



Bodyguard Services International (UK)

Student Booking Form



**Please Read the Form Carefully
Before Completing**

Course Information

Course Title (s)

Course Date (s)

Do you want
BSI to arrange
flights*

* Flights to be arranged at cost + admin fee, which will be added to the course cost.

Personal Information

Title:

Forename:

Surname:

Tel:

House No.:

Cell No.:

Address 1:

Email:

City:

Country:

Post Code:

Age:

DoB:

M/F

Occupation:

Nationality:

Next of Kin and

Criminal

Contacts:

Convictions:

Personal Information Cont.

Please detail any other training courses attended be it BSI or other training provider

Please detail any previous experience in the military / police / security industry

From time to time we would like to keep you informed about our products and services we believe may be of interest to you. Please indicate below whether you would like to receive this information. If you no longer wish to receive the information please write to us at the below email address.

Yes

No

Signature:

Date:

Your signature above is in acknowledgement of the policies and terms and conditions mentioned below.

Refund Policy.

In the event of student course cancellation, course payment will not be refunded. Monies paid will be applied to a future scheduled course date. In the event of a BSI course cancellation due to instructor illness/injury, a death or sickness in the instructor's immediate family, or unsafe conditions in the training area, course payment will not be refunded. Monies paid will be applied to a future scheduled course date. BSI, in review of certain situations, reserves the right to refund full course payment on a per case basis.

Payment Policy.

1. Cash for deposit and full course fees by **registered / insured post only**.
2. PayPal welcomed, however a 5% surcharge to be added for all credit card transactions. (The PayPal button on the website has the surcharge already added for the deposit. You will be sent a payment button for the full balance payment on receipt of the deposit, the button is generic and can be used up until the final dead line for the course)
3. Personal Cheques for the deposit and full course fees, however please allow for the cheque to clear before the two week deadline is breached.
4. Bank Transfer for the deposit and full course fees accepted, however please allow for the bank transfer to clear before the two week deadline is breached.
5. Please indicate below how you wish to pay your deposit and full course fees. Put a D in the box of the method you wish to use to pay for the deposit and an F in the box of the method you wish to use to pay for the full course fees. Put a B in the box if you are choosing one method for both payments. BSI will be in touch shortly after the deposit has

been paid with an acknowledgment of receipt and the terms and conditions for the full balance payment.

Payment Method (Deposit of Full Course Fees)			
Cash	PayPal	Cheque	Bank Transfer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£ _____	£ _____	£ _____	£ _____

All required forms must be completed and signed by student and received by BSI prior to the student's acceptance on to the course, if the student is refused acceptance on the course then the deposit will be returned less an administration fee of £15. BSI reserves the right to consider special exceptions to this payment policy on an individual student basis.

Please use the reverse of this form if you run out of room.

Please EMAIL or FAX the completed forms in the first instance to

tt@bodyguardservicesint.org.uk

Or

+44 (0) 845 280 5061

And then send hard copy to:

**29 Magdalene Place
Millfield
Sunderland
SR4 6LW**

Student Health History Form

Full Name:

Height:

Weight:

Doctors Name:

Doctors Full
Address:

Full Contact Details
Needed

Please complete the following regarding medical and health history:

Under treatment for any illness or injury?

Y/N ___

If Yes Please Explain

Currently taking any form of medication?

Y/N ___

If Yes Please Explain

Have a history of heart problems?

Y/N ___

If Yes Please Explain

Have any past injuries?

Y/N ___

If Yes Please Explain

Please list anything we should be aware of regarding your health.

Signature:

Date:

Please use the reverse of this form if you run out of room.

Participation Agreement - Release and Assumption of Risk

In consideration of the services of BSI themselves or and their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as BSI hereby agree to release, indemnify, and discharge BSI on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- 1 I acknowledge that bodyguard training inclusive of running, physical training, the shooting of weapons, the driving of cars dangerously, hiking, camping and backpacking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying. Furthermore BSI employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
- 2 I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- 3 I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless BSI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of equipment or facilities, including any such claims which allege negligent acts or omissions of BSI.
- 4 Should BSI or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- 5 I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- 6 In the event that I file a lawsuit against BSI, I agree to do so solely in the United Kingdom, and I further agree that the substantive law of the UK shall apply in that action without regard to the conflict of law rules of that country. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against BSI on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature:

Date:

Visitors Acknowledgement of Risks

In consideration of the services BSI, their officers, agents, employees, stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as BSI.) I agree as follows:

Although BSI has taken reasonable steps to provide you with appropriate equipment and skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss of or damage to your equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

Slipping and falling; falling objects; water hazards; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hypothermia, heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; and improper lifting or carrying.

I am aware that this activity entails risks of injury or death to me. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and dangers and of my negligence in participating in this activity.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me, my heirs, assigns, personal representative, and estate and for all members of my family, including any and minors accompanying me. I acknowledge I am not relying on any oral, written, or visual representations or statements made by BSI, including those made in its brochures or other promotional material, to induce me to participate in this activity.

Signature:

Date:
