



Liability Release Form

I fully understand that my participation in this activity/class exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this activity/class and agree to assume any such risks. I have been issued safety glasses that I must wear during skills stations or I understand that I can wear my own glasses/sunglasses. If I choose to wear my personal glasses it is my choice. If broken, lost, stolen or misplaced, I will not hold Accredited EMS Fire Training Inc. responsible. I hereby release, discharge and agree not to sue Accredited EMS Fire Training Inc., its officers, employees, agents and independent contractors or anyone of affiliation for any injury, death or damage to or loss of personal property arising out of, or in connection with, participation in the activity/class from whatever cause, including the active or passive negligence of other participants in the activity/class. Accredited EMS Fire Training Inc. follows all California State Laws, Regulations and Guidelines. We will adhere to California State Fire Marshal, AHA (American Heart Association) and the NAEMT (National Association of Emergency Medical Technicians). In consideration for being permitted to participate in the activity/class, I hereby agree, for myself, my heirs, administration, executors and assigns, that I shall indemnify and hold harmless Accredited EMS Fire Training Inc. from any and all claims, demands, action or suits arising out of or in connection with my participation in the activity/class. This form will act as a medical release in the case of an emergency. If any injury occurs immediate medical aid will be summoned or if needed (911).

Any complaints or concerns regarding the class the student has chosen to attend shall be in writing to the Instructor. If the complaint or concern cannot be resolved at the Instructor Level the Host Agency representative will be contacted (Fire Department, Police Department, Hospital Supervisor, Military Chain of Command). The Host Agency representative information will be given to the students the first day of class. If the complaint or concern by the student cannot be resolved with the Host Agency and Instructor, the Student will be given Accredited EMS Fire Training Inc. Attorney contact information. Any complaint or concern that is not brought to the attention of the Instructor, Host Agency or Accredited EMS Fire Training Inc. Legal Staff will result in legal action against the student personally, if the student chooses to complain to another outside Entity. Any cost associated with a complaint to an outside Entity will be attorney fees, court fees, Accredited EMS Fire Training Inc. fees and any fees from the Instructor.

I understand that by participating in this activity I am giving consent for images of myself to be used for promotional purposes by Accredited EMS Fire Training Inc. I HAVE FULLY READ THIS RELEASE, HOLD HARMLESS AND AGREE NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS FORM IS A FULL RELEASE OF ALL LIABILITY AND SIGNED BY MY OWN FREE WILL.

Individuals with a Disability that would like to attend a class, please notify us if any reasonable accommodations need to be completed prior to class.

NAME (PRINT)

SIGNATURE

DATE