

# CAL FIRE San Luis Obispo County Fire

## Registration



**Course:** Surf Rescue Operations  
**Dates:** October 25 - 29, 2021, 0900-1700 daily  
**Location:** Coastal Gate Way Center, Port San Luis, 3950 Avila Beach Dr., San Luis Obispo, CA 93405  
**Tuition:** \$320.00

<b>Full Name</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
	Last Name, First, MI		
<b>Mailing Address</b>	<input type="text"/>	<input type="text"/>	
	Home Mailing Street Address	Apartment No	
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	City	State	Zip
<b>Cell</b>	<input type="text"/>	<b>Email</b>	<input type="text"/>
<b>Your Organization</b>	<input type="text"/>	<b>Title/Rank</b>	<input type="text"/>
<b>Emergency Contact Name</b>	<input type="text"/>	<b>Emergency Contact Number</b>	<input type="text"/>

- We must receive your complete registration packet to be officially enrolled in class: *registration, release of liability, copy of your prerequisites, and payment* \*please see flyer for prerequisite(s) details
- We accept payment by money order or cashier's check only. Please make payable to "SLO County Fire / SRO" Must be valid through **11/29/2021**. Please show students name in the memo section.
- Please mail complete registration packet to CAL FIRE San Luis Obispo County Fire:  
TRAINING BUREAU  
ATTN REG / SRO  
635 N SANTA ROSA ST  
SAN LUIS OBISPO CA 93405-7815
- Refund / Cancellation Policy: No refund will be given if student does not attend and /or cancels 10 or less calendar days prior to start of class. Cancellations less than 10-days, no-shows or failures will forfeit fees.
- Students will receive a class reservation confirmation and additional class information after all documents have been received. If you have any registration or fees questions, please contact the CAL FIRE San Luis Obispo County Fire South Bay Training Center at [SLU.Training@fire.ca.gov](mailto:SLU.Training@fire.ca.gov)

**SAN LUIS OBISPO COUNTY FIRE DEPARTMENT**  
Waiver of Liability, Assumption of Risk, and Indemnity Agreement  
Surf Rescue Operations

**WAIVER**

In consideration of being permitted to participate in the training program with San Luis Obispo County Fire Department, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the County of San Luis Obispo, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Training Program.

**ASSUMPTION OF RISKS**

Participation in the Training Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks may involve both physical and psychological harm, including  
1) minor injuries such as scratches, bruises, and sprains; 2) major injuries such as eye injury, broken bones, joint or back injuries, heart attacks, and concussions; 3) catastrophic injuries including paralysis and death. I hereby acknowledge that I understand the nature of the inherent risks and dangers associated with participation in the Training Program; that I am qualified, in good health, and in proper physical condition to participate therein; and that I knowingly and voluntarily accept and assume responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation in the Training Program.

**INDEMNIFICATION AND HOLD HARMLESS**

I agree to indemnify, defend, and hold harmless the County of San Luis Obispo, its officers, agents, employees, and volunteers, from and against all claims, demands, damages, liabilities, loss, costs, and expense (including attorney's fees and costs of litigation) of every nature arising out of or in connection with my participation in the Training Program.

**SEVERABILITY**

I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

*I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge that I understand and appreciate the risks that are inherent in participating in the Training Program. I am aware that participation in the Training Programs involves strenuous physical exertion and declare that I am physically fit and do not have any medical conditions and/or restrictions that preclude me from safely taking part. I hereby assert that my participation is voluntary and that I knowingly assume all such risks and agree to all the provisions herein.*

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Last Name, First Name, MI of Participant