GUSTINE RECREATION DEPARTMENT

FIRST AID/CPR REGISTRATION

Release/Waiver of Liability

Name_____

Email _____

Street Address_____

City_____ State_____ Zip_____

Phone_____

Emergency Contact Name/Phone #_____

By signing below you acknowledge that any and all activities are done at your own risk. You further agree that the City of Gustine, their officers, servants, agents, or employees will be not be responsible for any injury or damages of any kind arising from, or related to, your participation in this First Aid/CPR Course. All participants must sign this wavier form to be eligible to enroll in the class.

Signature: _____ Date: _____

SESSION COURSE SCHEDULE:

Dates: _____ & _____

Time: _____

FEE $60.00

Must attend both classes in order to receive 2 year certificate.