

MSFA & OCEAN CITY FOOLS TRAINING CONSENT FORM

I, _____, the undersigned, do hereby agree as follows:

1. That I am a delegate, attendee, participant, or quest at the annual Maryland State Firemen’s Association (hereby “MSFA”) Conference and Convention.
2. That I am voluntarily attending a training offered by the Maryland Fire and Rescue Institute (hereby “MFRI”) or the Maryland Institute for Emergency Medical Services System (hereby “MIEMSS) OC FOOLS, or any other agencies or organizations providing training opportunities.
3. That I recognize and agree that the course I am attending in not a program of the MSFA but rather a training opportunity during said convention, nor is the instructor(s) an agent or employee of MSFA;
4. That I recognize training programs may involve physical activities and/or hazardous conditions, and that, even though properly supervised, such training activities could lead to injury;
5. I understand and recognize the MSFA does not provide health insurance, accident insurance, workers compensation or other insurances for participating individuals.
6. I hereby release the MSFA, its officers, agents and employees from any liability, claims, demands and causes of action, now or in the future, resulting from any soreness or injury, however caused, and occurring during or after my participation in the training program.

In signing this consent, I hereby affirm that I have fully read the above statements and understand the inherent risks involved with participation in this training program. I affirm that I have been informed of the potential risks and complications that may occur.

Participant Signature

Date

The above individual is a member in good standing of our company/department and I have been notified that the above individual is participating in the training programs offered during the annual MSFA Conference and Convention.

Company/Department Officer’s Signature

Date