



Franklin Lamoille Regional Fire School

Registration Applicant: Sept. 19 and 20, 2009

Please print and return this form, and payment for each applicant

Not later than August 15, 2009

Name _____ Home Mailing Address _____ City _____

State / Province _____ Zip code _____ Home phone _____

Date of Birth _____ Department _____

Please indicate by "1, 2, and 3" for your choice of class(s). We have limited space for students. So if there is no space available for you in your first choice we will have an alternate class selection for you. This is a first come first serve. Early registration will help with you acquiring your class selection. Registration fee listed below is per person per day. Two day classes will be one fee for both days. **Payments are non refundable.** Please read and sign attached waiver.

<u>Course</u>	<u>Day/s</u>	<u>Choice 1,2 or 3</u>	<u>Fee</u>
Flash over Simulator	19th	_____	_____
Fire Officer 101	19th	_____	_____
Company Officer to Command Officer	20th	_____	_____
Emergency Traffic Control	19th	_____	_____
Rookie Course	19th and 20th	_____	_____
Backcountry GPS for Emergency Services	19th and 20th	_____	_____
Vehicle Extrication	19th and 20th	_____	_____
Defensive driving, Emergency vehicle Operator PAD/O	19th and 20th	_____	_____
Pumps, Fire streams & Hydraulics for PAD/O	19th and 20th	_____	_____
Training Operations in small towns	19th and 20th	_____	_____
PPE/ SCBA with Draeger (Fire Fighter 1 Module)	19th and 20th	_____	_____
Aerial Operations	19th and 20th	_____	_____
Ropes, High and Low Angle Basic Course	19th and 20th	_____	_____
CPR/AED refresher only	19th ½ day AM	_____	_____
Hazmat Awareness Refresher	19th ½ day AM	_____	_____

Registration fee:
2 Day classes \$100
1 Day classes \$50
½ day \$25



Waiver of Liability

I have been invited to attend, observe, participate in a firefighting training exercise, sponsored and administered by Franklin Lamoille Fire School, in concert with various private and public organizations. Such exercises often present hazards to life and property of the participants, observers and attendees. In order for you to attend or observe any of the following activities you need to sign a waiver of liability.

1. I acknowledge the inherent dangers of such training and assume the risk to my person and property, both personal and that of others under my control and supervision.

2. I agree to waive all claims arising from my participation, observation or attendance so said training for damages to myself, my property or property of others under my control and supervision arising out of inaction or through any negligence other than deliberate and intentional tortuous actions by Franklin Lamoille Fire School, its agents and employees in both their official and personal capacities.

3. I further, this Waiver of Liability and agreement extends to claims that benefit my heirs, assignees, administrators or executors, including not limited to all claims arising from my wrongful death of injury.

4. Further, the protection of the Waiver of Liability and agreement extends to all cooperating organizations, corporations and individuals, their agents and employees, in both official and personal capacities, who are assisting Franklin Lamoille Fire School in presentation and conduct of this training.

Name: (please print) _____

Signature: _____

Dept: _____ Date: _____

Cheif Signature: _____

Under 18, parent's signature: _____

Mall all forms and payment by August 15, 2009

**Franklin Lamoille Fire School
P.O. Box 179, North Hyde Park VT 05665**

For additional information call Rebecca Ferland @ 802-793-2090

Email: rferlanfirefighter@yahoo.com