

Rescue College General Registration Form

| Part One- Studen | t Information: | | | | | | | |
|--|---|--|--|---|---|---|--|--|
| Email Address (us | sed for class informati | on and upd | ates) | | | | | |
| Name (As you would like it on your certificate): PLEASE PRINT LEGIBLY | | | | | | | | |
| First | Middle | | | Last | | | | |
| Department/ Squa | d: | | | | | | | |
| Department Mailing | g Address: | | | | | | | |
| | Active TARS Unit | | TARS As | sociate Unit | Other | Non-TARS | | |
| Student Contact P | dent Contact Phone NumberDept. Phone Number | | | | | | | |
| | t: | | | | | | | |
| | 1 1 | | Male | Female | Status: | Career | Volunteer | |
| Date(s): | through ee Enclosed: \$ | | Locat | ion of Class: | | | | |
| | Billing if Applicable | | | | | | | |
| PO Number: | PO Number:Authorization Signature: | | | | Date: | | | |
| participation could resumedical or disability in | e Read and Sign: With this ult in personal injury. I also surance for me as a studen tes (if applicable) with this a | o understand t nt and that su application ar | that the Tenn ich coverage nd certify then | essee Association of is MY responsibility on to be current and co | Rescue Squads is nor that of my unit or do nor that of my unit or do norect to the best of norect to the best | ot providing an lepartment. I ha | y type of personal we also enclosed | |
| эідпаше от Арріісаті. | | | | | Date | | | |
| Please remit payment, Photo/ Video Release Form Tennessee Association of Rescue Squads | | | and applications to: | | | For Office Use Only: Date application received: | | |
| 2906 Tazewell Pike, Suite B | | | | | Date payment rec | eived: | | |
| Knoxville, TN 37918 | | | | | Check number: | | | |

Payment received by:__

Phone: 865-689-3256

Fax: 865-688-7015



Photo / Video Release Form

| (please print) | |
|---|---|
| [] grant permission | |
| [] do not grant permission | |
| | |
| | Squads (TARS) and its agents and employees |
| _ | to reproduce the photographs and/or video |
| | my family, for the purpose of publication, |
| | r trade, in any manner or in any medium |
| _ | k, Instagram, and Twitter accounts. I hereby |
| | ves for all claims and liability relating to said |
| | permissions to use my statements that were |
| | are, with or without my name, for the purpose |
| of advertising and publicity without rest | riction. I waive my right to any compensation. |
| I acknowledge that I am | [] over the age of 18 |
| Tacknowledge that I am | [] the legal guardian of the following |
| | [] the legal guardian of the following |
| If legal guardian of student(s) or member | er please print name (s) here |
| in regar guardian of student(s) of memor | or, preuse print name (s) nere |
| | |
| Signature: | Date: |
| | |
| Address: | |
| C'. | |
| City: | State: ZIP: |