

Observer Safety Training Acknowledgement of Risk

I, _____ (print name) recognize the activity in which I desire to participate involves a risk of injury, which may include but are not limited to: striking objects when entering water, cardiac arrest, ventricular fibrillation, inadvertent gasping and inhalation of water, sudden drowning syndrome, or drowning from other causes, hypothermia, falls from walking on slippery surfaces, and other injuries which may occur due to the use of safety and survival equipment such as distress flares, life rafts, personal flotation devices, dewatering pumps, fire extinguishers, etc.

_____ (Date)

_____ (Signature)

If you have any medical conditions that may limit your ability to safely participate in our training activities, we encourage you to talk to the instructor.

Regional observer programs are required to discuss with observer candidates the risks involved in participation in these hands on training sessions. Trainers are encouraged to obtain the candidate's signature on this form.

