ALLIED HEALTH CAREER TRAINING

Facility Use — Liability Waiver, Release, and Assumption of Risk

This Waiver and Release of Liability ("Waiver") is executed in connection with a training course hosted at the facility of Allied Health Career Training ("Allied") but taught, staffed, and administered by an outside instructor or training provider ("Host Provider"). By signing below, the undersigned acknowledges and agrees to the following terms as a condition of participating in the course at Allied's location.

1. Acknowledgment of Third-Party Instruction

I understand that this course is being organized, instructed, and administered by the Host Provider, and that Allied is providing only the physical facility (and, where indicated, equipment) in which the course takes place. I understand that Allied is not responsible for the curriculum, instruction, supervision, certification, or card issuance associated with this course.

2. Assumption of Risk

I understand that this course may involve physical activity, including but not limited to chest compressions, use of an automated external defibrillator (AED) or training AED, airway management techniques, physical positioning of myself or another participant, and other hands-on skills practice. I understand that such activities carry inherent risks, including but not limited to muscle strain, fatigue, minor injury, or aggravation of an existing condition. I voluntarily assume all such risks.

3. Release of Liability

In consideration of being permitted to participate in this course at Allied's facility, I, on behalf of myself, my heirs, executors, administrators, and assigns, release, waive, and discharge Allied Health Career Training, its owners, employees, and agents, from any and all liability, claims, demands, or causes of action arising out of or related to any loss, damage, or injury that may be sustained while on Allied's premises or while using Allied's equipment, except to the extent such loss, damage, or injury is caused by the gross negligence or willful misconduct of Allied.

I understand that any claims related to instruction, supervision, certification accuracy, or card issuance are the responsibility of the Host Provider, and not of Allied.

4. Facility & Equipment Rules

- I will follow all posted facility rules and any verbal instructions given by facility staff regarding safe use of the space.
- I will use manikins, AED trainers, and other equipment only as instructed, and will report any equipment damage or malfunction immediately.
- I will not bring or use equipment that has not been approved for use at the facility.

5. Medical Condition Acknowledgment

I confirm that I am not aware of any medical condition that would prevent my safe participation in hands-on skills practice. If I have any medical concerns, I will notify the instructor before participating in physical activities.

6. Photography/Media (if applicable)

Unless I have separately opted out in writing, I understand that the Host Provider or Allied may take photographs or video during the course for training-quality or marketing purposes, and I consent to such use.

7. Voluntary Agreement

I have read this Waiver, understand its terms, and sign it voluntarily. I understand this is a legal document and that I am giving up certain legal rights by signing it.

_____ *Participant Signature*

_____ *Printed Name*

_____ *Date*

If participant is under 18: Parent/Guardian Signature required above.

Course/Program: _____ Host Provider: _____ Location: Allied Health Career Training