Milan Volunteer Fire Department

Live Burn Participation Release

_____

Fire Chief's Name / Title

_____

Fire Department

This is to certify that the firefighters listed below are authorized to participate in Live Fire Training conducted at or under the auspices of the Milan Vol. Fire Department. I understand that due to the environments associated with live burning, elevated temperatures will be present. Although uncommon, some equipment damage could possibly occur.

NFPA 1403, 2002 Edition requires that firefighter participating in Live Fire Evolutions shall have received training to meet the job requirements for Firefighter I / Module I of the sections of the NFPA 1001, Standard for firefighter Professional Qualifications, 1997 edition.

Safety `
Water Supply
Portable Fire Extinguishers
Fire Hose, Appliances and Streams
Forcible Entry
Personal Protective Equipment
Overhaul
Fire Behavior
Ladders
Ventilation

<u>Student and Chief Signature Information</u>:
My signature below affirms that I meet the minimum qualifications as stated above and furthermore, releases Milan Vol. Fire Department, its instructors and agents from any such claims for personal or property damage sustained by undersigned in connection with such training, either on or off training site, except in the event of willful negligence by the Milan Vol. Fire Department, or their agent(s). The Chief's signature certifies that the students have met the pre-requisites for Live Fire Training as stated above.

Student Name	Signature	Social Security Number	Chief's Signature