

S.T.A. TRAINING GROUP

S.T.A. STUDENT APPLICATION

NAME: _____ DATE: _____

PHONE: _____ EMAIL: _____

ADDRESS: _____ STATE: _____ ZIP: _____

COURSE: _____ COURSE DATE: _____ TUITION: \$ _____

EMERGENCY CONTACT: _____

MILITARY OR LAW ENFORCEMENT UNIT: _____

CALIBER: _____

S.T.A CREDENTIAL POLICY

STA TRAINING GROUP REQUIRES STUDENTS TO SUBMIT BY EMAIL THE FOLLOWING CREDENTIALS TO BE CONSIDERED FOR ENROLLMENT:

- COPY OF CURRENT US DRIVERS LICENSE
- CURRENT ACTIVE DUTY, RESERVE, RETIRED MIL/LE ID CARD. (IF APPLICABLE)
- IF CIVILLIAN, CURRENT CONCEALED WEAPONS PERMIT OR COPY OF CRIMINAL HISTORY FROM AN LE AGENCY

CREDENTIALS MUST BE EMAILED TO INFO@STATRAININGGROUP.COM

IN ACCORDANCE WITH ITAR REGULATIONS, ONLY US CITIZENS ARE ACCEPTED TO PARTICIPATE IN S.T.A. TRAINING GROUP COURSES

APPLICATION PROCESS

1. COMPLETE APPLICATION/RELEASE FORM ONLINE AND EMAIL TO INFO@STATRAININGGROUP.COM OR PRINT AND FAX TO 777-777-7777 ALONG WITH REQUIRED CREDENTIALS.
2. COMPLETE CREDIT CARD AUTHORIZATION FORM AND SEND IN WITH APPLICATION
3. ONCE STA TRAINING GROUP HAS RECEIVED YOUR APPLICATION, YOU WILL BE EMAILED A CONFIRMATION OF YOUR COURSE RESERVATION.
*SUBMITTING AN APPLICATION DOES NOT GUARANTEE YOUR SPOT IN A COURSE, DEPOSIT MUST BE RECEIVED TO RESERVE YOUR SPOT.

REGISTRANT CANCELLATION POLICY

STA TRAINING GROUP WILL CHARGE CREDIT CARDS A NON-REFUNDABLE \$200.00 DEPOSIT AT THE TIME OF ENROLLMENT. STA TRAINING GROUP WILL CHARGE THE REMAINING BALANCE 30 DAYS PRIOR TO THE TRAINING. THERE WILL BE NO REFUND / 100% CANCELLATION CHARGE IF YOU CANCEL LESS THAN 30 DAYS BEFORE THE TRAINING START DATE.

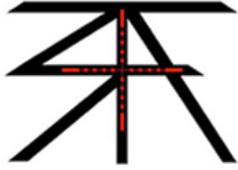
CANCELLATION BY S.T.A. TRAINING GROUP

STA TRAINING GROUP RESERVES THE RIGHT TO CANCEL THE COURSE AT ANY TIME WITH REASONABLE NOTICE GIVEN TO ALL PARTICIPANTS. IF A COURSE IS CANCELLED, REFUNDS WILL BE PAID IN FULL OR YOU MAY RESCHEDULE ATTENDANCE IN THE NEXT AVAILABLE TRAINING COURSE. IN THE EVENT OF A CANCELLATION, STA TRAINING GROUP IS NOT RESPONSIBLE FOR NON-REFUNDABLE AIRFARES, OTHER AIRFARE PENALTIES, OR ANY OTHER TRAVEL CHARGES OR EXPENSES YOU MAY INCUR.

SIGNING BELOW CERTIFIES THAT YOU UNDERSTAND THE ABOVE PREREQUISITES AND APPLICATION PROCESS FOR ATTENDING AN STA TRAINING GROUP COURSE.

PRINT NAME: _____ SIGN NAME: _____





WAIVER AND ACCEPTANCE OF LIABILITY

RECITALS

1. THIS WAIVER AND ACCEPTANCE OF LIABILITY ("WAIVER") IS BY AND BETWEEN S.T.A. TRAINING GROUP ("STA") AND THE UNDERSIGNED CLASS PARTICIPANT ("PARTICIPANT") PRIOR TO THE PARTICIPANT ENGAGING IN STA'S TRAINING COURSES.
2. STA IS PROVIDING THE COURSE FOR THE BENEFIT OF PARTICIPANT AND OTHERS WHO DESIRE TO TRAIN IN THE USE OF COMBAT WEAPONS AND TACTICS. THE COURSE INVOLVES THE USE OF LIVE AMMUNITION.
3. AS WITH ANY TRAINING INVOLVING LIVE AMMUNITION, STA WILL USE ITS BEST EFFORTS TO PROVIDE A REASONABLY SAFE AND EFFECTIVE TRAINING ENVIRONMENT. HOWEVER IT IS IMPOSSIBLE TO CREATE AN ABSOLUTELY SAFE ENVIRONMENT. THROUGH THIS CONTRACT, PARTICIPANT ACKNOWLEDGES THIS FACT AND ASSUMES THE RISK ASSOCIATED WITH LIVE AMMUNITION TRAINING.

TERMS

1. PARTICIPANT ACKNOWLEDGES THAT THIS WAIVER IS TWO PAGES LONG AND THAT PARTICIPANT HAS READ BOTH PAGES OF IT. PARTICIPANT ALSO STATES THAT HE/SHE IS OVER 18 YEARS OF AGE.

