

**Berrien County Fire Chiefs Association and
Berrien County Fire fighter Training Committee
Live Burn Training Simulator
LIABILITY RELEASE FORM**

*WHEREAS, the undersigned is registered for training in the Live Burn Training Simulator 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 in the Live Burn Simulator.
- 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 in the live burn simulator training evolutions.
- I acknowledge that by participating in the live burn simulator 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 and Berrien Springs Oronoko Fire Department, all of their members, their City, Town or County governments, the instructors, workers, and all vendors who participate, plan, donate equipment or supervise these Live Burn Training Simulator evolutions from any claim I might have due to injury or death which might occur while participating, either directly or indirectly, in the Live Burn Training Simulator training evolutions.*
- I acknowledge that participation in the Live Burn Training Simulator 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 Live Burn Training Simulator training evolutions.
- In consideration of the personal benefit that I will receive by being allowed to participate in the Live Burn Training Simulator 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 and Berrien Springs Oronoko Fire Department, all of their members, their City, Town or County governments, the instructors, workers, and all vendors who participate, plan, or supervise the Live Burn Training Simulator 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 Live Burn Training Simulator training evolutions.*

PREREQUISITE TRAINING REQUIREMENTS

All participants must have approved Structural Firefighting Turnout gear which includes Coat, Pants, Boots, Hoods, Helmet, Safety Shields, SCBA and Leather Gloves. All participants must be State of Michigan Firefighter I certified and meet the MiOSHA Standard for SCBA use.

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 Live Burn Training Simulator training evolutions.

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