



Division of the State Fire Marshal

Stewart Facility
107 Jacobsen Way
Carson City, NV 89711
(775) 684-7500 • (775) 684-7518

Hazardous Materials & Fire Training Center Course & Manipulative Skills Testing Registration Form

Social Security Number: _____ Course Name: _____

Last Name: _____ First Name: _____ Initial: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home/Cell: _____ Fax: _____

Fire Dept. or Employer: _____

E-mail Address: _____

Agreement & Waiver

By my signature below and my attendance in this program, I confirm my understanding of and agree to the following statements:

The Nevada State Fire Marshal attempts to conduct its training programs in the safest and most efficient manner possible. However, it is not always possible to eliminate all of the potential hazards to a student's safety. Before any student participates in a training program involving the teaching of fire fighting skills, he/she should be familiar with the level of physical/mental stresses and other hazards involved. Please read the following explanations of the physical and mental requirements required of and by this course and sign the form acknowledging you have read and understand the information. Students who cannot comply with any or all of the requirements will not be allowed to participate in any portion of the training involving physical exertion or the use of protective equipment so as to provide for their personal well being and safety of other students and instructors. They may attend lectures and observe evolutions from a safe distance.

I hereby acknowledge that I have read the following and understand the implications and/or consequences as stated below:

- Fire Fighting training is a physically and mentally stressful activity requiring physical exertion, exposure to sudden temperature changes (changes of greater than 50° or more either way) and/or rapid changes in the humidity levels, exposure to toxic atmospheres (gases, fumes, solvents, pesticides, herbicides, sprays, etc.), exposure to infection (germs, bacteria, viruses, etc.) and/or silica or asbestos dust (cement or concrete powder), contact with oils or other petroleum products, exposure to x-rays or radioactive isotopes, working at higher than average heights and in confined spaces, the possibility of (not sure this is needed) elevated body temperatures, increased pulse, respiration and blood pressures and the ability to react quickly to emergency situations.

- Students must also be cognizant of the risks of receiving a minor injury (minor cuts, bruises, scrapes and/or burns, etc) up to and including major injuries (broken bones, major burns, deep cuts, etc.)
- Individuals with known heart or lung disease, hypertension, who are or may become pregnant or have other medical or mental conditions which may affect their health and safety while participating in training under these conditions are advised to check with their personal or fire department physician before participating in the activity.
- Protective clothing and self-contained breathing apparatus (SCBA) meeting appropriate NFPA standards at the time of manufacture must be worn during all practical exercises and live fire training as required and directed by the instructor in charge. Protective equipment must be in serviceable condition.
- Individuals with facial hair, jewelry or other impediment(s) obstructing the proper seal of the face piece on self-contained breathing apparatus (SCBA) will not be allowed to participate in evolution where the atmosphere is toxic or may become so.
- The use of alcohol and other drugs, which affect mental or physical reactions immediately proceeding or during training, is prohibited.
- I am 18 years of age or older and am an active member of a fire department, fire brigade, fire protection related business or have been referred by my employer as listed above to attend this training. The employer listed above is aware of and supports my participation in this training program.
- The information on this registration form is correct and truthful to the best of my knowledge. I hereby agree to abide by the rules, policies and regulations of the Nevada State Fire Marshal. I understand that any falsification of information or any violation of the rules, regulations or procedures may result in my being denied admission to the course, and/or dismissal from the class resulting in loss of course credits. I hereby authorize the release of any information concerning my enrollment and completion of this course only to me or to the Chief Officer or proper designee of the organization that I represent in this program.
- I understand that the Nevada State Fire Marshal and his representatives/agents are not authorized to provide travel, medical or health insurance. I verify that I or my agency maintains appropriate and necessary coverage. I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this program. Both my employer and I acknowledge we are responsible for lodging, travel expenses, per diem, etc.
- I waive any and all claims for myself or my heirs or agents against the Nevada State Fire Marshal officials, employees, or agents, which may result from my participation in this program. I hereby relieve them and the Nevada State Fire Marshal's representatives and all agencies, individuals, or agents furnishing equipment or services in connection with this program as well as any other student or instructor from any and all liability of any sort or nature whatsoever that may occur as a result of accident, injury or damage to my person during my participation in this program. By my presence, both my employer and I, assume whatever risks, apparent and unapparent, that training of this type entails.
- I understand that my employer is required to conduct a medical evaluation of my physical and/or mental capacity to use a Self Contained Breathing Apparatus (SCBA) and has found me fit to do so pursuant to 29 CFR Parts 1910.134(c)(1)(ii).

Signed (Form Must Be Signed): _____ Date: _____

Witness (Course Instructor): _____ Date: _____