



MSFA & OCEAN CITY F.O.O.L.S
TRAINING CONSENT FORM



I, _____, Do hereby acknowledge and agree to
(PLEASE PRINT NAME CLEARLY)
the following:

1. That "I AM" a Registered Participant (aka: student, attendee, delegate, etc.) at the 2020 Annual Maryland State Firemen's Association (MSFA) Conference and Convention.
2. That "I AM" voluntarily attending and participating (possibly "HANDS-ON") with a training exercise and/or instructional class(es) offered by one of the following agencies:
 - i. Maryland Fire and Rescue Institute (MFRI)
 - ii. Maryland Institute for Emergency Medical Services Systems (MIEMSS)
 - iii. Ocean City Alpha Chapter, Fraternal Order Of Leatherheads Society (OC F.O.O.L.S.)
 - iv. Additional Agencies / Organizations (Identified in the Course Curriculum)
3. That I recognize and agree that the course I am attending/ participating in is "NOT" a program of the MSFA, but is a "Training" opportunity during said conference/ convention, and that none of the Instructors are employees or agents of MSFA / OC FOOLS..
4. That I recognize during certain supervised training programs, I may/ will be involved with physical activities (to include during "hazardous conditions") that may/ will cause soreness, sprains, strains, shortness of breath, heat related illness, and potential minor/ major injuries. That there is the possibility of unexpected death even though ALL exercises are in a controlled environment.
5. I acknowledge and understand that the MSFA, the Conference and Convention, nor the OC FOOLS do "NOT" provide health insurance, accident insurance, workers compensation, or other insurances for the Registered Participant. You are participating under the permission of the Department that authorized your attendance via the signed enrollment form.
6. I hereby release the MSFA and OC FOOLS its officers, agents, employees, and the instructors, from any and all liability, claims, demands, and causes of action, now or in the future, for any soreness, medical emergencies, or injuries incurred during or after my physical participation in any and all training exercises.

By signing this consent form, I hereby affirm that I have completely read all of the above statements and understand the potential risks involved with my participation in any training exercise.

Participant Signature

Date

I, _____, acknowledge that the above individual is a
(DEPARTMENT OFFICER PLEASE PRINT NAME CLEARLY)
member in good standing within our company/ department/ organization and that I have been notified that the above individual is participating/ interacting in a training exercise offered during the annual MSFA Conference & Convention being held in Ocean City, Maryland.

Company/ Department Officers Signature

Date