

TRIPLE EAGLE EXPERIENCES

The High Ed-Venture Company

Application for Registration

Participant's Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____ Evening Phone: _____ E-mail: _____

Course Title: _____

Some courses may have pre-requisites. Call our office if you have questions at 352-669-7770.

Review and sign the assumption of risk and waiver form on the reverse of this paper.

Payment Information:

Please enclose a deposit (1/2 of course fee) by check made payable to Triple Eagle Experiences or fill out the credit information. \$50 is non-refundable. Cancellation for the remaining refund must be postmarked no later than two weeks prior to the starting date of the course. The remaining balance will be due one week prior to the starting date of the course. Please send deposit to: Triple Eagle Experiences, PO Box 2525, Umatilla, Florida 32784-2525. Confirmation and course materials will be sent upon receipt of the deposit. Enrollment is limited.

Course Date: _____ Course Fee: _____ Amount Enclosed: _____

Credit Card #: _____ Name on Card: _____

Expiration Date: _____ Amount to Charge: _____

Signature of Cardholder: _____ Date: _____

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Assumption of Risk and Waiver Form

Assumption of Risk: I understand that the training I am registering for may expose me to many hazards, and participating entails unavoidable risk of personal injury, loss of or damage to personal property, or even death. I also understand that I should be in good health to participate in the training, and that I will notify the instructors of my training of any health consideration that I have that might pose a risk to me or to others in my group. I choose to participate in this training in spite of these risks, and hereby assume all risk of injury or loss of life to myself as well as any loss or damage to property arising out of my participation.

Waiver: In consideration of Triple Eagle Experiences, Inc. furnishing services to enable me to participate in this training, I specifically release and forever discharge Triple Eagle Experiences, Inc., its officers, agents, and employees from any and all liability for any injury, illness, death, or loss of or damage to property which I may suffer while participating in the training.

I understand that I may choose not to participate in any aspect of the training, though I understand this choice may affect my receiving certification.

I have carefully read this agreement and understand its contents. If I had questions, I have called Triple Eagle Experiences, Inc. to clarify them. I am aware this is a waiver and a release of liability and I sign it voluntarily.

Signature: _____ Date: _____

Printed Name: _____

Please return these completed materials to our office:

Triple Eagle Experiences, Inc.
PO Box 2525
Umatilla, FL 32784-2525

Phone: 352-669-7770
Fax: 353-669-8059
Web: www.tri-eagle.com

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