



SafeLandUSA Training Registration Form

Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Attendee's Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	Email:

Class Location/Time:

Friday	8:00am-5:00pm
Blakeman & Associates Offices	
18919 Freeport Drive	
Montgomery, Texas 77356	
Lunch provided	
Fee: \$250 plus Tax	

Credit Card Authorization Information

I, _____ hereby authorize Blakeman & Associates to charge this card for fees due.

Name on Card:		
Billing Address:		
City:	State:	Zip:
Phone:	Fax:	
Card Number:	Expiration Date:	Security Code:

Blakeman & Associates
 18919 Freeport Dr. • Montgomery, Texas 77356
 Telephone 936-582-2900 800-259-2398 • Fax 936-582-2901
 accounting@blakemanandassociates.com



REGISTRATION Policy: "Blakeman & Associates must receive payment 48 hours in advance" You may register by completing this form or by calling 936-582-2900. No refunds will be made within 48 hours of the program's scheduled date or when a registrant fails to appear. PRE-REGISTRATION IS REQUIRED. Blakeman & Associates reserves the right to cancel a class if attendance does not meet the minimum required number of students. A service fee of \$25 will be charged for any returned or cancelled checks.

NO LIABILITY FOR DAMAGES. BLAKEMAN SHALL NOT BE LIABLE TO CLIENT FOR CONSEQUENTIAL, PUNITIVE OR INDIRECT DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOSS OF ANTICIPATED OR REAL REVENUE, PROFIT, LOSS OF PRODUCTION AND FAILURE TO MEET OTHER CONTRACTUAL COMMITMENTS. CLIENT HEREBY WAIVES ANY AND ALL CLAIMS AGAINST AND RELEASES BLAKEMAN FOR ANY SUCH DAMAGES.

INDEMNITY. IN CONSIDERATION OF THE CONTROL EXERCISED BY CLIENT, IT IS AGREED THAT CLIENT SHALL HOLD HARMLESS, INDEMNIFY, AND KEEP INDEMNIFIED BLAKEMAN, ITS OWNERS, AGENTS, SERVANTS, AND EMPLOYEES AGAINST ALL LOSS, COST, AND EXPENSE, INCLUDING ATTORNEYS FEES, ARISING FROM ANY CLAIM FOR DAMAGES OR ANY CLAIM FOR PERFORMANCE OF THIS CONTRACT, INCLUDING THIS INDEMNITY OBLIGATION, INCLUDING CLAIMS CAUSED BY THE NEGLIGENCE OF CLIENT, ITS AGENTS AND SUBCONTRACTORS, EXCEPT ANY CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, SUITS, AND LIABILITY COVERED BY THE WORKERS' COMPENSATION INSURANCE OF CLIENT OR ANY SUBCONTRACTOR OF CLIENT.

BY SIGNING BELOW, CLIENT AUTHORIZES CREDIT CARD TO BE CHARGED FOR FEES DUE AND ACKNOWLEDGES NOTICE OF THE FOREGOING INDEMNITY PROVISIONS AND THAT ALL PARTS OF THIS CONTRACT ARE TO BE CONSTRUED FAIRLY AND REASONABLY AND NEITHER MORE STRONGLY FOR OR AGAINST EITHER PARTY.

(CLIENT SIGNATURE)

Date

PLEASE E-MAIL OR FAX YOUR REGISTRATION FORMS TO THE ADDRESS BELOW:

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