are you a US Citizen? YES | NO **If NO, which Country?** _____

Have you Purchased a Ticket to Space?: XCOR | Virgin Galactic | Other: _____

In Case of Emergency, please notify:

Name: _____ Telephone: _____

Payment Options

1. Wire Transfer: Wire transfer of funds in United States Dollars can be sent directly to our bank. Please call Dawn Wolset at 1-267-989-1254 or 1-215-355-9100 x1254 if you would like the bank account information for the wire transfer.

2. Bank Check (Drawn on a U.S. bank). Must be made payable in US Dollars to "The NASTAR Center" and a U.S. bank must be named on the check. Mail check to "Payment c/o The NASTAR Center 125 James Way Southampton PA 18966. USA"

3. Credit Card Payment. All major credit cards accepted. Fill out information below.

Name on Card: _____	Card Type (circle):	VISA MASTERCARD AMEX DISCOVER
Credit Card #: _____	Expiration Date: _____	
Amount: US \$ _____	Security Code: _____	
Total Cost: US \$ _____		Credit Card charge will appear as "ETC"

Agreement

By signing below I acknowledge I am 18 years of age or over and agree to the terms and conditions below. I understand that I am making a reservation, and that NASTAR Center may use this as a basis to bill me for the program indicated. I understand I must sign a medical attestation and a liability waiver to participate, and have a current FAA Medical Class 3 or equivalent. All of the information represented in this form is true to the best of my knowledge.

_____/_____/_____
 Signature of Participant Date

TERMS AND CONDITIONS

1. Terms of Payment

- a. All programs require an initial 25% deposit of the total program price to secure reservation
- b. Full payment is due 30 days prior to scheduled event date along with forms listed in the requirements

2. Cancellation Policy

Should the participant wish to cancel, the following terms are imposed:

- a. Notification of cancellation must be received in writing by the NASTAR Center.
- b. The following cancellation penalties apply:
 - Up until 30 days to event date – 100% refund of deposit minus a processing fee equivalent to 5% of the deposit. Reservations can be rebooked.
 - Between 15-30 days to event date – 25% cancellation fee of the deposit. Reservations can be rebooked.
 - Less than 15 days to event date – 50% cancellation fee of the full payment.
 - 5 days or less to event date – 100% cancellation fee of the full payment.

3. Changes and Substitutions

- a. Name change substitution is allowed provided he/she meets program eligibility and prerequisites for program
- b. All other changes within 5 days of event date are not possible.

4. Eligibility

Participation in the NASTAR Center programs is for participants 18 years and above unless otherwise stated in the specific program information. All NASTAR programs require a current FAA Medical Certificate or approval from NASTAR Center physician unless otherwise stated. NASTAR Center reserves the right to decline acceptance of any individual as a program participant for any reason whatsoever. Under no circumstances can reservations be sold or resold, and under no other circumstances is NASTAR Center obliged or obligated to allow the transferability of a reservation.

5. Group Size

We accept reservations on a first-come, first-served basis. The Upset Recovery Program has a minimum group size of 4 people unless otherwise stated/coordinated.

6. Program Modifications

NASTAR Center reserves the right to modify program content, provided that the modifications do not materially affect the program being offered.

7. Program Delays and Cancellation

NASTAR Center reserves the right to delay or cancel a program as circumstances warrant. If a program must be cancelled or delayed, NASTAR Center will provide either a full refund or re-schedule another date for participants to attend. NASTAR Center is not responsible for consequential damages or damages resulting from the delay or cancellation, such as non-refundable or penalty carrying airline tickets, special clothing, visa or passport fees or other trip related expenses.

8. Non-US Clients/Participants

Non-US citizens may be subject to licensing and may require additional paperwork submissions.

9. Travel Insurance

Participants are responsible for their personal travel insurance. Typically travel insurance needs to be purchased in the home country of the participant.

