



**Training Registration Form and Waiver**  
**October 21st, 2017**  
**Fall Training Event**  
**Carol Stream, Illinois**

Please fill out the below form. Registration must be received on this form via email, mail, or FAX. Cost of training is \$75.00. Payment is accepted online via PayPal (PayPal fee applies) or a mailed check, money order, or purchase order from your department. Cash payment not encouraged, but will be accepted. We can process hard copy credit card payments on day of training. Make checks and money orders payable to: Fire Service Women of Illinois, NFP.

**REGISTRATION INFORMATION:** (Please print clearly or type)

**Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Phone:** (\_\_\_\_\_) \_\_\_\_\_  
**Student E-mail Address:** \_\_\_\_\_  
**Dept. /Organization:** \_\_\_\_\_  
**Dept. Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Dept. Phone:** (\_\_\_\_\_) \_\_\_\_\_  
**Dept. E-mail Address:** \_\_\_\_\_  
**Years of Service:** \_\_\_\_\_ **Rank/Title:** \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_  
**Emergency Contact Phone:** (\_\_\_\_\_) \_\_\_\_\_

Class does include live fire evolutions, by signing this form you are acknowledging risk and confirming working status and permission for attendance with your department. Class description flyer and information can be found on website: [www.fswi.org](http://www.fswi.org). For other information, contact training @fswi.org or call 847 875-0625.

**Registration Deadline: September 29<sup>th</sup>, 2017**

**Please read form carefully and acknowledge second page. Registration will not be complete with out Risk Agreement.** You may print out this 2-page form, complete all information and **Mail to: FSWI P.O. Box 2153 Montgomery, IL, 60538** or **Fax to: (224) 668-0197** or **Email to: [training@fswi.org](mailto:training@fswi.org)**. Cancellations past the September 29<sup>th</sup> deadline will not receive a class fee refund except in emergencies.



## “ASSUMPTION OF RISK AGREEMENT AND RELEASE”

(Read carefully before signing)

The undersigned, (*name – please print*) \_\_\_\_\_, assumes all responsibility for, and all risk of damage or injury that may occur to undersigned as a student while attending or participating in the classes, trainings, and seminars, using the equipment and/or facilities, during any function sponsored or facilitated by Fire Service Women of Illinois NFP. In consideration of being permitted to use equipment or facilities, the undersigned hereby releases and discharges Fire Service Women of Illinois NFP, its employees, and agents from all claims, demands, rights of causes of action, present or future, whether known, anticipated or unanticipated, and resulting from or arising out of or incident to the undersigned’s use or intended use of the facilities or equipment.

Before any student participates in our training program involving the teaching of emergency response skills, he/she should be familiar with the level of physical stress and other hazards involved. Please read the following explanations of the physical and mental requirements of this course and sign the form to acknowledge that you have read and understand the information. Students who cannot comply with these requirements will not be allowed to participate in parts of the training involving physical exertion, or the use of protective equipment, so as to provide for their personal well being and safety of other students and instructors. They may attend lectures and observe evolutions from a safe distance.

I acknowledge:

1. Practical skills training of all disciplines can be a physically and mentally stressful activity, requiring physical exertion; exposure to high temperature and humidity levels; toxic atmospheres; working at heights and in confined spaces; the possibility of elevated body temperatures, increased pulse, respiration, and blood pressures; and the ability to react quickly to emergency situations.
2. Persons with known heart or lung disease, hypertension, who are pregnant (Note: spontaneous abortion will occur with pregnant females when core temperature elevates), or have other medical or mental conditions which may affect their health and safety under these conditions, are advised to check with their personal, or fire department, physician before participating in the activity. The ability to meet the Illinois Department of Labor Respirator Wearers physical evaluation is the responsibility of the sponsoring department/agency and is a requirement for any course requiring the use of a self-contained breathing apparatus.
3. Protective clothing and self-contained breathing apparatus meeting the appropriate NFPA standards, at the time of manufacture, must be worn during most practical exercises and live fire training as directed by the instructor in charge. Protective equipment must be in serviceable condition.
4. Individuals with facial hair, jewelry, or other impediment to the proper seal of the face-piece on self-contained breathing apparatus will not be allowed to participate in evolutions where the atmosphere is toxic or may become so.
5. The use of alcohol, and other drugs, which affect mental or physical reactions, immediately preceding, or during training, is prohibited.
6. I am 18 years of age, or older, and an active member of a public or private fire department, public sector agency or authorized private corporation, my direct supervisor acknowledges my presence at this training and use of my department issued equipment. The department acknowledges extension of its Worker’s Compensation coverage to the student. In the event of injury during training, the student is responsible for notifying his or her department to initiate the process. Any and all injuries, no matter how minor, will be reported to the FSWI staff that will have the final say in selecting the treatment disposition for the student. This may range from on-site treatment to ambulance transportation to a local emergency department or occupational medicine agency. If a student or department does not accept these terms, or refuses to comply with FSWI’s treatment decision and disposition, the student will be dropped from the remainder of the class (or program) and will not be eligible for any refund.
7. For purposes of promoting the FSWI, I agree to allow FSWI unlimited use of my image, with no compensation.
8. FSWI will not sell nor distribute your email to any outside agency. FSWI will, from time to time, provide you with organization updates, newsletters, surveys and the like. Providing your email address will serve as your approval for these periodic distributions.

I have read and understand and sign the foregoing “Assumption of Risk Agreement and Release”

On this \_\_\_\_ day of \_\_\_\_\_, 2015.

Signature \_\_\_\_\_

\_\_\_\_By checking the line, my acknowledgement and my supervisor’s acknowledgement is insured through registration.

### FOR OFFICE USE ONLY

Date Rcvd \_\_\_\_\_ Check # \_\_\_\_\_ PO# \_\_\_\_\_ Classes Assigned \_\_\_\_\_

Confirmation sent to \_\_\_\_\_