



flyingHIGH Inc.
NON-PROFIT ORGANIZATION since 1994

Professional Development Center Enrollment Application Form (must be age 18 or older)

Today's Date: _____

Name: _____ Age: _____ Date of Birth: _____

Address: _____ Gender: Male or Female

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Race: (*circle one*) Asian Black/African American Hispanic/Latino White/Caucasian Other _____

What certification interests you: _____ State Tested Nurses Aid

Do you have your: *High School Diploma*: Yes or No or *G.E.D.*: Yes or No Last grade completed: _____

Do you have a criminal record? Yes or No Are you currently employed? Yes or No Where: _____

Waiver and Release of Liability: *Read carefully before signing:*

In consideration of being allowed to participate in any way in (Provider) Flying HIGH, Inc. Professional Development Center, and related events, trips, and activities, the undersigned acknowledges, appreciates, and agrees that:

I. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

II. I knowingly and freely assume all such risks, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

III. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

IV. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Providers, their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASE OR OTHERWISE; and,

V. I grant permission to the Flying HIGH, Inc. to use my name and likeness for advertising and promotional purposes without compensation or further authorization.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Applicant's Signature _____ **Date** _____

"LIFE gets BETTER!"

Mail to: Flying HIGH, Inc. PO Box 4971. Youngstown, Ohio 44515 ph: 330.797.3995 fax: 330.270.9492 www.flyinghighinc.org