



Columbus Outdoor Pursuits

CPR Class Tuesday, February 28th 7-9pm First Aid Class, Thursday, March 1, 7-9:30pm

Are you looking for a general CPR and AED class to prepare you to save the life of a loved one, family member or the cyclist ahead of you? COP Member Kristen Hunt has kindly volunteered to teach some first aid classes for us. She will be teaching the American Heart Association's HeartSaver CPR AED (cardio-pulmonary resuscitation) and First Aid Basics.

Skills are taught using AHA's research proven Practice-While-Watching technique, which allows Instructors to observe students, provide feedback and guide students' acquisition of skills.

These courses are designed for anyone with limited or no medical training and are suitable for people who expect to be within reach of an EMS system (911). Those who go more than an hour from help should seriously consider Wilderness First Aid.



Heartsaver® CPR AED covers

- Adult, child & infant CPR (with a mask)
- AED (automated external defibrillator)
- Adult, child & infant choking

Heartsaver® First Aid Basics includes

- scene safety, finding the problem, calling for help and more)
- Medical emergencies (including actions for choking, breathing problems, shock and more)
- Injury emergencies (including actions for bleeding, broken bones, burns and more)
- Environmental emergencies (including actions for bites and stings, and temperature-related and poison emergencies)

Cost: \$15 for CPR Class, \$10 for First Aid Class, \$25 for both. COP members only.

Refunds: Refunds will only be considered if you contact the COP Office one week prior to the first day of class.

Location: **The COP Office**, 1525 Bethel Road, Ste 100, Columbus Ohio 43220

2012 CPR & First Aid Classes Registration Form

Please print clearly, one form per person. Applications and payment are due 1 week prior to first class date of each session.

For additional information: contact: the COP Office office@outdoor-pursuits.org, 614/ 442-7901.

CPR Tuesday, February 28th 7-9pm , limit 10 people

\$15 COP members only

Basic First Aid, Thursday, March 1, limit 20 people

\$10 COP members only

Amount Enclosed: _____

Make check payable to: Columbus Outdoor Pursuits

mail to: First Aid/CPR

Columbus Outdoor Pursuits
1525 Bethel Rd, Ste 100
Columbus OH 43220-2054

Name _____ Membership # _____

Address _____ Email Address: _____

City/State/Zip _____ Emergency Contact Name: _____

Phone (_____) _____ Emergency Contact Phone: (_____) _____

Important: only registration forms with SIGNED Liability Waiver (on back of this form) will be accepted. ALL registration forms (copied or printed from the Web), must have the SIGNED Liability Waiver on the SAME piece of paper-front or back- as this registration form.



Columbus Outdoor Pursuits

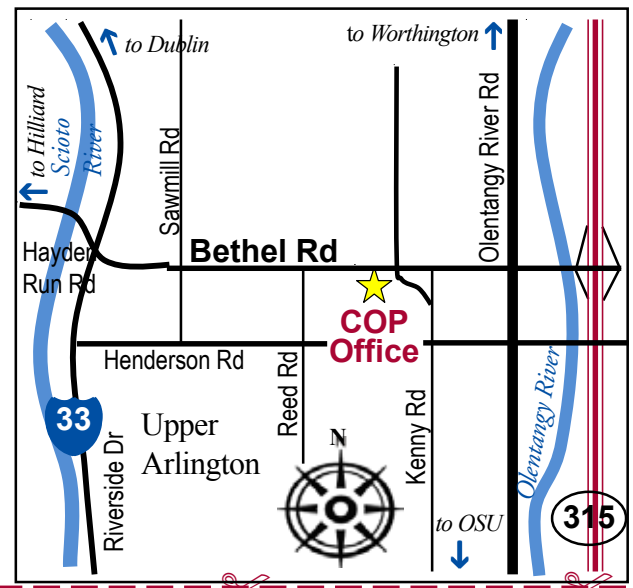
CPR / First Aid Classes

CPR will be Tuesday February 28th 7-9pm,

First Aid will be Thursday, March 1st 7-9:30pm

Refunds will only be considered if you contact the COP office one week prior to the first day of class. office@outdoor-pursuits.org 614-442-7901

