Flashover Permission form

Please print/type/mail/fax with payment and application to:

CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax (860) 654-1889

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____
(Please Print)

_____

As the Chief of the _____ Fire Department, _____

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department's Worker's Compensation Insurance while participating in such training, and that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. According to the Flashover Container manufacturer, firefighting helmets constructed with polycarbonate will be prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____
(Please Print)

RELEASE AND INDEMNIFICATION FLASHOVER SURVIVAL TRAINING

In consideration of the willingness of the Commission on Fire Prevention and Control to allow me to participate in Flashover Survival Training, and in acknowledgment of the risks inherent in this activity, I, _____, hereby agree to release, discharge, and hold harmless the State of Connecticut, the Connecticut Department of Emergency Services and Public Protection, the Commission on Fire Prevention and Control and their officers, agents and employees from and against any and all claims, demands, actions, causes of action, judgments, executions, damages, costs and expenses, which I or my heirs, executors, administrators or assigns or any person or entity now have or may have against the State of Connecticut, the Connecticut Department of Emergency Services and Public Protection, the Commission on Fire Prevention and Control and its officers, agents and employees, for any and all losses, costs, expenses (including attorney's fees), damages and injuries known or unknown, and injuries to property, real or personal, caused by, arising out of, during, or in any way connected with my participation in Flashover Survival Training and that my participation is at my own risk.

This instrument is a fair and final release of all claims of every nature and kind whatsoever.

I, the undersigned, have carefully read this release and understand its contents. I execute it voluntarily and with full knowledge of its significance.

Dated this _____ day of _____ , 2012.

_____ Witness

_____ Signature

_____ Witness

State of Connecticut)
) , ss.
County of)

The foregoing instrument was acknowledged before me this_____ day of _____ , 2011 by

_____
Notary Public
My Commission Expires: