

MERIDIAN

Fire Training Solutions LLC

Training Application & Authorization Form

(PRINT NAME)

(CELL PHONE NUMBER)

(STREET ADDRESS)

(CITY)

(STATE)

(ZIP)

(FIRE DEPARTMENT OR SPONSORING AGENCY)

(E-MAIL ADDRESS)

(Shirt Size)

COURSE TITLE

DATE OF COURSE

As an Officer of the _____ Fire Department, I hereby authorize the above firefighter to attend the course listed. I understand that the firefighter/student will be covered by my department's worker's compensation insurance while participating in such training. I also understand that this course may contain certain evolutions that simulate actual firefighting or rescue situations. MERIDIAN Fire Training Solutions LLC, and its instructors are not liable and are held harmless for any injuries sustained during training, and are not responsible and/or liable for any malfunction or damage to any equipment used during training. The firefighter/student is considered by my department's standards to be physically fit to perform firefighting/Rescue evolutions and meets the 29 CFR 1910.132 Standard for the use of self-contained breathing apparatus (SCBA) if applicable to the training.

(Print Title and Officer's Name)

(Officer's Signature)

(Date)

I have read, understand and agree with the information above. I understand the importance of safety during training. If an instructor believes that my abilities cause a safety risk to myself or another, the instructor has the authority to stop the drill and/or remove me from the evolution as needed.

(Print Student's Name)

(Student's Signature)

(Date)

Payment must accompany this application form. Fee is \$125.00 per student. Fee is non refundable.

Return Application and Make Checks Payable to:

MERIDIAN FIRE TRAINING SOLUTIONS LLC
7704 County Road 153
Interlaken, NY 14847

(607) 227-5001 (phone) www.MeridianFireTraining.com (607) 532-3489 (fax)