



PARTICIPANT RELEASE FORM

To participate in a hazardous material program ("Program") offered by Alliance Safety Council ("ASC"), I acknowledge and agree to the following:

- Certain portions of the Programs require extreme physical exertion. ...
• The Programs can present exposure to hazards and risks of injury regardless of safety precautions to reduce the risk. ...
• ASC recommends that each participant obtain a general medical examination from a qualified physician prior to participating in the Programs. ...
• Appropriate protective clothing is required for all practical training sessions. ...
• Any facial hair that would prevent or limit a positive seal on a mask is not permitted where SCBA are to be utilized. ...
• I authorize ASC, including its officers, directors, agents, servants and employees, to take any actions it considers to be warranted, under the circumstances, regarding my health and safety, including, but not limited to, obtaining emergency medical treatment on my behalf. ...
• I, on behalf of myself, my heirs and my legal representatives, hereby release ASC, its officers, directors, agents, employees and representatives, from any and all responsibility for any and all injuries I may suffer as a result of participating in the Program. ...

I have read and understand this Agreement and agree to assume all risks associated with my participation in the Program. I also understand that enrollment and participation in the Program constitutes consent and agreement to be bound to all of the terms and conditions stated in this Agreement.

Signature

Date

Print Name

Circle One:
MSA SCOTT
SMALL MEDIUM LARGE