



Fairfield Regional Fire School

205 One Rod Highway
Fairfield , CT 06824
(203) 254-4709 ▪ Fax (203) 254-4719

Assistant Chief
Christopher Tracy
Director

William Boroskey
Tom Ferrara
Denise Sherwood
Staff

Flashover Simulator Participant Release Form

Department Authorization to Attend Training

Fire Department _____

Last Name _____ First Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

As **Chief** of the _____ Fire Department or as **Supervisor** of the _____ Organization, I hereby authorize the above applicant to participate in the Fairfield Regional Fire School Flashover Program and, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents and instructors shall not be liable for any injuries sustained during such training. The named applicant is understood to be physically and emotionally fit by my department's standards to perform firefighting evolutions without special considerations, to be adequately equipped and in current compliance with all applicable Occupational Safety and Health Administration Standards regarding Respiratory Protection, Protective Clothing, and Personal Protective Equipment.

Chief/Supervisor's Signature

Date

Participant's Signature

Date

Received by

Processed on

FRFS Training Director's Signature

Date

Please make check or PO payable to the Fairfield Regional Fire School; credit cards not accepted. No application will be processed without an authorized signature.