

Live Fire Training Release Form

Name: _____ KY Firefighter ID # _____ Department Name: _____

In consideration of the Kentucky Community and Technical College System (“KCTCS”) Kentucky Fire Commission State Fire Rescue Training (referred to hereafter as “SFRT”) allowing me to participate in this emergency service training class, I represent and agree as follows:

1. Assumption of Risk. I understand and acknowledge that the very nature of the training is dangerous and there are certain inherent risks associated with participating in the training, including but not limited to fire-related risks. I understand that the specific risks vary, but that they include injury, loss, or damage to myself or my property, or death, resulting from exposure to fire and unsafe conditions. I understand that efforts will be made by the instructional staff to create a working environment that is as safe as possible, and that the instructional staff will give me careful and prudent instruction in the operation of equipment and how to perform each task. However, I also understand that neither KCTCS nor SFRT – nor their respective boards, officers, agents, or employees – has control over these inherent risks, and that the risks cannot be eliminated completely regardless of the care taken by KCTCS or SFRT. By signing below, I represent that I appreciate the risks. I accept and voluntarily assume all risks that may arise from or in connection with my participation in the training. I understand that I am ultimately responsible for my own safety, and for my actions at all times.

2. Participation. I agree to perform only those activities specifically designated for the training, to follow all instructions and directions given to me by the instructional staff, and to adhere to all applicable safety standards. I will not participate in any activity that is not directly related to the training and class function, and I will ask for additional information before I proceed with a training procedure if I am unsure of the procedure or of the instructions and directions given.

3. Workers’ Compensation. I understand that in order to participate in this training, I must be a member in good standing with a fire department or response agency, and I must be covered by the workers’ compensation insurance of that department or agency. By signing this document, I certify that I meet these requirements. I understand that in the event of any accident or injury, any workers’ compensation claim must be made under the coverage of my department or agency. In no event will I request workers’ compensation coverage from KCTCS or SFRT and either KCTCS or SFRT will be responsible for any accident or injury.

4. Release and Hold Harmless. I understand that participating in the training may result in injury, loss, or damage to myself or my property, or death, and neither KCTCS or SFRT – nor their respective boards, officers, agents, or employees – will be responsible or liable for such injury, loss, damage, or death. By signing below, I release, hold harmless, and forever discharge KCTCS or SFRT – and their respective boards, officers, agents, and employees – from any and all claims, causes of action, or demands of every kind by reason of any injury to person or property, or death, arising from or in connection with my participation in this training.

5. Alcohol and Medications. I agree and represent that I will not consume alcoholic beverages or any prescription or non-prescription medications or other controlled substances that may impair my judgment or reaction time within the five (5) hours prior to any class, or during class.

6. Live Fire. I understand that this training involves live fire, I must have completed certain FF1 and FF2 job performing requirements, as set forth in NFPA 1001 and 1403 directives.

7. Accident or Injury. I agree and represent that in the event of any accident or injury, I will report such accident or injury IMMEDIATELY to the instructional staff. I will also report such accident or injury to the administrative officer of my fire department or response agency as soon as is reasonably practicable, but in no event more than 24 hours after the accident or injury.

By signing below, I agree that I have been given sufficient time to read, understand, and ask questions, if any, concerning the nature and scope of this Release. I understand that any breach of the above stated items could result in my immediate dismissal from class.

Signature of Student: _____ Date: _____