

 <p>CITY OF WILDOMAR Emergency Services 23873 CLINTON KEITH ROAD, SUITE 201 WILDOMAR, CA 92595 Ph. (951) 677-7751 Fax (951) 698-4163 WWW.CITYOFWILDOMAR.ORG</p>	CPR/AED Registration	
	E	1 FORM NUMBER
	7/1/2008 EFFECTIVE DATE	6/6/13 REVISION DATE
CPR/AED Class Registration Form		

Registration

All registrations are on a first come, first-serve basis.

To register, please complete the registration section below and return with payment to:

In person or by mail: City of Wildomar
23873 Clinton Keith Road Ste 201
Wildomar, CA 92595

Name: _____ Address: _____ City, State, ZIP _____ Phone Number: _____ Email Address: _____
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Cost

Non CERT/School District Employees	\$40
CERT Members (Proof of Certification Required)	\$25
School District Employees (ID Required)	\$25

Accepted forms of payment include cash, check, money order or credit card. Only checks are processed through the mail.

Refunds

All requests for refunds must be submitted in person at City Hall no later than one (1) week before the class begins.

All refunds will be assessed a \$5 handling charge. No fees will be charged for classes cancelled by the Emergency Services Department.

No cash refunds will be given.

Liability Waiver

I understand that the City of Wildomar does not carry insurance to cover participants or spectators of City sponsored activities. I hereby assume the risk of any injuries that may be sustained in the pursuit of City activities, and forever discharge the City of Wildomar, its officers, agents, and employees from any actions, suits, damages, claims or judgments that may result from any property damage or personal injuries that I sustain while using equipment owned or in the possession of the City of Wildomar, or while sponsored activities. I also agree to indemnify, defend and hold harmless the City of Wildomar, its officers, agents, and employees from any and all loss, damages, liability, cost or expense, arising out of any acts or omissions of the City of its officers, agents, or employees.

Signature Date

For Official Use Only

Total Fees Paid: _____ Cash: _____ Check: _____ Initials: _____ Date: _____