

# Waiver and Release for: **South Carolina Fire Academy**

- Students and instructors participating in non-Academy programs on campus.
- Non-Academy instructors assisting in an Academy program on campus.

*Program Name*

*Coordinating Entity*

*Dates*

date of birth: \_\_\_\_\_ age: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing address: \_\_\_\_\_ e-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

Fire Dept. or Organization \_\_\_\_\_

## **Agreement and Waiver / Liability Release**

- In consideration for participating in South Carolina Fire Academy training, I hereby release, indemnify, and covenant not to sue the South Carolina Fire Academy, S.C. Department of Labor, Licensing and Regulation, The State of South Carolina, their officers, agents or employees (Releasees) as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased or used by Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Fire Academy. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.
- I authorize the release of any information concerning my enrollment and completion of all South Carolina Fire Academy courses to me, my fire chief, or my department training officer.
- I understand that the South Carolina Fire Academy is not authorized to provide travel, medical, or health insurance, I verify that I or my agency maintain appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with fire, rescue and hazardous materials training, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release: and that **I am at least 18 years of age** and fully competent and a member of a legally organized fire department, fire brigade, fire related business or emergency response organization.
- By registering for this course, I hereby give the South Carolina Fire Academy permission to reproduce and publish my name and/or photographic likeness.

\_\_\_\_\_  
Attendee Signature/Date

\_\_\_\_\_  
Fire Chief Signature/Date