

# TRAINING REGISTRATION FORM

Complete one form per participant



<b>Course</b>		<b>Class Date(s)</b>	
First Aid/CPR/AED Instructor			
<b>First Name</b>	<b>Last Name</b>	<b>Age</b>	<b>DOB MM/DD/YYYY</b>
<b>Address/ City/State/Zip</b>		<b>Cell Phone</b>	<b>Email</b>
<b>Medical Conditions / Allergies</b>			
<b>Emergency Contact Name</b>		<b>Emergency Contact Phone</b>	<b>Emergency Contact Relationship</b>

## PROGRAM POLICIES

**Refund Policy:** Class fees are nonrefundable and no refunds will be issued once fees have been submitted. Class materials and supplies such as course manuals and textbooks, CPR masks and all other class supplies are nonrefundable.

**Transfer Policy:** The class transfer fee is \$150.00 and registered participants are required to complete a Transfer Request at least 72 hours prior to the original class date in order to be eligible to transfer.

**No Show Policy:** If a registered participant is a no-show and absent from their scheduled class, the participant will not receive a refund of any kind and is not eligible for a class transfer.

**Class Space is Limited:** If a registered participant decides to leave the class for any reason, they will NOT receive a refund and will NOT be eligible to transfer to a different class.

**I HAVE READ AND AGREE TO THE TERMS OF THE STATED PROGRAM POLICIES AND CLEARLY UNDERSTAND THE NO REFUND POLICY.**

\_\_\_\_\_  
Participants Signature or Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Today's Date

## RELEASE OF LIABILITY FOR PARTICIPANTS - READ BEFORE SIGNING

IN CONSIDERATION OF MYSELF and/or my minor child/ward ("my child"), being allowed to participate in any way in the LEEDAV-CO, INC. DBA Safe Swim and CPR Training Professionals program, related events and activities including but not limited to CPR/AED/First Aid Instructor Training, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury to myself and/or my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk of serious injury does exist; and,

FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES or others, and assume full responsibility for my and/or my child's participation; and,

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my and/or my child's readiness for participation and/or in the program itself, I will remove myself and/or child from the participation and bring such attention to the nearest official immediately; and,

I myself, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE LEEDAV-CO, INC. DBA Safe Swim and CPR Training Professionals, the other class participants, sponsoring agencies, sponsors, program owners and staff, advertisers, and if applicable, owners and lessors of premises used to conduct the event (collectively the "Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my and/or my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above released parties from any and all liabilities incident to my and /or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

\_\_\_\_\_  
Participants Full Name

\_\_\_\_\_  
Participants DOB

\_\_\_\_\_  
Participants Signature or Parent/Guardian Signature (if under age 18)

\_\_\_\_\_  
Today's Date