Wayne County Community College District’s Michigan Institute for Public Safety Education (MIPSE) and the School of Continuing Education Present

LIVE BURN

Training Exercise

Saturday, September 24, 2016

9:00 a.m. - 1:00 p.m.

DOWNRIVER CAMPUS
Downriver Emergency Training Complex Building
21000 Northline Road • Taylor, MI 48180

Fire Fighters will have the opportunity to utilize the burn room, car fire and ship simulator for practice. Participants attending will need to bring their own personal protective equipment, self breathing apparatus and approval from their respective departments.

A day of training at NO cost.

To register you must complete a registration and waiver form.

Register Today...Space Is Limited!

Registration Form

NAME
Last                                                                                                      First                                                                                   Date of Birth

ADDRESS
Number                                                                                               Street                                                                                 Apt.
City                                                                                                      State                                                                                  Zip

TELEPHONE (Home)

E-MAIL ADDRESS

ARE YOU A WAYNE COUNTY RESIDENT?  □ YES  □ NO

Mail to: Wayne County Community College District, attn: MIPSE, 21000 Northline, Taylor, MI 48180 or call: (734) 946-3500
For Office Use Only • Live Burn

For more information, please contact MIPSE at 734-946-3500 or visit our website at www.wcccd.edu
WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT (AGENCY)

1. I, ___________________________, as the authorized representative of ______________________ and on behalf of ______________________ hereby indemnify and hold harmless Wayne County Community College District, its elected and appointed officials, employees, students, agents, and volunteers, from any and all liability claims, demands, suits, actions, proceedings, loss, costs, and damages of every kind and description, including attorneys' fees and/or litigation expenses, which may be brought or made by employees of, its agents, other individuals or entities arising out of or related to any loss, damage, or injury, including death, resulting directly or indirectly from the participation in this activity, or while in, on or upon the premises where the activity is being conducted.

2. To the best of my knowledge, all the participants that are here on behalf of ______________________ have no physical limitations which would restrict or impair their ability to participate in the activity in any way. I attest that they have been made fully aware of the risks and hazards connected with the activity which may include but not limited to strenuous physical or mental activity, stress or exposure to danger, including fire. I further attest that they have been made fully aware that medical insurance will be the responsibility of ______________________ or, if appropriate, the individual participant.

3. I understand and agree that all participants, including myself shall follow all existing policies, rules and procedures of the College to prevent serious injury or fatality. Any infraction shall be referred to the staff of WCCCD and could result in immediate termination of all activities.

4. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Michigan.

IN SIGNING THIS INSTRUMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing, understand it and sign it voluntarily and that no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I execute this instrument for full adequate and complete consideration fully intending to be bound by same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the ______ day of ___________, 20_____.

_________________________________________  _______________________________________
Agency/Corporation Name                              Authorized Representative Name
(Please Print)                                        
_________________________________________
Authorized Representative Signature