

REGISTRATION PACKET



for

EDUCATOR PROFESSIONAL DEVELOPMENT REGISTRATION

Please return all forms via email (preferred), mail, or fax to Greg Kennedy.

EMAIL: GKennedy@nastarcenter.com

FAX: 1-267-989-1251

MAIL: The NASTAR Center
125 James Way
Southampton, PA 18966

Questions? Please call Greg Kennedy at 1-215-355-9100 x1512.



EDUCATOR PROFESSIONAL DEVELOPMENT REGISTRATION

Name: _____

Address: _____

City, State, Zip: _____

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):

Agreement:

By signing below I acknowledge the following: I have reviewed and agree to all of the terms and conditions associated with the program in which I am interested. I understand that I must sign a liability waiver before participating in certain programs. I understand that I must be over 18 years of age to participate in designated programs. 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. All of the information represented in the information form is true to the best of my knowledge. **I also understand that photographs or videos of me may be taken during my training program and I consent to the use of these photographs and videos by The NASTAR Center or Environmental Tectonics Corporation (ETC) for promotional purposes.**

Signature of Participant

Date

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 or the NASTAR Center, or their 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 & 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

- Otitis (ear Infection), 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

- Hypertension, treated or untreated.
- Surgery and other hospital admissions within the past 5 years.
(Please state reason for admission). _____
- 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.
(Please state medication(s)). _____
- 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: _____

EMERGENCY CONTACT INFORMATION

In the event of an Emergency, please provide emergency contact information so that we can contact them if necessary.

CONTACT 1

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Alt Phone Number: _____

CONTACT 2

Name: _____

Address: _____

Relationship: _____

Phone Number: _____

Alt Phone Number: _____