Upper Valley Regional Fire School 2025 Registration Application

Student Information (Please Print Neatly and Legibly)

_____
Last Name First Name MI.

_____
Mailing Address

_____ _____ _____
City/Town State Zip Code

_____ _____
Day Phone Evening Phone

_____ _____
E-mail Address Rank

Department/Agency Information (Please Print Neatly and Legibly)

_____
Department/Agency Name

_____
Department/Agency Mailing Address

_____ _____ _____
Town/City State Zip Code

Waiver of Liability and Insurance Information

Whereas, I have been invited to attend, or observe, or participate in firefighting training exercises jointly sponsored and administered by the Upper Valley Regional Emergency Services Association, Inc., in concert with various other public organizations, person and corporations; and **Whereas,** such exercises often present hazards to the life and property of participants, observers and attendees; now **Therefore,** in consideration of being afforded the opportunity to observe, attend or participate in such firefighting training:

1. I acknowledge the inherent dangers in such training and assume the risk to my person and property, both personal and of others in my control and supervision.
2. I agree to hold harmless and waive all claims against the sponsors and/or their agents, arising from my participation, observation or attendance at said training.
3. Further, this waiver of liability and agreement to hold harmless extends to all claims that might devolve to the benefit of my heirs, assignees, administrators or agents or employees in both official and person capacities, who are assisting the above-named sponsors in the presentation and conduct of this training.
4. Further, I certify that I am physically qualified and capable of pursuing the courses that I will participate in.

Signed:_____Date:_____
(Signature of applicant)

The above applicant appears to be physically capable and has successfully completed the prerequisite training to participate in the course(s) applied for. The applicant is covered by department insurance for worker's compensation and personal injury.

Signed:_____Date:_____
(Signature of Chief or authorized department officer)

Officer's Name (Print)_____Phone_____