

Northeast District Training Day Registration Form

Name of Student: _____

Fire Department : _____

Email Address: _____

I acknowledge that I have completed Intro & Protective Equipment certified through the Arkansas Fire Academy: YES _____ NO _____

If no the student will only be allowed to observe on the training ground

Emergency Contact Information

Name of emergency contact: _____

Address of contact: _____

Phone Number: _____ Relation: _____

Known Allergies: _____

Northeast District of The Arkansas State Firefighters Assn

111 Anderson St.

Brookland, AR 72417

Liability Release Form

I _____ hereby sign this liability release form on this day of _____. I acknowledge liability & release the Arkansas State Firefighters Association Three Rivers District, its officers & contracted instructors from all liability of any personal injuries, death or dismemberment I may incur while participating in today's hands on training event. I also waive liability for loss or damage of any personal or department owned equipment and or belongings while participating in the class. I agree to comply with the rules & regulations set by the instructors & the association staff as well.

Participant Printed Name: _____

Signature: _____

Date _____

Witnessed by: _____

Signature: _____

Date: _____