10. Applicable Law, Remedies

Any disputes arising out of or relating to this reservation shall be governed by the laws of the Commonwealth of Pennsylvania and can be enforced only in the Court of Common Pleas for Bucks County (Pennsylvania). No failure or delay to resolve a dispute shall be deemed a waiver thereof. **Certification:** NASTAR Center certifies that its collection, access, use, storage, disposal and disclosure of personal information, including personal health information, complies with all applicable federal, state and international privacy and data security laws, regulations and guidance.



RELEASE & WAIVER OF LIABILITY

In consideration of being permitted to participate in any NASTAR Center activities or being permitted to enter for any purpose any restricted (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 Environmental Tectonics Corporation and 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 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 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: _____



MEDICAL ATTESTATION FORM

Certain simulators and training devices used at the NASTAR Center may expose participants to gravitational forces (G-forces), motions, and simulated altitudes similar to those experienced during actual flight. These may cause symptoms of motion sickness, altitude sickness, claustrophobia and/or other disorientating effects. Persons having any health concerns regarding their suitability to participate in NASTAR Center activities should obtain physician's approval, since the NASTAR Center does not assume any responsibility in this regard. For our information and your safety, please check all that apply.

YES	NO	
_____	_____	Otitis, 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 (on or before flight training date)
_____	_____	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
_____	_____	Borderline Hypertension, treated or untreated
_____	_____	Surgery or other hospital admissions within 5 years. State reason: _____
_____	_____	Visits to physicians (other than regular checkups & physicals) in the last 3 years (Please state nature and reason for visit(s)) _____
_____	_____	Previously attempted suicide
_____	_____	Use of prescription medications. State medication(s) _____
_____	_____	Previously rejected for life or health insurance. State reason _____

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: _____

MEDICAL LETTER FOR FAA MEDICAL EXAM (or equivalent)

Dear Medical Examiner,

The individual who is contacting you wishes to participate in *a centrifuge-based space flight training experience* at The NASTAR Center in Southampton, PA that will involve elevated acceleration G exposures (up to 4Gz and 6Gx) in a high-performance centrifuge that replicate the launch and reentry profile of commercial human spacecraft vehicles.

We require all trainees to meet the FAA Third Class Medical requirements or in-country equivalent, such as noted by JAA (Joint Aviation Authority), EASA (European Aviation Safety Authority), and CASA (Civil Aviation Safety Authority).

We ask that you please perform a **FAA Third Class Medical Exam** or equivalent on this individual and ensure they have a normal resting ECG.

We ask the individual to provide us with a copy of the certifying exam card or a waiver (see exceptions & waivers below).

Exceptions & Waivers: There are some circumstances where medical conditions will preclude a candidate from getting a FAA Third Class Medical Certificate, but will not preclude them from being cleared for aerospace training. For example, currently there is no minimal visual acuity requirements (corrected or uncorrected) for participation in centrifuge training. Also, additional prescriptions medications are acceptable for training but may not be approved for piloting an aircraft.

If the individual is not able to complete the requirements for a FAA Third Class Medical Certificate, please provide the individual with a waiver and indicate the reasons why he/she cannot be issued a certificate. The individual should send this waiver to NASTAR Center for review by the Chief Medical Physician. Permitted entrance into the training is decided on a case by case basis. Clearance will be issued based on your exam findings and our medical monitoring experience.

Please contact us for any questions,

Signed,

NASTAR CENTER

Any questions please contact Brie Henwood @ BHenwood@nastarcenter.com or 1-215-355-9100 x 1504.

Suggested Screening Requirements for Public Participants in Aerospace Environments

Suborbital Space Environment

Minimal to no Gy; Gz range from 0 to + 3.5Gz (onset rate less than or equal to 0.3 G per second) ; Gx range from 0 to + 6 Gx with onset rate less than 0.5 G per second in any axis (onset rate less than or equal to 3.5 G per second); pressure and temperature similar to commercial airline

Screening Recommendation: Instruct individual to obtain FAA Third Class Medical Certificate (instruct Aviation Medical Examiner that individual must have normal ECG or get waiver for abnormal- see attached letter). Repeat annually. Prior to exposure, individual completes attestation of individual that they have no new medical problems since their last Class III at time of exposure.