

Natural Resources Conservation Authority
LIFEGUARD EXAMINATION APPLICATION FORM

(Please Print)

Today's Date:		Lifeguard Licence #:		
PERSONAL INFORMATION				
Applicant's Last name:		First:	Middle:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Birth date:			Age:	
Place of Birth			Parish of Birth	
Street address:			Home phone no.: Cell phone no.: Fax no.:	
Town:	Parish		Post office:	
Email address:				
Employer:			Employer's phone no.:	
Employer's Address:			Date of last medical examination	
QUALIFICATION INFORMATION				
(Please show your lifeguard certification and your expired lifeguard licence (if applicable) with this application form.)				
Competent Training Organization:			Expiry date of lifeguard certification:	
Certification no:				
DELIVERY INSTRUCTIONS FOR LICENCE				
<input type="checkbox"/> SEND TO MAILING TO ADDRESS ABOVE <input type="checkbox"/> SEND TO EMPLOYER <input type="checkbox"/> DELIVER BY COURIER TO ADDRESS ABOVE (CASH ON DELIVERY) <input type="checkbox"/> I WILL COLLECT IN PERSON		<input type="checkbox"/> SPECIAL DELIVERY INSTRUCTIONS (Write in the space below and be sure to include alternate delivery address)		
I hereby declare that the information provided by me above is accurate and true to the best of my knowledge. I further declare that to the best of my knowledge I am physically and mentally capable of participating in the lifeguard examination.				
<hr/> <i>Applicant's signature</i>			<hr/> <i>Date</i>	
FOR OFFICIAL USE ONLY				
Fees Paid	Pass/Fail	Lifeguard Licence no.	Database updated <input type="checkbox"/> Yes <input type="checkbox"/> No	Processing Officer
Documents submitted			Remarks and Recommendation	

NATIONAL LIFEGUARD EXAMINATION

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

Please read carefully and fill in all blanks before signing.

I,.....,of.....

.....
hereby affirm that I am aware that the Lifeguard Examinations, of which I am a participant, has inherent risks associated with the activities involved in the examination process which may result in serious injury or death.

I further state that I am of lawful age and legally competent to sign this liability release.

I understand the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I, _____ BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE the **NATIONAL ENVIRONMENT AND PLANNING AGENCY** THEIR AGENTS, REPRESENTATIVES, ASSIGNEES, EMPLOYEES, STAFF, OFFICER AND AGENTS AND THE **NATURAL RESOURCES CONSERVATION AUTHORITY**, THEIR AGENTS, REPRESENTATIVES, ASSIGNEES, EMPLOYEES, STAFF, OFFICER AND AGENTS FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE THAT OCCURS AS A CONSEQUENCE OF MY PARTICIPATION AS A CANDIDATE IN THE NATIONAL LIFEGUARD EXAMINATION AS AT THE DTAE HERETO SIGNED BY ME.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature: _____ Date: _____