



Evaluation Session Candidate Affidavit

I, *(print full name)* _____, attest to the following:

Waiver of Liability

I fully and completely understand that the rope access evaluation in which I am voluntarily participating is inherently dangerous and involves risk of life and limb.

I agree to fully assume total responsibility for any injury (including fatal injury) that may befall me either during the rope access evaluation, or after the event in which such injury is not immediately detected. I also agree in the event of an injury during this performance evaluation and/or demonstration, or in later performing the skills acquired, that I will not seek recovery for medical expenses or disability from the Society of Professional Rope Access Technicians, its members, its Board of Directors, or its agents and sponsors involved in this event.

I, for myself and my heirs, hereby release and hold harmless the Society of Professional Rope Access Technicians, its members, its Board of Directors, and its agents and sponsors from any and all liability and legal responsibility due to any injury sustained by me in the rope access and rescue performance evaluation and/or demonstration conducted during this event. I hereby certify that I am at least 18 years of age and by voluntarily signing below I certify that I have read and understand the above waiver of liability.

Certification of Physical Condition

I hereby certify that I am physically able to perform the strenuous tasks required in the rope access evaluation. I certify that I do not have any known sicknesses or physical impairments, which could be aggravated by my participation. Contraindications include, but are not limited to: heart disease, high blood pressure, epilepsy, blackouts, fear of heights, vertigo, impaired limb function, alcohol or drug abuse, psychiatric illness, and diabetes.

I understand that the rope access evaluation session involves being suspended in a harness for prolonged periods, which can place additional stress on the circulatory system. I agree to immediately notify the Evaluator if I feel I cannot safely perform a procedure, and will refrain from performing such procedure.

Training Affidavit:

I certify that I have received training by a competent trainer that has prepared me to demonstrate proficiency in the skills required at my desired level of certification.

Privacy Policy Consent:

I confirm that I have read and agree to the terms and conditions of the SPRAT Privacy Policy (08-22-2018), and consent to provide personal data as required for the services rendered by SPRAT, per the above-referenced policy. I further grant my consent to receive communications and publications from SPRAT related to my membership and SPRAT programs and events.

Candidate Signature:

Candidate Name:

Date:
