



NEW ENGLAND FIRE TRAINING  
 HEADQUARTERS  
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 NEW HAMPSHIRE COORDINATOR  
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LIABILITY WAIVER

REPETITION CREATES SKILL – SKILL BREEDS CONFIDENCE – CONFIDENCE SAVES LIVES

**Liability Waiver**

I \_\_\_\_\_ understand that training in the fire service is risky and potentially dangerous. I understand the stresses placed upon my mind and body when using my personal protective equipment and self-contained breathing apparatus as well as other tools and equipment in performing the essential tasks of the fire service. I voluntarily enter into this training with New England Fire Training (NEFT) knowing the potential of being injured is high. I waive my right to hold NEFT or any of its affiliates or instructional staff liable for any physical, mental or medical injury or illness that occurs during training evolutions on the specified date. I hereby assume all risks connected therewith and consent to participate in this training. I agree to disclose any physical ailments, disabilities, limitations or impairments which may affect my ability to participate in this training here:

Participant: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Email: \_\_\_\_\_

**Proof of Affiliation**

As Chief or authorized department representative, of the \_\_\_\_\_ Department I hereby certify that \_\_\_\_\_ is a member in good standing of the department and will be covered by department, town, or city insurance and/or workers compensation in the event an injury occurs. I further certify that he or she is authorized to attend the training listed below, conducted by NEFT. This member is also authorized to use the following standard issued equipment provided to him/her by the department: Full Personal Protective Equipment (PPE), Self-Contained Breathing Apparatus (SCBA) and two SCBA breathing air bottles.

Chief or Representative: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Email: \_\_\_\_\_

**Course Description**

Course: \_\_\_\_\_ Location: \_\_\_\_\_

NEFT Representative: \_\_\_\_\_

Sign: \_\_\_\_\_ Date: \_\_\_\_\_