

STANDARD HEALTH AND SAFETY, LLC
Release of Liability & Medical Treatment Authorization



As the student, legal parent or guardian, I release and hold harmless Standard Health and Safety, LLC, its owners and operators from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises or any premises under the control and supervision of Standard Health and Safety, LLC, its owners and operators or in route to or from any location where services are offered. In consideration of and through my involvement in the Lifeguard, CPR/AED, First Aid, training programs offered by Standard Health and Safety, LLC, at any location where services are offered, I (or on behalf of my minor child), acknowledge and agree that I risk bodily injury, including paralysis, dismemberment, and death, as well as loss or damage to property; I knowingly and freely assume all such risk; and I (or on behalf of my minor child) for myself, and on behalf of my heirs, assigns and next of kin hereby release, hold harmless and promise not to sue Standard Health and Safety, LLC, or any location where services are offered, the instructors of the program, or the persons involved in the facilitation of this program, with respect to all such injury, paralysis, dismemberment, death and/or loss or damage. I certify that (or on behalf of my minor child) to be the best of my knowledge, I am in good physical condition and have no disease or injury that would impair my performance or result in my being injured during any program participation. In addition, I (or on behalf of my minor child) do hereby grant permission for duly authorize medical treatment by certified professionals to be administered to me (or my minor child) in the event of injury and that all costs are my responsibility.

By signing below, I certify that I read, understood, and accept the “Release of Liability & Medical Treatment Authorization” described above.

Participant’s Name: _____

Participant’s Signature: _____ Date: ____/____/____

Parent’s or Guardian’s name: _____

Parent’s or Guardian’s signature: _____ Date: ____/____/____