

CAL FIRE San Luis Obispo County Fire

Registration



Course: Surf Rescue Operations
Dates: November 15 - 19, 2021, 0900-1700
Location: Coastal Gate Way Center, Port San Luis, 3950 Avila Beach Dr., San Luis Obispo, CA 93405
Tuition: \$320.00

Registration form is for outside agencies; please do not handwrite

Full Name **Date**
Last Name, First, MI

Mailing Address
Mailing Street Address Apartment No

City State Zip

Cell **Email**

Your Organization **Title/Rank**

Emergency Contact Name **Emergency Contact Number**

- We must receive your complete registration packet to be officially enrolled in class: registration and release of liability, copy of your prerequisites, and payment *please see flyer for class specific prerequisite(s) details
- We accept only money order or cashier's checks. Please make payable to "SLO County Fire / SRO" check must be valid through 12/19/2021. Please include 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

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