



## **Waiver and Release of Liability**

In consideration of the opportunity afforded me to participate on a voluntary basis in classes offered by the STI/SPFA, including the Cathodic Protection Testing and Training program offered at various facilities (the "Program"), I hereby waive and release any and all claims, demands, rights of actions, expenses, losses or damages of any kind, character or description whatsoever, arising out of or related to my participation in the Program from which any liability may or could accrue against STI/SPFA or its officers, directors, employees or agents, collectively or individually. Without limiting the generality of the foregoing, I agree that this Waiver and Release of Liability shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with the Program.

In addition, I hereby certify that I am covered by the appropriate insurance coverage either through my employer, or myself personally, as required in accordance with applicable law. Upon request, I will provide STI/SPFA with written evidence of such insurance coverage. In the event the status of my insurance coverage changes, I will promptly notify STI/SPFA in writing.

Name of Attendee: \_\_\_\_\_

Location of class you are attending: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)