

SOUTH CAROLINA FIRE ACADEMY DORMITORY AGREEMENT AND WAIVER

By my signature below and attendance at the South Carolina Fire Academy (SCFA), I confirm my agreement and understanding of the following statements:

- I received a key to a dormitory room and will return it on the last day of the course (no later than 8:30 a.m.) via the drop box outside the check-in office on the first floor of the dormitory. I understand failure to do so will result in a charge of \$20. There will be additional charges for damage to the room, furniture, or any other SCFA property as well as for any missing items.
- I am aware there is NO SMOKING in the dormitory rooms. