

▶ Student Registration & Recertification

Please **check ALL boxes** that apply.

AVADE [®] Training (Check all that apply)	E-Learning	2-Hour	3-Hour	4-Hour	8-Hour	Recert	Modular
AVADE [®] LEVEL I	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AVADE [®] LEVEL II	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AVADE [®] LEVEL III	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please **complete ALL fields** and **print clearly**.

Instructor Name: _____ Course Date(s): _____

Student Name: _____ Agency | Title: _____

Address: _____

City | State | Zip: _____

Phone: _____ Work Email: _____

▶ Safety & Waiver Agreement

In signing this agreement, it serves as a **release from liability** and **assumption of risk**.

1. I am in good physical and mental health.
2. I have no reason to believe that I am not in good physical and mental health.
3. I am fully aware of and do acknowledge and assume all risk of injury inherent in my participation in the **AVADE[®] Workplace Violence Prevention Training**.
4. I have read and fully understand the terms and conditions of this agreement.
5. I hereby waive and release Personal Safety Training Inc. (**AVADE[®] Training**) for any physical and/or mental injury suffered by me during any and all training activities in the **AVADE[®] Workplace Violence Prevention Training**.

Student Signature: _____ Date: _____

▶ Certified Instructor's Use Only

Written Test % (Check Box for E-Learning)	Retest %	Level II Skills Test		Level III Skills Test	
		Pass	Fail	Pass	Fail
Used E-Learning <input type="checkbox"/>	%	%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Instructor's Signature of Completion: _____