



RELEASE OF LIABILITY, ASSUMPTION OF RISK, INDEMNIFICATION AGREEMENT

Course Date: _____

Course name: _____

Course instructor(s): _____

1. ACTIVITY AND ASSOCIATED RISKS: I have chosen to participate in the above activity (hereinafter referred to as “the Activity”), which is organized by AmeriMed CPR Training, Inc.

I understand that:

1. I must advise my AmeriMed CPR Training, Inc. instructor of any limitations I may have in participating in the Activity.
2. The Activity requires the inherent performance of physical skills that may be arduous and / or hazardous. As such, I could experience wrist injuries, back injuries, falls, mouth injuries, contact with allergenic materials, overexertion, overheating, injuries from my lack of fitness or conditioning, equipment failures, and negligence of others;
3. As a consequence of these risks, I may be hurt or disabled from the resulting injuries, and my property may also be damaged;
4. AmeriMed CPR Training, Inc. assumes no responsibility for providing medical care during the Activity, or any medical care and/or transportation incurred.

In consideration of the permission to participate in the Activity, I agree to the terms contained in this document.

2. ASSUMPTION OF THE RISKS: I hereby freely assume the above-mentioned risks, as well as other risks, including risk of illness exposure, that are not listed that are part of this activity.

3. RELEASE OF LIABILITY: I hereby RELEASE AmeriMed CPR Training, Inc., its employees, agents, officers, and contractors, employees, officers, and directors FROM LIABILITIES, CAUSES OF ACTION, CLAIMS AND DEMANDS that arise in any way from any injury, death, loss or harm that occur to me during the Activity.

4. INDEMNIFICATION HOLD HARMLESS AND DEFENSE: I INDEMNIFY, HOLD HARMLESS AND DEFEND the Released Parties (defined in Section 3) against any and all claims to which Section 3 of this agreement applies

5. AGREEMENT TO FOLLOW DIRECTIONS: I agree to follow the rules for the Activity provided to me and to follow directions given to me by the leaders of the Activity.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS AGREEMENT BY READING IT BEFORE SIGNING IT.

I UNDERSTAND THIS IS A CONTRACT THAT AFFECTS MY LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.

IN ACCORDANCE WITH CURRENT GUIDELINES, I AGREE TO WEAR MY FACE COVERING AT ALL TIMES.

THE UNDERSIGNED ALSO VERIFIES THAT THEY HAVE NO SIGNS OF ILLNESS, AND HAVE NOT BEEN EXPOSED TO THE CORONA VIRUS (COVID-19), NOR TRAVELLED TO AREAS WHERE THE VIRUS IS ACTIVE WITHIN THE LAST 2 WEEKS.

| Printed name | Signature | Date |
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