



Student Form

Student Information

PLEASE PRINT CLEARLY. All highlighted fields are required. For SAIA registration, complete the following in the same format as it appears on your Government Issued ID, Birth and/or Marriage Certificate. This is how your name will appear on your SAIA student wallet card and class certificate.

Check here if you are a ReTesting student who is retaking a previously failed course within 1 year from the original class date.

SAIA Student ID Number (if available) Employer Company Name
First Name: M.I.: Last Name:
Birth Date: Month Day Year Gender: Male Female
Mailing Address:
City: State / Province: ZIP/Postal Code:
Country: Cell Phone:
Home Phone: Business Phone:
Email Address:

Course Information

Accredited Training Institute: Exam Date:
Instructor Name: Class Type:

Important Information, Indemnification Waiver & Agreement for Training Program

This personal information is being collected and will be solely used for the purpose of the student registration, verification and class processing. It is protected by the privacy provision of the Personal Information Protection Act. Information will not be sold or released to third parties. This personal information will be mailed to the offices of the Scaffold & Access Industry Association, Inc. ("SAIA") located in Kansas City, Missouri. If you have any questions about the SAIA data collection, please contact the Training Director at the SAIA Headquarters at 816.595.4860.

As a student registered at SAIA, the personal information you provide needs to be protected and private. Your consent is required to release your course results/grades to your employer and the SAIA. Personal information about you cannot be released by SAIA without your consent.

I certify that I am in good physical health and capable of participation in my SAIA Training Program training including without limitation, the erection, use, handling, operation, inspection and other activities involving scaffolding. I assume all responsibility, risks and hazards incidental to my participation in the above activities and specifically waive, release, absolve, indemnify, covenant not to sue, and agree to hold harmless SAIA, SAIA Training Program, Inc., the Scaffold & Access Industry Association University ("SAIAU"), my accredited training institution and all other officers, agents and employees for any claim, loss, damage or injury to me or any property arising out of activities involving my training. This indemnification, waiver and release of liability applies to negligence, acts or omissions of any person in connection with my training specifically including, without limitation, SAIA, SAIA Training Program, Inc., SAIAU my accredited training institution.

I also agree to defend, indemnify and hold harmless SAIA, SAIA Training Program, Inc., SAIAU, my accredited training institute and all other officers, agents, and employers for any and all actions, claims, suits, demands, losses, costs, damages, and expenses (including reasonable attorney's fees and expenses) arising out of any act or omission by me, my agents or employees or anyone under my control or supervision.

The provisions, covenants and conditions of this Agreement shall bind and inure to the benefit of the legal representatives, heirs, successors and authorized assigns of each of the parties hereto. I understand that this Application and my training program shall be construed and interpreted according to the laws of the State of Missouri, notwithstanding the operation of any conflict or choice of law statutes or decisional law to the contrary. Exclusive jurisdiction and venue shall be in the Federal or State Courts in Jackson County, Missouri. Any certification granted pursuant to the training program may not be transferred. If SAIA, in its sole judgment, determines that I (i) provided any false or misleading information on this Application; (ii) provided any other false or misleading information in to SAIA with regard to my training programs; or (iii) misused or misrepresented any "Certification" granted by my training program, SAIA may immediately withdraw my Certification and notify any organization in which I previously directed SAIA to send said Certification.

By signing this form, I certify that I have read this Application, understand all of its provisions, and that all of the information provided by me on this Application or otherwise provided to SAIA is true and accurate. I further certify that I am the person who will be taking the training program and that I personally will take any examination concerning my training programs.

Student Signature: Date: