

ADVENTURE REGISTRATION FORM

TODAY'S DATE: _____

ADVENTURE DATE DESIRED: _____

GROUP NAME: _____

PAGE TWO - PARTICIPANT LIST

PARTICIPANTS (CONTINUED)

Name: _____ Phone # _____

Address: _____ City: _____ ST: _____ Zip: _____

DL#: _____ ST: _____ Exp Date: _____ DOB: _____

EMAIL ADDRESS: _____

Name: _____ Phone # _____

Address: _____ City: _____ ST: _____ Zip: _____

DL#: _____ ST: _____ Exp Date: _____ DOB: _____

EMAIL ADDRESS: _____

Name: _____ Phone # _____

Address: _____ City: _____ ST: _____ Zip: _____

DL#: _____ ST: _____ Exp Date: _____ DOB: _____

EMAIL ADDRESS: _____

Name: _____ Phone # _____

Address: _____ City: _____ ST: _____ Zip: _____

DL#: _____ ST: _____ Exp Date: _____ DOB: _____

EMAIL ADDRESS: _____

NOTICE: All Participants in any Adventure with Vegas Tactical Adventures must read and sign the attached forms, Release and Waiver, and complete the Medical Questionnaire prior to participating in your adventure. Safety is First! If you have more than (6) participants in your group, please print and use an additional copy of this page. Please phone us at 1-888-285-0222 with any questions. Upon review of your submitted registration form(s) and at it's sole discretion, Vegas Tactical Adventures and/or CRI School, Inc. reserves the right to refuse service / business, cancel a booked reservation, or modify a reservation. If a registration request is refused, cancelled or modified by Vegas Tactical Adventures and/or CRI School, Inc., the primary group participant/contact person will be notified within 24 Hrs.

Continue To Page Three For Payment Information



ADVENTURE PAYMENT AUTHORIZATION

TODAY'S DATE: _____

GROUP NAME: _____

ADVENTURE CHOSEN: _____

PAYMENT INFORMATION / CREDIT CARD AUTHORIZATION

Number of Participants: _____ Cost Per Person: _____

TOTAL PAYMENT: _____

Name on card: _____

CIRCLE TYPE: AMEX VISA MC DISC

Security Code: _____

CARD #: _____

Exp Date: _____

I authorize Vegas Tactical Adventures and/or CRI School, Inc. or its Affiliate Companies to charge my credit card to make this registration for the tactical adventure as described above, in the amount of the total price as shown. I understand I will receive confirmation via email of the firm reservation and registration of my group. At the time of my adventure, an imprint of this credit card will be made. Advance bookings that are Cancelled prior to 72 hours of the Adventure Start Time are subject to a cancellation fee of \$500 per person on \$899 or less Adventures, and \$1,000 on the Transporter or Ultimate Live Fire Adventure, which can be used as future Adventure credit for six months. Any Cancellations within 72 hours of Adventure Start Time are subject to cancellation fee of the entire amount of the adventure price, which can then be used as a credit for a future adventure, up to six months from original date. I agree to these terms.

Cardholder Signature

Date

NOTE: If each participant wishes to pay separately for their Adventure, please print additional copies of this Payment Authorization for each payment / card to be used for payment. Thank you.

PLEASE SEND ALL PAGES TO OUR OFFICE

FAX: 1-888-285-0222, or Scan and Email to: register@vegastacticaladventures.com

Continue to Physical Readiness Questions and Waiver Form

Physical Activity Readiness Questionnaire

Due to the intensity of this Adventure and its subject matter, Vegas Tactical Adventures / CRI recommends that you consult with your physician before participating in this Adventure, if you have reason to believe that fast paced physical activity could be harmful to you.

Name: _____

Date of Birth: _____

Height: _____ **Weight:** _____

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
2. Do you experience chest pain when you were **not** doing physical activity? YES NO
3. Do you experience chest pain when you **are** doing physical activity? YES NO
4. Do you lose your balance because of dizziness? YES NO
5. Are you currently taking any medication for blood pressure or heart condition? YES NO
6. Do you know of any other reason why you should not do physical activity? YES NO
7. Do you currently participate in any regular physical activity program? YES NO
8. Drug or food allergies? YES NO
 - a. If YES, please list:

Please check any of the below conditions that you have experienced:

- Heart Attack
- High Blood Pressure (currently experiencing)
- Diabetes
- Broken bones (within the past 12 months)
- Prolonged lack of physical activity (within the past 6 months)
- Back pain (currently experiencing)
- Knee pain (currently experiencing)
- Joint pain (currently experiencing)

On a scale of 1 – 10 (with 10 being the best) how would you rate your overall state of health?

Physical Readiness Questionnaire

Vegas Tactical Adventures / CRI School re-emphasizes that you need to be physically prepared for this activity level. Tactical and combat training involves strenuous exercise, cardiovascular stress and psychological stress. We strongly encourage you to obtain professional medical clearance to attend this Adventure, in the event you have knowledge of such need.

Although participant safety is paramount at Vegas Tactical Adventures / CRI School, this training still carries inherent risks that cannot be completely eliminated. You need to understand that these risks include, but are not limited to, minor conditions such as strains, contusions, and abrasions, to serious injuries such as joint dislocations, broken bones, lacerations, closed head injuries, disability, paralysis, loss of wages from disability, psychological stress, asthma attack, heart attack, stroke, and even potentially death.

Vegas Tactical Adventures / CRI School recommends that ALL participants, especially those with ANY medical condition, be cleared by their personal physician prior to starting this course. Your cooperation and preparation will help Vegas Tactical Adventures / CRI School deliver an effective AND safe Tactical Adventure.

I have read the foregoing regarding my health condition and being advised by Vegas Tactical Adventures / CRI School to have my health condition assessed for participation, and I hereby acknowledge and accept sole responsibility for my participation in the activity Adventure purchased from Vegas Tactical Adventures / CRI School.

PRINT NAME

SIGNATURE

Date

Fax Medical Questionnaire with Registration Form:

1-888-285-0222

**OR, Scan and email to:
register@vegastacticaladventures.com**



GENERAL RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I, _____, of _____
(print full name) (print place of residence)

do hereby acknowledge, release, and forever discharge VEGAS TACTICAL ADVENTURES, and C.R.I. School, Inc., their employees, agents, successors, heirs and assigns, of and from any and all manner of action and actions, claims, suits, damages, judgments, and demands of any kind whatsoever, whether now or in the future, at law or in equity, that results or may result from firearms or subject control products used during any adventure, training or instruction on the use of such firearms and subject control procedures by Vegas Tactical Adventures; C.R.I School, Inc., their employees, agents, successors, heirs and assigns.

I further acknowledge that the use of firearms is an inherently dangerous activity and assume the risks of using and employing firearms or other similar products during my adventure, training or instruction provided by Vegas Tactical Adventures; C.R.I. School, Inc.; their, employees, agents, successors, heirs and assigns.

I further acknowledge that the Adventure I have chosen, the study and application of firearms techniques and subject control procedures is physically demanding and requires that I be in good physical condition, and free of any disability or physical condition that would prohibit my participation.

I further acknowledge that I have read and understood the foregoing RELEASE OF LIABILITY AND ASSUMPTION OF RISK, and the agree to and will abide by the FIREARMS SAFETY RULES worksheet to be provided by Vegas Tactical Adventures; C.R.I. School, Inc.

IN WITNESS WEREOF, the undersigned does hereby execute this document on this _____ day of _____, 20_____.

Signature of Participant

Printed Name

Witness

Must be signed and returned prior to participation in an Adventure.

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