



Participation in firefighter training involves risk of personal injury and property damage. The Basic Firefighter Training Program at Mitchell Community College has been developed in accordance with the standards set forth by the North Carolina Fire & Rescue Commission. Injuries in Basic Firefighter Training are not uncommon but they are usually limited to sore muscles and joints due to lack of exercise. However, prudent participants will want to ensure they have coverage for major injuries, which are very rare, but possible. Prior to participating in each training activity participants will be instructed in the proper use of any equipment and/or facility. Participants shall be responsible for following correct procedures and safety precautions. Participants will also be responsible for reporting any safety concerns to the proper college personnel.

Students may be exposed to the following situations: physical fitness training, outdoor environmental climate extremes, exposure to live fire and smoke, and physical and mental fatigue. This list is intended to give the student an idea of the rigors of Basic Firefighter Training. However, the list is not intended to be an all-inclusive list of stressors a participant in Basic Firefighter Training might encounter.

### **ASSUMPTION OF RISK AND RELEASE**

In consideration for the opportunity to participate in Basic Firefighter Training at Mitchell Community College the undersigned agrees to comply with all rules regulations, procedures and safety precautions established by Mitchell Community College in connection with the Basic Firefighter Training Program and the use of the equipment facilities associated with it. Furthermore, I acknowledge the existence of the risk associated with this program, and agree to assume such risk and accept responsibility for any injuries, illness, death and/or property damage sustained by me in the course of participation in this program. I hereby agree for myself, my heirs, executors and administrators to release and consent not to sue Mitchell Community College, its employees, whether full or part-time, paid or unpaid, its administrators, directors, and agents, and hold them harmless for any losses or injuries that may result from participation in this training program.

I acknowledge that I have read this document and understand it and I am signing voluntarily.

Signature \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_