



*This Waiver must be completed for attendees age 12 thru 17 years old. The original-signed form must be submitted along with the CPR Registration Form prior to class date, to: K. Lucido 111 Laura K Drive, 2<sup>nd</sup> Floor, O'Fallon, MO 63366.*

**WAIVER OF LIABILITY**  
**CPR CLASS**

**Class Date: \_\_\_\_\_, 2020**

In consideration for being allowed to participate in the CPR-AED CERTIFICATION class being held at O'Fallon Fire Protection District Station #3, 600 Laura Hill Road, (date) \_\_\_\_\_, 2020, I do hereby release and discharge all sponsors, coordination groups, volunteers, and individuals associated with the event for all claims, damages, demands, or actions of any kind whatsoever and in any manner arising from or growing out of my participation or that of the minor in said event/class. I represent that I am the Parent/Guardian of the participant, and will accompany the minor throughout the entirety of the Class.

SIGNATURE (parent/guardian) \_\_\_\_\_

PRINT NAME (parent/guardian) \_\_\_\_\_

DATE: \_\_\_\_\_, 2020

Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Participant's Name: \_\_\_\_\_

Participant's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's Address: \_\_\_\_\_  
\_\_\_\_\_