



NTC Waiver (Adult and Minor)

I have been informed that South Lake Hospital, Inc. (SLH) and the National Training Center (NTC) and its owners, officers and employees will not be responsible for any damages, accidents or injuries that may happen to the User, its agents, servants, employees, or property of any of the participants or persons who are participating in this request, including but not limited to those causes which results from the negligence of the User, its agents, servants, employees or that of the Hospital and said User hereby releases the Hospital, its employees and agents from and agrees to indemnify it against any and all claims for any such cause which results in injury. This assumption of risk includes environmental theft and contagion risks in addition to risk associated with use of the center's equipment and facilities, and to include any location where NTC services are provided.

Alterations to this Liability Agreement will not be accepted and are not permitted unless expressly authorized by a manager of SLH and NTC. SLH and NTC staff are not authorized to make any changes to this agreement.

I hereby apply for permission for use of NTC facilities and services. I understand that this application is subject to the review and approval of the program's management.

I understand that participation may be suspended or terminated by SLH and NTC if I am in violation of the center's rules, regulations and policies, conduct myself in a manner which management deems inappropriate or disruptive or make false representation of information contained in this application. I will not be entitled to any refund of program fees. I am responsible for any outstanding balance due.

I understand that the training dates, times and services as scheduled are subject to approval by the NTC and subject to change at any time by discretion of the NTC.

I grant the SLH, NTC and all sponsors the right to photograph and/or videotape me and further to use my name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. I further agree I will not seek remuneration for such photos and publicity. SLH, NTC and all sponsors are, however, under no obligation to exercise said rights herein granted.

Please Read Waiver Section Above – Print Information & Sign Below

First Name: _____ M.I. _____ Last Name: _____

Group Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: _____
(month/day/year) (Male or Female)

Date: _____ Adult Signature Required _____
(Participant, Parent or Guardian)

Please Print Name _____
(Parent or Guardian Only)

