



Lifeguard Training Registration Form

Participant Information

Name: _____ Gender: M / F D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email address: _____

Emergency Contact Name & Phone: _____

Please list any physical/mental conditions that SafetyAndAquaticSolutions should know of, in respect to the nature involved:

Certifications needed (check all that apply):

_____ Red Cross Lifeguard _____ Re-Cert _____ CPR/AED _____ First Aid

Assumption/Waiver: I hereby acknowledge and understand that there is a risk of injury involved in athletic participation. I agree to follow the rules for the certification and the instructions of the instructor in order to reduce the risk of injury to myself and other participants. However, injuries may and do occur. Some injuries can be severe and in some cases may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my participation in the above-described program/certification. In consideration of the SAFETYANDAQUATICSOLUTIONS allowing me to participate in this certification, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless and indemnify, on behalf of myself, my heirs, personal representatives and next of kin, the Branch, the SAFETYANDAQUATICSOLUTIONS and their respective instructors, trainers, employees, directors, members, and other staff members from liability to me, as well as my personal representatives, assigns, heirs and next of kin, for any and all claims, suits or causes of action arising from or out of any injury, known or unknown, to property or body, that I may suffer from participation in SAFETYANDAQUATICSOLUTIONS activities or the above-described program/certification. Certification of Participant's Fitness: I hereby certify that to the best of my knowledge, I am physically able to safely participate in the activity/program/certification for which I have been registered.

Photographs: Photographs will occasionally be taken of participants during activities and programs. By signing below, I consent the use of pictures of myself or my family and other members in my party for displays, brochures, and promotional materials with no compensation to me or my family. (*family is defined as children with parents or guardians).

Participant's Signature: _____ Date: _____

Agreement: In consideration of my child's participation in the SAFETYANDAQUATICSOLUTIONS program or activity, I hereby release and discharge the Wilkes SAFETYANDAQUATICSOLUTIONS and any and all employees or agents thereof, from all claims of any kind or nature whatsoever rising out of the action of the above said employees or agents, to the extent by law. I have informed the staff of physical and mental condition(s) that my hinder or impair the safety of the program and/or program participants in respect to the aquatic environment. I am aware that this form is kept on file information and that it is my responsibility to update the Aquatic Department should there be any changes or addition regarding my child's health.

Parent's Signature (if under the age of 18): _____ Date: _____