

Date of Course: _____ Class: Heart Saver CPR/ AED and/or First Aid
Instructor: _____

(We will fill in instructor name on the day of class.)

Liability Statement for CPR Courses

The course for which you are enrolling may include physical strain, possibility of cross-infection, and emotional stress. If your physician has recommended that you avoid strenuous activity or limit your activity in any way, you should obtain their approval prior to attendance. The provision of CPR may be physically challenging. This is true in both practicing on the manikin and providing actual CPR for a cardiac arrest victim.

If you have a medical or coronary history that may be aggravated by this course, you should consult your physician and ask his/her advice as to whether you should participate in a CPR course.

If you have reservations about being able to perform CPR on a cardiac arrest victim, you should consider this before beginning the course.

If you have recently had any type of infectious disease, including upper respiratory infection or open sores on your mouth or hands, it is imperative to defer manikin practice until you are well.

I, the undersigned, have read and understand the above liability statement for CPR class, and still wish to participate in this course. I will not hold Ability Care Services, LLC. or the instructor(s) responsible for any physical strain, cross-infection, and/or emotional stress which may occur as a result of participating in this course.

Student (under 18) Name Printed: _____

Parent/Legal Guardian Name Printed: _____

Parent/Legal Guardian Signature: _____

Date this Form was Signed: _____

Student must bring this COMPLETED form to class,
e-mail it to administrator@abilitycareservices.com or fax it to (844) 335-7409.

Thank You!