

Welding Crash Course Registration Form

Weldamania Welding & Fabrication Shop - Oakland Park, FL

Participant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Course Preferences

Preferred Date: _____

Preferred Time Slot:

Morning (9am-12:30pm)

Evening (4pm-7:30pm)

Experience Level:

Beginner

Some Experience

Recertification

Area of Interest:

MIG

TIG

Both

Add-ons (Optional)

Options:

Recertification Letter (+\$50)

Extra 1-on-1 Hour (+\$100)

Custom Mini Project Session (+\$75)

Welding Crash Course Waiver & Disclaimer

This Waiver & Disclaimer is entered into between Weldamania LLC (Owner/Instructor) and the undersigned Participant as a condition of participating in the Welding Crash Course.

Assumption of Risk:

Welding, grinding, cutting, and related activities involve risks including burns, electric shock, eye injury,

Welding Crash Course Registration Form

Weldamania Welding & Fabrication Shop - Oakland Park, FL

inhalation of fumes, cuts, abrasions, noise damage, and fire hazards. The Participant voluntarily assumes all such risks.

Safety Requirements:

- Follow all safety rules and instructions from instructors.
- Wear required PPE at all times.
- Operate tools only under instructor supervision.
- Report unsafe conditions or injuries immediately.

Release of Liability:

The Participant releases and discharges Weldamania LLC from all liability, claims, or demands for injury, death, property damage, or loss arising from the course, whether caused by negligence or otherwise.

Indemnification:

The Participant agrees to indemnify and hold harmless Weldamania LLC from any claims or expenses resulting from the Participant's actions or failure to follow safety instructions.

No Warranty:

Weldamania LLC makes no warranty, express or implied, regarding the safety, condition, or suitability of the course, equipment, or facilities.

By signing, I acknowledge I have read, understood, and voluntarily agree to this Waiver & Disclaimer.

Participant Name (Print): _____

Signature: _____

Date: _____

Payment Information

Total Due: _____

Payment Method: _____

Cash

Zelle

Card

PayPal