FIRST AID TRAINING

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in FIRST AID TRAINING and Private Swim Instructors Association Athletic /sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is not significant for first aid training.
- 2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Private swim Instructors Association, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

| | PARTICIPANT'S SIGNATURE | |
|-----|---|--|
| Χ _ | WITNESS | Date Signed: |
| | · · · · · · · · · · · · · · · · · · · | CIPANTS OF MINORITY AGE 18 AT TIME OF REGISTRATION) |
| pro | vided above of all the Releasees, and, for myself, my | esponsibility for this participant, do consent and agree to his/her release as heirs, assigns, and next of kin, I release and agree to indemnify the Releasees involvement or participation in these programs as provided above. |
| X _ | PARENT/GUARDIAN'S SIGNATURE | EMERGENCY PHONE NUMBER |
| X _ | WITNESS | |

X