



Name (Optional) \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 INSTRUCTOR: \_\_\_\_\_  
 LOCATION/FACILITY: \_\_\_\_\_

# SEMINAR EVALUATION

FMT Basic    FMT Performance    FMT Blades    FMT Blades Advanced    FMT RockPods    FMT RockFloss    Other: \_\_\_\_\_

FACULTY	1 POOR	2	3 AVERAGE	4	5 EXCELLENT
1. How would you rate the speaker for this session?	_____	_____	_____	_____	_____
2. Was the instructor knowledgeable in the subject matter?	_____	_____	_____	_____	_____
3. Was the material presented clearly?	_____	_____	_____	_____	_____
4. Were the materials provided beneficial?	_____	_____	_____	_____	_____
5. Did the session meet your expectations?	_____	_____	_____	_____	_____
6. Did the presenter provide an appropriate level of theory, skill and technique?	_____	_____	_____	_____	_____

Yes/No	YES	NO	N/A
7. Were the course objectives met?	_____	_____	_____
8. Was evidence provided to substantiate the material presented?	_____	_____	_____
9. Was anecdotal evidence the primary source of information?	_____	_____	_____
10. Was a commercial product promoted?	_____	_____	_____
11. If a commercial product was promoted, do you feel it was the sole purpose of the presentation?	_____	_____	_____

**PLEASE ASSESS THE INSTRUCTOR WITH A NUMERIC VALUE**  
 0-59 Poor, 60-69 Fair, 70-79 Average, 80-89 Good, 90-100 Excellent

Lecture Abilities (1-100) \_\_\_\_\_ Knowledge (1-100) \_\_\_\_\_ Relevance to discussion topic (1-100) \_\_\_\_\_

Please indicate any STRENGTHS of this session	Please indicate any WEAKNESSES of this session	Please share your comments with us about your overall experience with our training.

I give my express permission to RockTape, Inc. to use my comments in future promotions regarding education.



**ASSUMPTION OF RISK AND RELEASE**

I, \_\_\_\_\_, knowingly and freely assume all risks related to my presence at, and/or participation in the ROCKTAPE Certification Seminar, both the risks known and unknown, even if arising from the negligence, gross negligence, and/or willful or wanton misconduct of ROCKTAPE and/or any of the other releasees, and I assume full responsibility for my attendance and/or participation in the ROCKTAPE certification seminar. I affirm that I am in good health and have no medical conditions that would make it dangerous for me to complete vigorous physical activities as part of the Certification Seminar. I am aware that at times taping may cause skin irritation and such risk may be heightened during the ROCKTAPE certification seminar due to unusually prolonged periods of tape application. In addition, I, for myself and on behalf of my heirs, assigns, personal representatives, family and next of kin, HEREBY WAIVE ANY AND ALL CLAIMS AGAINST, RELEASE, AND FOREVER DISCHARGE, HOLD HARMLESS, AND PROMISE NEVER TO SUE, ROCKTAPE, its officers, directors, officials, employees, agents, volunteers, successors, assigns, sponsors and/or advertisers (individually, a "RELEASEE" and, collectively, the "RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO MY PERSON OR PROPERTY, WHETHER ARISING FROM, OR CAUSED BY, NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL OR WANTON MISCONDUCT OF THE RELEASEES.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date