



# EMERGILITY® Emergency Medical Services (EMS)

Advanced-Practice Mobile Integrated Healthcare | Community, Concierge & Protective Paramedicine



## EMS Training Terms & Conditions

### ***First Aid/CPR/AED, BLS, ACLS Course Terms and Conditions***

**Refund Policy:** There are **NO REFUNDS** for any First Aid/CPR/AED, BLS, ACLS, TEMS, etc. course.

**Transfer of courses:** We allow one transfer of a course date if the request is made at least 1 week prior to the scheduled course start time.

**Late Policy:** Students must arrive on time to participate in the course. Arriving late may result in the course fee being forfeited. Exceptions may be made for significant extenuating circumstances on a case by case basis at the discretion of Emergility, LLC.

**Written Exam:** At the end of each training course there may be a multiple-choice exam. In the event that you fail the written exam you have 30 days to complete your retest. Failure to complete your retest within 30 days of original course date will require purchase of another course.

**Inclement Weather:** In the event the course is forced to be cancelled due to inclement weather, students may choose another course date that we offer, or the appropriate online course at no extra fee. Refunds are not provided for rescheduling due to inclement weather.

**Waiver of Liability:** I hereby waive my rights to all claims for injuries that I may sustain arising out of the participation in the course, instruction, or any subsequent activities arising therefrom. I further agree to hold harmless EMERGILITY, LLC for all injuries, be them physical, fiscal, or otherwise, that I may be inflicted upon myself, or others as a result of the course. I recognize and acknowledge that there are certain risks of physical injury involved in attending a course, and I agree to assume the full risk of injuries, including death, cross infection, damages, or losses which I may sustain as a result of attending a course with EMERGILITY, LLC. I agree to waive and relinquish any and all claims I may have arising out of, or connected with, said course.

I do hereby fully release and discharge EMERGILITY, LLC and its officers, agents and employees from any and all claims from injuries, including death damage or loss, which I may have as a result of this course.

I have read and fully understand and agree to the above stated conditions of participation in this Program.

### ***EMR, EMT, TEMS Course Terms and Conditions***

**EMR, EMT, TEMS Courses:** Cancellations received within 2 weeks prior to the first class will be eligible to receive a refund, less a \$500.00 administrative fee. After the first day of class there are no refunds. Refunds will be credited back to the original payment within 30 days of cancellation. Refunds will be made less any book and supply charges. Students that wish to withdraw from the program must notify us in writing at [training@emergility.com](mailto:training@emergility.com).

**Waiver of Liability:** I hereby waive my rights to all claims for injuries that I may sustain arising out of the participation in the course, instruction, or any subsequent activities arising therefrom. I further agree to hold harmless EMERGILITY, LLC for all injuries, be them physical, fiscal, or otherwise, that I may be inflicted upon myself, or others as a result of the course. I recognize and acknowledge that there are certain risks of physical injury involved in attending a course, and I agree to assume the full risk of injuries, including death, cross infection, damages, or losses which I may sustain as a result of attending a course with EMERGILITY, LLC. I agree to waive and relinquish any and all claims I may have arising out of, or connected with, said course.

I do hereby fully release and discharge Emergility, LLC and its officers, agents and employees from any and all claims from injuries, including death damage or loss, which I may have as a result of this course.

By continuing with booking in this course I am stating that I have read and fully understand and agree to the above stated conditions of participation in this Program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_