





## **International Training**

## GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

**Directions:** Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For Non-SCUBA Courses Only	
For (specify course) training program	under sanction through
International Training.	
I,, hereby affirm that I have been advised and thoroughly informe activities and participation in service technician courses.	ed of the inherent hazards of service technician
Further, I understand that working with pressurized cylinders, cleaning chemicals, sharp tools, fill st certain inherent risks including, but not limited to, bodily injury, chemical burns, cuts, blunt trauma require treatment by a trained medical professional or medical facility. I further understand that these by time and distance, from such trained medical professional or medical facility. I still choose to professional or medical professional or medical facility. I still choose to professional or medical professional or medical facility in proximity to the training location.  I understand and agree that neither the instructor, or International Training. (hereinafter refeliable or responsible in any way for any injury, death, or other damages to me or my estate, family, he participation in this activity or as a result of the negligence of any party, including the Released Participation in this activity or as a result of the negligence of any party, including the Released Participation in directly, death or damage that may befall me while I am a participant including all risks connected the I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim of my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation incides if such claims may be groundless, false or fraudulent.	ations and compressor systems involves and back injury. Such injuries can occur that se courses can be at remote sites, and isolated ceed with such courses in spite of the absence any of the respective employees, officers, agents erred to as "Released Parties") may be held eirs, or assigns that may occur as a result of my tees, whether passive or active. In connection with said activity, for any harm, erewith, whether foreseen or unforeseen.
I also understand that service technician, cylinder inspection, and gas blending activities are physica and that if I am injured as a result of exertion, heart attack, panic, etc. that I expressly assume the risl above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and such injuries incurred by me.  I understand that I may be required to furnish some of my own equipment and that I am responsible I understand that I may be supplied with certain items of service equipment and that I am responsible operating condition prior to using it.	k of said injuries and that I will not hold the d hold harmless said Released Parties for any e for its operating condition and maintenance.
I further state that I am of lawful age and legally competent to sign this liability release, or that I have guardian.  I am aware of the required certification level and/or experience necessary and recommended to enro requirements for prior certification or equivalent experience.  I agree that all terms of and any disputes relating to this agreement shall be governed by the laws of t agree that if I choose to breach this agreement by bringing a lawsuit or other claim for damages or in District Court for the Southern District of Florida shall have exclusive jurisdiction over any such may have to a trial by jury and any claim shall be brought no later than one (1) year from the date of the lawsuit or other claim for relief is brought.  I understand that the terms herein are contractual and not a mere recital and that I have signed this of understand and agree that, in the event that one or more of the provisions of this agreement, for any in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereous such invalid, illegal or unenforceable provision or provisions had never been contained herein.	bill in this activity and I stipulate that I meet the State of Florida, USA. injunctive relief of any kind, that the U.S. atter. I further agree that I waive any right I faccident, incident or occurrence upon which document of my own free act. Further that I reason, is held to be invalid or unenforceable
IT IS THE INTENTION OFBY THIS INSTRUMENT TO E	, AND ALL OTHER RELATED LITY WHATSOEVER FOR PERSONAL F, DIRECTLY OR INDIRECTLY, R PASSIVE OR ACTIVE. I HAVE FULLY
No alterations, changes, omissions or revisions may be made.	
Signature of Student/Participant	Date:// / Month / Year
Signatures of Parents or Guardians (where applicable)	
Witness Signature	Date://