Location: Both classes will be held at The COP Office 1525 Bethel Road, Ste 100 Columbus, Ohio 43220



Columbus Outdoor Pursuits Liability Release & Waiver-READ BEFORE SIGNING

Basic Liability Waiver, Indemnification Agreement, Permission to Provide Medical Treatment & Publicity Release

In signing this agreement for myself or for the named participant (if the participant is under age 18), I know that those participating will be exposed to risks of serious bodily injury, sickness, or death due to circumstances inherent in this event, including the negligent acts or omissions of others. I also understand and am aware that there are a variety of specific risks and dangers inherent in a voluntary activity such as this including, without limitation, falls, collisions with other participants, motor vehicles, or stationary objects. I may be participating out of doors and exposed to adverse weather conditions, poor sanitation, air or waterborne microorganisms, exposure to frost bite, rising water, drowning, or falling objects. I am aware that anyone who is inadequately prepared, trained or in inadequate physical condition is more likely to be injured or killed. I further understand that there is a risk of becoming lost or separated from the rest of the group and I may incur personal liability for the costs of rescue of me or members of my family. I also understand that I may be injured while on land or while traveling via motor vehicle or on foot due to my own carelessness or because of the negligence of others. Despite these risks and in exchange for being permitted to participate in this event, I voluntarily agree to assume all of these and other risks inherent in the event.

I acknowledge that I (or the participant for whom I sign if under age 18) am physically capable and sufficiently trained for the completion of this event. I also attest that the equipment used by me (or the participant for whom I sign if under age 18) has been inspected by me and is in good condition and that I am familiar with its proper use. I am also aware that any medical support provided for this event, if any, is likely to be limited to that provided by volunteer personnel with limited first aid training who may be called upon to provide assistance to me during the event. I consent and authorize any such volunteer to assist me (or the participant for whom I sign if under age 18) or to perform such assistance as, in the opinion of such person, may be necessary or appropriate. I understand further that any such medical or other services provided to me (or the participant for whom I sign if under age 18) is not an admission of liability to provide or to continue to provide any such services and is not a waiver by any of said parties' rights under this agreement.

I understand that Columbus Outdoor Pursuits assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any official of Columbus Outdoor Pursuits relative to my ability to

safely participate in this event. I promise, as well, for myself or the named participant (if the participant is under 18) to wear any safety equipment as required by an official of Columbus Outdoor Pursuits such as, but not limited to, helmets, guards, or personal flotation devices. The bicycle helmet will meet the standards of CPSC, ASTM or SNELL and be worn at all times while riding the bicycle. I agree to waive my rights to any benefits associated with this event if I fail to wear appropriate safety equipment.

Having read this waiver and knowing these facts and in consideration of Columbus Outdoor Pursuits' acceptance of my application for participation in this event, I, for myself and anyone entitled to act on my behalf, do hereby agree to release, hold harmless, and discharge Columbus Outdoor Pursuits, all sponsors, representatives and volunteers, any involved municipalities or other organization and the boards, trustees, officers, employees, or volunteers of any of them, from any and all claims or liabilities of any kind arising out of my participation and/or my own acts of negligence in this event whether or not liability may arise out of negligence, recklessness or carelessness on the part of the persons or entities named in this waiver.

I also grant permission to Columbus Outdoor Pursuits and its sponsors to use any photographs, motion pictures, recordings or any record of this event for legitimate purposes.

I further agree to indemnify the persons and entities listed in this agreement for any liability they incur to me, a member of my family, or the participant in connection with this event.

I further agree that if, in breach of this agreement, I institute any judicial proceedings against any of the persons listed in this agreement in connection with this event, I shall bring them in the Common Pleas Court of Franklin County, Ohio, or in the United States District Court for the Southern District of Ohio, located in Columbus, Ohio, and I consent to personal jurisdiction in those courts. I further agree that, if in breach of this agreement, I institute any such proceedings, I am responsible for all costs and attorneys fees of any person or entity against whom I institute such proceedings.

HAVING READ AND UNDERSTOOD THIS AGREEMENT, I VOLUNTARILY AND KNOWINGLY SIGN IT

Signature of Participant (and Parent/Guardian if participant is younger than 18)

Date