



State of Rhode Island  
 Department of Environmental Management  
**DIVISION OF PARKS AND RECREATION**  
 1100 Tower Hill Road, North Kingstown, Rhode Island 02852



**FOR OFFICIAL USE ONLY**

Date \_\_\_\_\_  
 Card# \_\_\_\_\_  
 Failed \_\_\_\_\_  
 CPR \_\_\_\_\_  
 1<sup>st</sup> Aid \_\_\_\_\_  
 Lifesaving \_\_\_\_\_  
 Examiner \_\_\_\_\_

**LIFEGUARD CERTIFICATION INFORMATION**

CANDIDATE INFORMATION:

LAST NAME (Print): \_\_\_\_\_  
 FIRST NAME (Print): \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BOARD** \_\_\_\_\_  
**RESCUE** \_\_\_\_\_  
**ENDURANCE** \_\_\_\_\_

TYPE OF CERTIFICATION (CHECK ONE):

**SURF:** \_\_\_\_\_ **NON-SURF:** \_\_\_\_\_ **POOL:** \_\_\_\_\_

RECEIVED PAYMENT OF \$ \_\_\_\_\_ ON \_\_\_\_\_ INITIAL \_\_\_\_\_

WAIVER OF CANDIDATE DURING LIFEGUARD CERTIFYING EXAMINATIONS & SIGNATURE

(Note: The following must be signed by all candidates 18 years of age and over. For all candidates **UNDER 18 years of age**, the following must be signed by a **PARENT or GUARDIAN**. All applicants must present this form, properly executed, prior to their participation in the state lifeguard certifying examinations.)

In consideration of granting of admission to the state lifeguard certifying examination, I hereby for myself, my heirs, executors and administrators **waiver and release any and all rights and claims for damages** I may have against the State of Rhode Island Department of Environmental Management Division of Parks and Recreation, their agents, representatives and assignees, for any and all injuries suffered by: \*(Myself, My Child, My Ward), while participating in lifeguard certifying examinations conducted by the Division of Parks and Recreation of the Department of Environmental Management of the State of Rhode Island.

DATE OF BIRTH: \_\_\_\_\_  
 (If Under 18 Years of Age)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \*(Candidate, Parent, and Guardian)

\*Circle words that apply.

**\*\*PARENT/GUARDIAN SIGNATURE MUST BE NOTARIZED IF NOT PRESENT AT TIME OF TEST\*\***

\_\_\_\_\_  
 Notary Signature

\_\_\_\_\_  
 My Commission Expires