

# **Waiver and Release Form**

**Pittsburgh Lifeguarding of the South Hills & American RedCross**

With the intention of being legally bound, I on behalf of myself (or a parent or legal guardian on behalf of my child and myself) release and quitclaim the American Red Cross, the Southwestern Pennsylvania Chapter of the American Red Cross and their officers, directors, employees and agents as well as all staff of Pittsburgh Lifeguarding from any and all claims, including claims for personal negligence of the release parties, which arise or relate to my participation in this aquatics or lifeguarding/CPR/AED/first aide class.*If a student is under the age of 18 years old, a parent or guardian, give my permission to have my child transported to the closest medical facility in the event of an emergency.***I HAVE CAREFULLY READ THIS AGREEMENT, AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTACT BETWEEN STUDENT OR PARENT/GUARDIAN, AND THE ABOVE. I AM SIGNING IT OF MY OWN FREE WILL.**

**Student Name** \_\_\_\_\_

**Student Date of Birth** \_\_\_\_\_

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **IF STUDENT IS UNDER 18**

**Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## **\*\*\*\*\*EMERGENCY INFORMATION FORM\*\*\*\*\***

**Person To Notify In Case Of Emergency**

**Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Relationship to student** \_\_\_\_\_

# COURSE ENROLLMENT

## Pittsburgh Lifeguarding

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please list any allergies or medical information we may need to know-

NOTE: This information will be used in completing course records and will not be shared with any third parties.