



2022 LIABILITY WAIVER/HOLD HARMLESS AGREEMENT

You are registered to participate in the Hands-on Training session(s). Please check the session(s) below for which you are registered, complete this waiver, retain a copy, and return the original copy ASAP, by email to joanne@fireshowswest.com or fax to 623-322-2776. Please note: Badges will not be printed until waiver has been completed, signed by you and your chief. Returning the liability waiver in advance will expedite your registration process.

I, _____, fully understand that my participation in the hands-on Gear-On-Training "Training" as outlined below during the **2019 FireShowsWest** conference exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this training and expressly agree to assume any such risk. NOW, THEREFORE, for and in consideration of the privilege of participating in such Training provided by or on behalf of FireShowsWest First Responders Training and Education Foundation and FireShowsWest exhibition and conference, the undersigned, for myself, my personal representative, heirs, and next of kin,

1. hereby releases and forever discharges the FireShowsWest First Responders Training and Education Foundation (FFRTEF), FireShowsWest (FSW), and their respective officers, directors, training partners, show officials, show management, equipment suppliers, agents, representatives, instructors, Grand Sierra Resort (GSR), and volunteers ("Releasees") for any and all loss or damage, and any claim or demands therefore on account of accident, injury, illness, death, or harm of any type arising out of or related to the "Training", whether caused by the negligence of any Releasee or otherwise.
2. hereby, acknowledges that the activities involved in the Training are of a hazardous nature and contain inherent risks of serious injury and/or death and/or property damage. The undersigned also expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the Releasees.

3. hereby understands that in the event following any instruction provided by an instructor/instructors which results in injury or damage of any kind when applied to an actual incident that FFRTEF, FSW, GSR, and their representative officers, employees, agents, training partners, instructor/instructors and volunteers will not be responsible for any faulty information as may have been provided by an instructor/instructors.

4. In further consideration for being allowed to participate in the event, I hereby agree for myself, my heirs, administrators, executors, and assigns that I shall save, indemnify, and hold harmless the FFRTEF, FSW, GSR and their respective officers, employees, agents, training partners, instructors and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the training brought by any third party.

5. I have carefully read this release, indemnification and hold harmless agreement and fully understand its contents. I am aware that it is a full release of all liability and sign it voluntarily and with full knowledge of its significance.

6. I also agree that during this training I will conduct myself in a safe and professional manner. I will not engage in any unlawful activity that demeans or harasses another on any unlawful basis, including race, sex, or religion. In addition I will not take part in any unlawful lewd behavior or sexual harassment as those terms are defined by law. Any such harassment or behavior will be reported immediately to the instructor or facilitator.

Date: _____
Signature: _____
Department Name _____

PREREQUISITE TRAINING REQUIREMENTS (THIS SECTION TO BE SIGNED BY YOUR CHIEF)

All students in the Hands-on Training sessions during FireShowsWest must meet a minimum standard of training. Students must meet the qualifications of the National Fire Protection Association, Standard 1001 – Fire Fighter Professional Qualifications.

By signing below, the Chief of your Department is indicating that you meet the qualifications of NFPA Standard 1001 – Fire Fighter Professional Qualifications.

Date ___/___/___
Printed Name of Chief _____
Chief's Signature _____

Hands-on Sessions

I am participating in the following session(s)

Please check:

<input type="checkbox"/>	HO1	Live Fire Evolutions**	Wednesday, 9/28
		**Live Fire Evolutions.	
		Page 2 of this form is REQUIRED if you are participating in this session.	
<input type="checkbox"/>	HO2	Journeyman Irons	Thursday, 9/29

Return form to:

FireShowsWest Conference and Expo
PO Box 5227 • Sun City West, AZ 85376
Fax to: 623-322-2776
Email to: joanne@fireshowswest.com
For questions: 1-800-632-7489



LIVE FIRE EVOLUTION ACCOUNTABILITY

Individual Name: _____ Department: _____
 Emergency Contact: _____ Known Medical Problems: _____
 Allergies: _____

Training Level: The above named individual meets the following training Job Performance Requirements prior to entering live fire training. These JPR subjects are listed in NFPA 1403, 4.3.1 & 4.3.2. To meet these requirements the individual and Chief or his/her designee needs to certify that the training has been received.

- | | | |
|-------------------------------|------------------------------------|------------------------|
| Safety | Fire Behavior | Portable extinguishers |
| Personal Protective Equipment | Fire hose, appliances, and streams | Ladders |
| Overhaul | Water Supply | Ventilation |
| Forcible Entry | Building Construction | |

SCBA Fit Test Date: ___/___/___ Medically cleared to wear SCBA ___/___/___

I _____ certify that I have received the above training prior to entering the Live Fire Training being offered here. I also certify the above information is true.

Signature: _____ Date ___/___/___

I _____ certify that _____ has received the above training prior to entry into the Live Fire Training being offered. I also certify the above information is true.

Signature of Chief or his designee: _____

Rank _____ Date ___/___/___

Turnout Gear Inspection:

Coat _____ Pants _____ Helmet _____ Boots _____

Gloves _____ Hood _____ SCBA _____ Pass _____

Accountability Tag: _____ Problems with gear/SCBA: _____

NOTE: Remember to keep crews well hydrated during time in staging or rehab

Vital Signs	B/P	Resp.	Pulse	Temp.	Skin	Taken By:
<i>Pre Entry</i>						
<i>Post Entry</i>						
<i>Pre entry</i>						
<i>Post Entry</i>						
<i>Pre entry</i>						
<i>Post Entry</i>						

**** MEDICAL NOTE ****

Should this individual's vital signs be abnormal at post entry, the vital signs will be retaken at 5 minutes and 20 minutes after the initial post entry vitals were taken. (SEE PAGE 2)

Signature Lead Instructor: _____ Date ___/___/___

Signature Safety Officer: _____ Date ___/___/___

