

RELEASE OF LIABILITY

I, _____ hereby release, indemnify and agree to hold harmless the Medical College of Georgia and their agents and employees for any injury or illness resulting from my involvement in the S.T.O.R.M Operator and/or S.T.O.R.M. Medic, S.T.O.R.M. Medical Director, or S.T.O.R.M. Commander courses. I acknowledge that injury or illness could result from my participation in these activities and that my participation in any portion of the training program is strictly voluntary. I attest that I do not have significant uncontrolled medical problems such as asthma, severe allergies (anaphylaxis), uncontrolled severe hypertension, heart disease, emphysema, or other conditions that would place me at risk; or that these conditions are sufficiently controlled as to not represent a threat to my health during this training program. If I suffer from any of these conditions that will place me at risk I will notify an instructor immediately. If any portion of the training program represents a risk to my health I may elect not to participate.

Signed: _____ Date: _____

Name (printed): _____