

Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

Local Emergency Training Specialists
L.L.C.

P.O. Box 74 Cadet, Mo.
573-438-7760 573-330-0211

Alternative Compliance Method Registration and Release Form

Last Name.....First Name.....MI.....

Street Address Apt/Unit*

City State..... Zip Email

Day Phone Evening Phone Date of Birth

Compliance Burn Date Requested Location*

Sponsoring Agency

Organization Type: Fire Service College/Career CTC Fire Academy

As Lead Instructor, I verify that the above candidate has successfully mastered all of the coursework and practical skills required for Fire Fighter I and II eligibility for:

***Fire Fighter Safety *Fire Behavior *PPE *Fire Hose *Fire Streams *Fire Control**

Instructor's Name: Course Location (city/state)

Instructor's Signature _____ Date _____

To be completed by student's Fire Chief, Academy Representative or Agency Supervisor:

I certify that the above applicant meets the physical and medical requirements set down by the _____ (AHJ) to perform the duties of the applicable NFPA standard.

Signature _____ Print Name & Title _____

Local Emergency Training Specialists will provide certification training and testing in the approved Fire Fighter I and II course listed above under supervision of competent, state certified instructors/evaluators and assumes no responsibility other than providing the opportunity to test. Student is aware that this certification testing includes hazardous training conditions and has voluntarily completed an Assumption of Risk, Release of Claims and Indemnification Agreement. Local Emergency Training Specialists and their instructors are relieved of any liability following the conclusion of this test, and are relieved of any liability for injury or destruction of property due to negligence on the part of the student. Student further acknowledges that he/she must comply with NFPA 1500 in regard to facial hair in order to participate in live burn testing. Any student that has facial hair that comes into contact with the face piece seal or interferes with the operation of the SCBA unit will be denied testing. Certification candidates must present a valid government issued identification in order to participate.

ASSUMPTION OF RISK, RELEASE OF CLAIMS AND INDEMNIFICATION AGREEMENT

I, the undersigned, acknowledge that I understand that there are inherent risks and dangers associated with participation in this Training/Testing Program, of which risks and dangers could result in damage or destruction of personal property owned by me, temporary or permanent serious bodily injury or death.

Fire Fighter I and II certification candidates are responsible to bring structural fire fighting PPE, PASS device, and SCBA that are NFPA compliant, in good working condition, and meet testing (hydrostatic) criteria. Local Emergency Training Specialists and their instructors have the authority to deny testing to individual(s) not complying with these procedures

I hereby voluntarily release and discharge and agree to hold harmless, Local Emergency Training Specialists and their instructors, both in their official and personal capacity, from any and all claims arising out of any injury, death or property damage sustained while I am attending this Training/Testing Program. Additionally, Local Emergency Training Specialists and their instructors are relieved of any liability following the conclusion of this testing, and are relieved of any liability for injury or destruction of property due to negligence on the part of the student.

Student Name _____ Date: _____

Student Signature _____

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

This certification training and testing is provided free of charge to students enrolled in an approved Fire Fighter I and II course and paid for through contract funding provided by the Missouri Fire Safety Education/Advisory Commission, Division of Fire Safety .