

Lakes Region Rapid Intervention Gilford NH May 19th-21st

Name:	
Address:	
City:	Zip:
Phone:	Email:
Department:	FOOLS Member: Yes No
Purchase Order or Check Number:	LRMFA Member: Yes No
Approval Signature Chief or Training Officer:	
Print Approval Name & Rank:	
Applicant's Signature and date:	
Waiver: APPLICANT SIGNATUREABOVE	
I hereby request permission to attend class and participate in training exercises conducted by the New England FOOLS Inc, their instructors and representatives. In consideration for the New England FOOLS Inc	
accepting this registration and granting permission for my participation in the classes and training exercises, I, the undersigned, intending to be	Please Circle One <mark>Opti</mark> on
legally binding for myself, my heirs, executors, administrators and assigns, hereby waive any and release any and all rights and claims for damage I may now or hereafter have against the New England FOOLS Inc, their	\$180 for non-FOOLS members
instructors and representatives for any and all damages and injuries which I may suffer as the result of attending classes and/or training exercises. I	\$165 for FOOLS members
understand that classes and training exercises contain hazards, which may, and very probably will, expose me to potentially serious injury or death, and despite the knowledge of those risks, I knowingly, voluntarily and	\$103 for POOLS members
intentionally assume those risks. A licensed physician has verified my good physical condition. I, the undersigned, acknowledge that I have read the	\$165 for LRMFA members
foregoing application, release and indemnity form and in consideration of the undertaking by the New England FOOLS Inc, their instructors and	
representatives have voluntarily signed my name.	



Seminar Requirements:

Protective clothing:

Protective clothing may be inspected prior to any participant being allowed to take part in an evolution. The New England FOOLS Inc, their instructors and representatives reserve the right to not allow you to participate because of a lack of protective clothing. Protective clothing shall consist of the following as a minimum:

- 1. Coat- The coat must be free of rips, tears and visible defects. It must also consist of an outer shell, moisture barrier and thermal barrier. All fastening devices must be in place and operational.
- 2. Trouser- The trousers must be free of rips, tears and visible defects. They must also consist of an outer shell, moisture barrier and thermal barrier.

All fastening devices must be in place and operational.

- 3. Helmet- The helmet must have a shell, an energy absorbing system, a retention system (including chin strap), ear flaps (if no ear flaps are in the
- helmet, then a fire resistive hood is required) and some form of eye protection. All components must be free from visible damage and operational.
- 4. Gloves- The gloves must be free of rips, tears, visible defects, and wrist protection must be provided. (NOTE: rubber coated gloves shall not be allowed.)
- 5. All protective clothing shall be in compliance with applicable NFPA standards.
- 6. SCBA and spare cylinder.

There will be <u>NO</u> protective clothing available at the training site. Your application may be denied if it is not completed in its entirety. Class will be filled on a first-come/first-served basis.

Payment by check or department PO must accompany application; \$50 of your application fee will be non-refundable. Failure to attend class with less than 48 hours' notice of cancellation will result in forfeiture of tuition paid or billing your department for your tuition.

For further info, please go to www.NEFOOLS.org or contact
NewEnglandFOOLSPresident@gmail.com
Make checks payable to New England FOOLS Inc.

Please mail this application to: Lakes Region Rapid Intervention c/o New England FOOLS P.O. Box 109 Georgetown, MA 01833

Application deadline May 12th. Applications received after that date will be taken on a space available basis and be subject to a \$25 late fee.