



RELEASE & HOLD HARMLESS AGREEMENT



There are risks and dangers inherent when participating in emergency care training classes. These risks include, but are not limited to, injuries during skills practices; back injuries from moving a simulated victim; acquiring communicable diseases; or performing skills on fellow students.

Neither Health and Safety Institute (“HSI”), the parent company of the American Safety and Health Institute, nor (“Training Center”), *Delta 401 Training and Consulting Services*, can guarantee the safety of participants, but Training Center's authorized and affiliated instructors are trained to take reasonable precautions to minimize risks and safeguard participants health and safety during training, including:

- Providing each class participant with sanitary personal protective equipment, including, but not limited to, breathing barriers (face shields/masks) and gloves; and
- Providing training manikins to practice skills such as chest compressions, abdominal thrusts, and rescue breathing that are not appropriate for student-on-student practice.

In addition, instructors and participants should avoid awkward or extreme body positions to avoid back or other injuries from improper lifting and moving. Instructors and participants should not practice moving simulated victims if they have a history of back problems because such practice may aggravate previous back injuries.

“Knowing this, I, _____, assume the risks inherent in this class and:

- *I hereby voluntarily release and hold HSI and Training Center, and each of their officers, agents, employees and volunteers, harmless from any and all liability or costs from injury associated with or arising from my participation in this class, including from negligence.*
- *I understand and agree that this Release applies to personal injury, including death, and property damage which I may suffer.*
- *I understand and agree that this Release will be binding on my, my spouse, my heirs, my personal representatives, my assigns, my children, and any guardian appointed by the court for said children.*
- *I have read this Release and I understand it.”*

Print Participant Name: _____

Participant Signature: _____

Date: _____

If participant is under the age of 18:

Print Parent/Legal Guardian Name: _____

Signature of Parent/Legal Guardian: _____

Date: _____

