



Name of Group: _____

Group Leader: _____

The following individuals have completed the online video training modules for detailing Waters Edge safety protocols and emergency evacuation plans.

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

I _____ certify that the above listed individuals have completed the safety and emergency training videos provided by Waters Edge.

Signature

Date