Top Guard Training
ACKNOWLEGEMENT OF RISK

Course Date(s): _____

Name: _____

Email Address:

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Phone: _____

I am the parent/legal guardian for the following certification students under 18 yrs old:

_____ _____

_____ _____

I (we) recognize the element of risk in any adventure sport or activity associated with the outdoors. I (we) am (are) fully aware of the risks and dangers inherent in lifeguard training such as, but not inclusive of: hypothermia, exposure to inclement weather, immersion in water. Falling while on shore and/or entering pool, bites or spray by insects, animals or reptiles, exposure to chlorine and damage to or loss of personal property.

Knowing the risks and dangers, I (we) understand the possible consequences of participating in such activity(s) include but are not limited to discomfort, injury or loss of life.

I (we) certify that I (we) have the necessary skills and ability to participate in the said activity(s) and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activity(s) except to the extent such damage or injury may be due to the negligence of Top Guard Training.

I(we) also agree to abide by the rules or instructions given to me (us) either verbally or in writing by Top Guard Training. I am further aware that Top Guard Training may take photographic and/or film records of all classes and such records may be used for promotional and/or commercial purposes.

I(we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in said activity(s).

CUSTOMER (OR PARENT) SIGNATURE: _____ DATE:_____

☐ Check this box if you do NOT authorize Top Guard Training to use pictures and/or video for promotional material.