



Certified Site Safety of NY, LLC

99 Lafayette Avenue
White Plains, NY 10603
Phone: 914.437.5454 Fax: 914.437.5455

Course Registration

This form shall be completed and returned to our office by email or mail. Email to (training@certifiedsitesafety.com) or mail to Certified Site Safety of NY, LLC, Attn: Training, 99 Lafayette Avenue, White Plains, NY 10603. If emailing, a copy of the deposit check or the completed and signed credit card authorization form **MUST BE INCLUDED**. If a copy of the check is emailed, the original should be immediately sent via mail. **ONCE PAYMENT IS RECEIVED, SPACE IN THE COURSE WILL BE GUARANTEED.**

Both Items below must be included with the Course Registration form:

- (1) clear color copy of a valid Government Issued Photo I.D. (Driver’s License, State I.D., Passport, etc.) **AND**
- (1) clear color “passport” type photo size 2” x 2”

A non-refundable 50% deposit per course is required. This deposit must be received at least 7 business days **PRIOR** to the start of the class. Payment can be check, credit or debit card, remote deposit, cash, or money order. Checks and money orders must be made out to **Certified Site Safety of NY, LLC**. The remaining balance is due on the first day of the course, payable by **CASH OR MONEY ORDER ONLY. CHECKS WILL NOT BE ACCEPTED ON THE DAY OF THE COURSE.**

Course Interest(s):

- | | |
|--|---|
| <input type="checkbox"/> 40 HR. Site Safety Manager | <input type="checkbox"/> 30 HR. OSHA General Industry |
| <input type="checkbox"/> 32 HR. Suspended Scaffold Supervisor | <input type="checkbox"/> 10 HR. OSHA Construction Industry |
| <input type="checkbox"/> 32 HR. Supported Scaffold Erector | <input type="checkbox"/> 10 HR. OSHA General Industry |
| <input type="checkbox"/> 16 HR. Suspended Scaffold User | <input type="checkbox"/> 08 HR. Construction Site Fire Safety Manager |
| <input type="checkbox"/> 08 HR. Supported Scaffold Refresher | <input type="checkbox"/> 04 HR. Confined Space Awareness |
| <input type="checkbox"/> 04 HR. Supported Scaffold User | <input type="checkbox"/> 04 HR. Work Zone Traffic Safety |
| <input type="checkbox"/> 08 HR. Site Safety Manager or Coordinator Refresher | |

Participant Information (please print clearly)

Full Name _____ Date of Birth _____

Mailing Address _____ Apt. Number _____

City _____ State _____ Zip Code _____

Cellphone Number _____ Home Phone Number _____

Email Address _____ How did you hear about us? _____

Certified Site Safety has the right to reschedule or cancel any course due to any reason, including insufficient enrollment. In situations of this nature, payment will be returned or applied towards the next available program. Student Cancellations will be accepted up to (3) business days prior to the course date. Student Cancellations that occur after these dates will be subject to full course payment. Failure to attend scheduled courses will be grounds for automatic forfeiture of paid fees. See additional Terms and Conditions on Page 2

Trainee Full Name: _____

Address: _____

Phone No.: _____

DOB: ____/____/____

Course Name: _____

TRAINING AGREEMENT:

1. Trainee is fully aware that by accepting this training in no way certifies or verifies trainee's competency in the safe operation of job and trainee needs additional training on specific hazards on the job.
2. Certified Site Safety of NY, LLC, total liability under this agreement for any cause whatsoever is limited to the amount actually paid by trainee under this agreement for the training that gave rise to such liability Certified Site Safety of NY, LLC., shall in no event be liable for any consequential, incidental, direct, exemplary, punitive, special or similar damages including, without limitation, loss of profits, loss of revenues, loss of data, or for cover & the like, even if trainer has been advised of the likelihood of the occurrence of such damages.
3. Certified Site Safety of NY, LLC makes no other express or implied representations or warranties with respect to the training to be performed by trainer that may result there from. Certified Site Safety of NY, LLC disclaims all other expenses and implied warranties including, without limitation, the implied warranties acknowledges that Certified Site Safety of NY, LLC has been hired for training services only. Enforcement of all safety and health regulations shall be the sole responsibility of trainee and shall not be the responsibility of Certified Site Safety of NY, LLC.
4. Trainee shall indemnify, defend and hold harmless Certified Site Safety of NY, LLC ("Indemnified Party"), and shall pay any and all losses, liabilities, damages, costs and expenses (including attorney's fees) incurred by the Indemnified Party as a result of Trainee's operation of its business or Trainee's use of the Work Product, including, without limitation, losses, liabilities, damages, costs and expenses arising or resulting from safety and/or health violations by Trainee.
5. Trainee will defend, indemnify and hold harmless Certified Site Safety of NY, LLC its respective officers, directors, agents and employees from and against any and all claims, liens, judgments, damages, losses and expenses including reasonable attorneys' fees and legal costs, arising in whole or in part and in any manner from the act, failure to act, omission, breach or default by Trainee with respect to Trainee's use of the certification Trainee receives for passing the training course taken through Certified Site Safety of NY LLC.
6. Lost card replacement shall be written statement from Trainee along with SS confirmation indicating action of misplacement. Trainee shall sign and notarize statement. \$75.00 money order/check or credit card payable to Certified Site Safety of NY, LLC for card replacement fee shall accommodate statement. If you are taking an OSHA Course, any lost or stolen cards must be reported within 3 years of the event or you will be required to retake the course.
7. Trainee agrees all claims Trainee may have against Certified Site Safety of NY LLC must be brought within six months from the date of enrollment in Certified Site Safety of NY LLC's training certification course.

Trainee:
Name: _____

Trainer: **Certified Site Safety of NY, LLC**
Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____