



2017 Training Site Agreement

Superior Life Support is an Authorized Training Center with the American Heart Association within the boundaries of the United States (excluding U.S. Territories) as an Advanced Cardiovascular Life Support (ACLS), Pediatric Advance Life Support (PALS), Basic Life Support (BLS), Cardiopulmonary Resuscitation (CPR) Training Center (TC) to provide ACLS, PALS and BLS Courses for Health Care employees, clients and the community.

Instructions: To be completed and acknowledged by the Training Site Coordinators with appropriate signatures.

Training Site Name: _____

Training Site Coordinator Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Disciplines provided at Training Site: HS BLS ACLS PALS

All Superior Life Support (SLS) Training Sites agree to:

- **Submit annual administration fees to SLS no later than January 31 of each year this Agreement is in effect. All late payments are subject to a 15% late fee. Dues are non-refundable.**
- Furnish and provide a facility in compliance with the American Heart Association (AHA) standards. TS agrees to furnish, provide and maintain the requisite equipment and require AHA Instructors to conduct AHA courses subject to Superior's satisfaction and confirmation of TS's compliance with AHA standards.
- TS agrees to conduct AHA courses in accordance with the guidelines contained in the AHA-ECC Program Administration Manual (PAM) and the AHA standard concerning the instructor manual for each discipline the TS teaches on behalf of Superior Life Support.
- TS agrees to use Enrollware to store class documentation.
- TS shall sign the agreement each year that it has and will continue to comply with all of the Policies and Procedures of the AHA and Superior Life Support.
- TS will adhere to the outline of their business plan, given to Superior Life Support and submit appropriate documentation.
- This agreement shall supersede any previous or contemporaneous oral or written discussions between the parties. This Agreement shall be the full embodiment of the parties' agreement.
- TS shall not assign, delegate or otherwise transfer any of its rights, duties or obligation under this Agreement without the express prior written consent of Superior which shall not be unreasonably withheld.
- In the event any of the terms or conditions of the Agreement is illegal or unenforceable under existing law, then the illegal or unenforceable provision shall be severed from the remaining provisions of the Agreement and the remaining provisions shall be enforced as if the illegal or unenforceable provision did not exist.



- In the event of any dispute between the parties, the prevailing party shall be entitled to recover his or its attorney fees.
- Venue shall be with the Superior Court of California, North Valley District
- Time shall be of the essence
- This Agreement can be executed in counterparts or electronically or facsimile and a counterpart, facsimile or electronic version of the Agreement shall be as enforceable as an original.
- This agreement may only be amended, altered, or modified by another writing signed by all of the parties to this Agreement.
- Any breach of the agreement, including the non-payment of any monies to Superior, shall be grounds to immediately terminate this Agreement.
- Certification cards will not be issued to TS who have not paid their annual admin fee.
- TS that join the TC after January 31 will pay a prorated annual administration fee.
- I hereby acknowledge that all of the information above is accurate. If anything in the above document is found to be inaccurate or falsified I understand that the status of the Training Site may be revoked.

****To be completed by Training Site Coordinator Only****

Training Site Commitment: As an AHA Training Site Coordinator, I hereby acknowledge that I have read the above Training Center Instructor Responsibilities and that I also agree to abide by the additional requirements set forth in the SLS Instructor Policy manual necessary for becoming and sustaining a Training Site with Superior Life Support.

Training Site Name: _____

Signature of Instructor: _____ Date: _____

Signature of TCC: _____ Approval: _____