



Information Security Red Team Methodology Course Registration Packet

To submit your package as a candidate for the above course, please return or fax this form by registration deadline to:

Security Horizon, Inc.
719-268-1709

Please call 719-488-4500 if you have any questions.

| | | |
|---|------------------|------------------------------|
| Student Name (Last, First, MI) | Rank/Grade/Title | For SH use only, leave blank |
| Requested class date (course dates will be confirmed) | | Alternate Class Date |
| E-Mail address | | Company Affiliate |
| Organization/Unit | | Address |
| Office Phone | | Office Fax |

I certify that I have five years of demonstrated experience in the field of information security, communications security, or computer security, with two of the five years of experience working directly with information security; AND I certify that I have 6 months or more of demonstrated experience utilizing information security scanning tools. If you are ISAM certified or IAM AND IEM certified complete pages 1 and 2 of this registration package. All others, complete all three pages.

ISAM Certificate Number: _____ (if applicable)

OR

IAM Training Dates: _____ (if applicable)

IEM Training Dates: _____ (if applicable)

Please include a copy of your IAM and IEM training certificates with the registration (if possible). Verification of previous certification is required.

I understand this course teaches the Information Security Red Team Methodology (ISRM), not information security analysis itself. I further understand that completion of this course will not provide expertise nor will it in any way compensate for a lack of analysis, evaluation or red team experience.

Student Signature



Information Security Red Team Methodology (ISRM) Course Disclaimer

It is mutually understood and agreed that participation in the ISRM course is voluntary. Accordingly, the undersigned agrees not to institute against Security Horizon, Inc., nor participate in any manner whatsoever in the documenting, instituting, or filing, of any claim, demand, or cause of action for damages, loss of service, expenses, or compensation arising out of or in any way incident the undersigned's development, marketing, or sale of services or products associated with the ISRM course training.

The undersigned agrees to indemnify and hold Security Horizon, Inc. free from any liability for any loss, claim, or damages of any kind arising in connection with the training received in the ISRM course, except to the extent that such loss, claim or damage arises from the negligence of Security Horizon, Inc. employees. The liability of Security Horizon, Inc. for such negligent loss, claim, or damage shall be governed by federal law.

Neither the undersigned nor Security Horizon, Inc. shall be liable for any failure to perform due to unforeseen circumstances or causes beyond the non-performing party's reasonable control, including without limitation, acts of God, war, riot, embargoes, acts of civil or military authorities, fire, flood accident, strikes, inability to secure transportation or facilities. In the event of such unforeseen circumstances, the non-performing party shall promptly notify the other party, in writing, and may defer performance.

SECURITY HORIZON, INC. MAKES NO WARRANTIES, GUARANTEES, OR REPRESENTATIONS OF ANY KIND CONCERNING THE INFORMATION SECURITY ASSESSMENT SUPPLIED BY SECURITY HORIZON, INC. THROUGH THE ISAM COURSE, WHETHER EXPRESS OR IMPLIED, INCLUDING, WITHOUT LIMITATION, ANY WARRANTY OF RELIABILITY, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE.

Student Signature

Date



I satisfy the required experience in the following areas:

Dates: _____ Organization: _____

Title: _____

Duties Performed:

Dates: _____ Organization: _____

Title: _____

Duties Performed:

I satisfy the 6-month required experience in the following manner:

Outline your evaluation tool experience:

Tool Name:

Experience using tool:

- 1.
- 2.
- 3.

Student Signature

Date