## NATIONAL LIFEGUARD ASSESSMENT AND LICENSING EXCERCISE APPLICATION FORM

(Please Print)

				(Ticaset iiii							
Today's Date:			Li	feguard Licen	ce #:						
Lifeguard Licence usually	renewed physically	in: Montego	o Bay:	Ocho Rios:	Negril:	Kingst	on:				
		I	PERSON	NAL INFO	RMATIC	)N					
Applicant's Last name:			First:			Mic	ldle:		Sex:	M	F
Birth date:						Ag	e:				
Place of Birth						Pa	rish of Birth:				
Street address:						Н	ome Phone #			Cell	Phone #
Town:			Parish	1:		Po	ost office:				
Email address:											
Employer:						En	nployer's phor	ne no.:			
Employer's Address:								Date of las	st medical	l examinat	tion:
		QU	ALIFIC	CATION IN	IFORMA	TION					
Please show your Compet	tent Training Organisat	ion Certification	on and your	expired lifegua	ard licence (if	applicable)	with this appli	ication form.			
Competent Training Organisation:				Expiry date of certification:				Competent Training Organisation			
Competent Training Organ	isation Certification l	No.				-					
		DELIVE	RY INS	STRUCTIC	NS FOR	LICEN	CE				
SENDTOEMPLOYER  DELIVER BY COURIER TO ADDRESS ABOVE (CASH ON DELIVERY)				I WILL COLLECT IN PERSON AT NEAREST NEPA OFFICE LOCATION IN:  ST. JAMES ST. ANN WESTMORELAND/HANOVER KINGSTON PORTLAND OTHER:							
I hereby declare that the best of my know Examination.											
Applicant's signature						D	ate				
			FO	ROFFICIA	AL USE C	NI Y					
FeesPaid	Pass	Fail		eguard licence		ase updated	1?	Proces	ssing Offic	er:	
					Y	es	No				
Documents submitted	<b>'</b>		ı		Rem	arks and Red	commendation				

## Natural Resources Conservation Authority (NRCA)

## NATIONAL LIFEGUARD ASSESSMENT AND LICENSING EXCERCISE LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

I ......of ......

Please read carefully and fill in all blanks before signing.

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	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.
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	
EXEMPT AND RELEASE THE NATIONAL ENVIRONMENT AND PLANNING AGENCY, THEIR AGENTS, REPRESENTATIVES, ASSIGNEES, EMPLOYEES, STAFF, OFFICERS 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 ASSESSMENT AND LICENCING EXERCISE AS AT THE DATE 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	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
Participant's Signature: Date:	EXEMPT AND RELEASE THE NATIONAL ENVIRONMENT AND PLANNING AGENCY, THEIR AGENTS, REPRESENTATIVES ASSIGNEES, EMPLOYEES, STAFF, OFFICERS 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 ASSESSMENT AND LICENCING EXERCISE AS AT THE DATE 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
	Participant's Signature: Date: