



Course Name: \_\_\_\_\_ Location: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Tuition Costs: \_\_\_\_\_

Sponsoring Fire Department / Organization: \_\_\_\_\_, \_\_\_\_\_

Fire Department Name

City/Town

**FFID#** First 4 letters last name, First letter of first name, Last 4 of social security number.  
**Example: John Academy 000-99-1234 use: ACADJ1234**

**Student Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ FFID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Fire Chief or Designee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ FFID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Training Course/Class Authorization**

- ☐ As Chief/Designee of the \_\_\_\_\_, I hereby authorize the above applicant to participate in the Connecticut Fire Academy's Program and therefore understand that the above-named individual will be covered by Workers Compensation Insurance while participating in such training, and that the Department of Emergency Services and Public Protection, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training.

**Applicant Affiliation Confirmation**

- ☐ I also confirm that the applicant is an employee of the Fire Department or affiliated as a member or volunteer of the Fire Department and has documented proof of meeting the department's Medical and Physical Fitness requirements, is emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self Contained Breathing Apparatus). The applicant is also at least 18 years of age, has a high school diploma or GED, and has the general capacity for adult learning.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The section below is applicable when Breathing Apparatus and/or Structural Firefighting PPE is required for the training.*  
**Fire, Live Fire and Fire Behavior Training Authorization – Release and Waiver of Liability**

As Chief/designee of the \_\_\_\_\_, I hereby authorize the above applicant to participate in Fire Training, Live Fire and Flashover Simulator Training and experience, and therefore understand that the above mentioned member will be covered by my department's **Workers Compensation Insurance** while participating in such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration, and where applicable, to meet CFR 1910.134, regulation for the use of respirators. I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** the Connecticut Commission on Fire Prevention and Control, the Connecticut Fire Academy, the Connecticut Department of Emergency Services and Public Protection, the State of Connecticut, and their respective employees, agents, representatives and volunteers (hereinafter "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by myself, or to any property belonging to me, or provided by my agency, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in the training program, or while in, on or upon the premises where the training program is being conducted.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Supplying or condoning the submission of false information to this agency may be in violation of Connecticut General Statute's 53a-157b – False statement.***