



BERRIEN COUNTY FIRE FIGHTER TRAINING COMMITTEE
P.O. BOX 214, BERRIEN SPRINGS, MI 49103

**Berrien County Fire Chiefs Association and
Berrien County Fire fighter Training Committee
Forcible Entry Door Prop
LIABILITY RELEASE FORM**

WHEREAS, the undersigned is registered for training with the Forcible Entry Door Prop on _____.

NOW, THEREFORE, for and in consideration of the privilege of participating in such training provided by the Berrien County Fire Chiefs Association and the Berrien County Fire Fighter Training Committee, the undersigned acknowledges;

- I certify/attest that I am not aware of, nor have I been advised that I have any physical or health condition or problem that could or might be aggravated by my participating in training on the Forcible Entry Door Prop.
- I certify/attest that either through my department, or personally, I have retained insurance protection, including life, health and hospitalization to adequately cover me in case of any injury occurring while participating on the forcible entry door training evolutions.
- I acknowledge that by participating in the forcible entry door training evolutions, I have not and will not claim that an employment relationship has been created and I further waive any claims for compensation based on the Michigan Workers Disability Compensation Act.
- I agree to release and hold harmless Berrien County Fire Chiefs Association, Berrien County Firefighters Training Committee, Berrien Springs Oronoko Fire Department and the Berrien Springs Public Schools, all of their members, their City, Town or County governments, the instructors, workers, and all vendors who participate, plan, donate equipment or supervise these Forcible Entry Door evolutions from any claim I might have due to injury or death which might occur while participating, either directly or indirectly, in the Forcible Entry Door training evolutions.*
- I acknowledge that participation in the Forcible Entry Door training evolutions carries with it the potential for death, bodily injury, and property damage. The risks include, but are not limited to, those caused by facilities, equipment, actions of other people, and my actions. I hereby assume all the risks, known or unknown, related to participating in Forcible Entry Door training evolutions.
- In consideration of the personal benefit that I will receive by being allowed to participate in the Forcible Entry Door training evolutions, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to waive, release and discharge from any and all liability from Berrien County Fire Chiefs Association, Berrien County Firefighters Training Committee, Berrien Springs Oronoko Fire Department and Berrien Springs Public Schools, all of their members, their City, Town or County governments, the instructors, workers, and all vendors who participate, plan, or supervise the Forcible Entry Door training evolutions, its elected and appointed officials, employees, students, volunteers, and any other person working on behalf of the above named indemnities, for my death, disability, personal injury, property damage, property theft or actions of any kind, and from any cause, which may hereafter accrue to me as a result of my participation in the Forcible Entry Door training evolutions.*

PREREQUISITE TRAINING REQUIREMENTS

All participants must have approved Structural Firefighting Turnout gear which includes Coat, Pants, Boots, Hoods, Helmet, Safety Shields, Safety Googles/Glasses, Hearing Protection and Leather Gloves.



BERRIEN COUNTY FIRE FIGHTER TRAINING COMMITTEE
P.O. BOX 214, BERRIEN SPRINGS, MI 49103

I, THE UNDERSIGNED, HAVE READ THIS LIABILITY RELEASE FORM WHICH IS A WAIVER OF ALL LIABILITY, FULLY UNDERSTAND ITS TERMS, UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Name (print): _____ **Signature:** _____
Date: _____

Participant address: _____ **City or Township:** _____ **State:** _____
Zip: _____

Witness: _____ **Affiliation:** _____

Without this completed form, a participant may not take part in the Forcible Entry Door training evolutions.

***UNLESS CAUSED BY GROSS NEGLIGENCE OR INTENTIONAL MISCONDUCT**