

International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For First Aid, Oxygen Administration, Bloodbor	ne Pathogens, CPR, and AED C	Courses.		
I,, hereby affirm first aid, oxygen administration, bloodborne pathogens, and participation in these courses. Hereinafter know as "	n that I have been advised and thorou cardiopulmonary resuscitation (CPR	ighly informed of the inherent hazard	ls of Lay Rescr r (AED) activi	uer ities
Further, I understand that working with pressurize compressions, and working with simulated victims, injury, cuts, and allergic reactions. Such injuries car understand that these courses can be at remote sites I still choose to proceed with such courses in spite clocation.	involves certain inherent risks include occur that require treatment by a tree, and isolated by time and distance, f	ding, but not limited to, bodily injury; ained medical professional or medica from such trained medical professions	, blunt trauma l facility. I fur al or medical t	a, back ther facility.
I understand and agree that neither the instructor	sult of the negligence of any party, in his activity I hereby personally assum a participant including all risks con harmless said Released Parties from sing directly or indirectly out of my publication.	icluding the Released Parties, whether ne all risks in connection with said ac connected therewith, whether foreseen any claim or lawsuit by me, anyone p participation including claims arising	r passive or ac tivity, for any or unforeseed urporting to a during this ac	ctive. harm, n. act ctivity
heart attack, panic, etc. that I expressly assume the responsible for the same, and I agree to defend, indegrated in the same	risk of said injuries and that I will not emnify, and hold harmless said Relea ide lay rescuer care in the event of an	t hold the above listed individuals or o sed Parties for any such injuries incu- nemergency. This training is consisten	companies rred by me. nt with lay res	cuer
could lead to potential illness. To minimize this potI understand that I may be supplied with certain ite operating condition prior to using itI further state that I am of lawful age and legally con	ential exposure I should use the appr ms of first aid equipment and that I a	ropriate barrier devices. Im responsible for reviewing its prope	er function an	ıd
or guardian. I agree that all terms of and any disputes relating to I agree that if I choose to breach this agreement by I District Court for the Southern District of Florida s may have to a trial by jury and any claim shall be br the lawsuit or other claim for relief is brought I understand that the terms herein are contractual a that I understand and agree that, in the event that o unenforceable in any respect, such invalidity, illegal	this agreement shall be governed by bringing a lawsuit or other claim for hall have exclusive jurisdiction over lought no later than one (1) year from and not a mere recital and that I have ne or more of the provisions of this a ity or unenforceability shall not affect	the laws of the State of Florida, USA. damages or injunctive relief of any kin any such matter. I further agree that in the date of accident, incident or occusigned this document of my own free greement, for any reason, is held to t any other provision hereof, and this	nd, that the U. I waive any rigurrence upon e act. Further be invalid or	I.S. ght I which
construed as if such invalid, illegal or unenforceable IT IS THE INTENTION OF	DV THIC INCTDI	MENT TO EVENDT AND DELEAS	E MY INSTRI	UC-
TORS ASSISTANTS,TF AND RELEASED PARTIES AS DEFINED ABOVE, FRO PROPERTY DAMAGE OR WRONGFUL DEATH HOW NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASE AF HALF OF MYSELF AND MY HEIRS.	IE BUSINESS, DM ALL LIABILITY OR RESPONSII VEVER CAUSED, OR ARISING OU EASED PARTIES, WHETHER PASS), AND ALL OTHER RELA BILITY WHATSOEVER FOR PERSO T OF, DIRECTLY OR INDIRECTLY, IVE OR ACTIVE. I HAVE FULLY IN	TED ENTITI ONAL INJURY INCLUDING IFORMED M	IES Y, G, BUT IYSELF
No alterations, changes, omissions or	revisions may be made.			
Signature of Student/Participant (where app	licable)	Date:	///	 Year
Signatures of Parents or Guardians			/// // Month /	
Witness Signature			/ Month /	
		D	. / ٨٨	V