INITIAL #1 _____

2. STA WILL ALLOW PARTICIPANT ENTRY INTO THE COURSE AFTER PARTICIPANT SIGNS THIS WAIVER. PARTICIPANT ACKNOWLEDGES THAT THE COURSE, THOUGH BENEFICIAL IS NOT A NECESSITY AND THAT SIMILAR COURSES ARE OFFERED BY OTHER ENTITIES. PARTICIPANT IS UNDER NO PHYSICAL OR ECONOMIC COMPULSION FROM STA TO ENGAGE IN THIS PARTICULAR COURSE OR TO SIGN THIS WAIVER.

INITIAL #2 _____

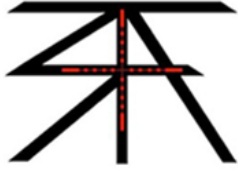
3. PARTICIPANT WILL FOLLOW ALL DIRECTIONS GIVEN BY STA'S AGENT ("THE INSTRUCTOR") FOR THE DURATION OF COURSE. PARTICIPANT ACKNOWLEDGES THAT SUCH DIRECTIONS ARE VITAL FOR THE SAFETY OF ALL COURSE PARTICIPANTS. FAILURE TO FOLLOW DIRECTIONS FROM THE INSTRUCTOR MAY RESULT IN THE PARTICIPANT'S EJECTION FROM THE COURSE WITHOUT REFUND OF ANY MONIES PAID TO STA FOR PARTICIPANT'S ATTENDANCE.

INITIAL #3 _____

4. PARTICIPANT EXPRESSLY ACKNOWLEDGES THAT TRAINING WITH LIVE AMMUNITION IS INHERENTLY DANGEROUS AND THAT THERE IS NO POSSIBLE WAY THAT STA, IT'S EMPLOYEES, OR ITS AGENTS CAN PROVIDE A TOTALLY SAFE ENVIRONMENT FOR THE COURSE. PARTICIPANT ACKNOWLEDGES THAT ATTENDING AND PARTICIPATING IN THE COURSE WILL ENHANCE PARTICIPANT'S EXPOSURE TO RISK OF INJURY OCCASIONED BY CARELESSNESS OF THE INSTRUCTOR AND OTHER COURSE PARTICIPANTS. THE PARTICIPANT RISKS SERIOUS BODILY INJURY AND HARM THAT INCLUDES A RISK OF DEATH OR DISMEMBERMENT. PARTICIPANT HEREBY ASSUMES THE RISK OF ANY AND ALL INJURY THAT MAY RESULT IN PARTICIPATION IN THE COURSE.

INITIAL #4 _____





WAIVER AND ACCEPTANCE OF LIABILITY...CONTINUED

5. PARTICIPANT HEREBY ABSOLVES STA OF ANY DAMAGES PARTICIPANT MAY EXPERIENCE IN PARTICIPATING IN THE COURSE. PARTICIPANT AGREES TO HOLD STA, IT'S EMPLOYEES, AND IT'S AGENTS HARMLESS FROM ANY SORT OF INJURY OR DAMAGE EXPERIENCED BY PARTICIPANT IN TAKING THE COURSE. PARTICIPANT EXPRESSLY WAIVES ANY AND ALL RIGHTS AND CAUSES OF ACTION PARTICIPANT MAY HAVE FOR COMPENSATION AT LAW AND EQUITY, INCLUDING NEGLIGENCE, FROM STA, ITS EMPLOYEES, OR ITS AGENTS IN SUCH EVENT THAT THE PARTICIPANT IS INJURED AND SHALL INDEMNIFY THE SAME.

INITIAL #5 _____

6. THIS WAIVER SHALL BE BINDING UPON PARTICIPANT, HIS/HER HEIRS, ASSIGNS, ADMINISTRATORS, EXECUTORS AND ESTATE. IT SHALL ALSO BE INTERPRETED UNDER ARIZONA LAW.

INITIAL #6 _____

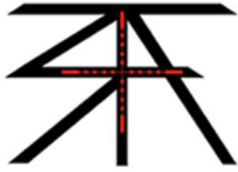
EXECUTED THIS _____ DAY OF _____, 2012

PARTICIPANT

PRINTED NAME _____

SIGNED NAME _____





S.T.A. TRAINING GROUP

CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE AND SIGN THIS FORM TO AUTHORIZE STA TRAINING GROUP TO MAKE A ONE-TIME CHARGE TO THE CRED CARD LISTED BELOW. COMPLETED FORMS MUST BE SUBMITTED WITH STUDENT APPLICATION TO INFO@STATRAININGGROUP.COM.

COURSE DESIRED: _____ COURSE TUITION: \$ _____

COURSE DATES: _____ COURSE LOCATION: _____

CREDIT CARD INFORMATION

TYPE	VISA _____	MASTERCARD _____
COMPANY NAME		
CARDHOLDER NAME *AS IT APPEARS ON CC		
CREDIT CARD NUMBER		
CVV2 *3 DIGIT NUMBER ON THE BACK OF CREDIT CARD		
EXPIRATION DATE		
BILLING ADDRESS		
CITY/STATE/PROVINCE		
POSTAL CODE		
COUNTRY		
PHONE NUMBER		
TOTAL TO BE CHARGED		

SIGNATURE _____ DATE _____

I AUTHORIZE STA TRAINING GROUP TO CHARGE THE CREDIT CARD INDICATED IN THIS AUTHORIZATION FORM ACCORDING TO THE TERMS OUTLINED ABOVE. THIS PAYMENT AUTHORIZATION IS FOR THE GOODS/SERVICES LISTED ON THE INVOICE REFERENCED ABOVE, FOR THE AMOUNT INDICATED, AND IS VALID FOR ONE TIME USE. I CERTIFY THAT I AM AN AUTHORIZED USER OF THIS CREDIT CARD AND THAT I WILL NOT DISPUTE PAYMENT WITH MY CREDIT CARD COMPANY; SO LONG AS THE TRANSACTION CORRESPONDS TO THE TERMS INDICATED IN THIS FORM.

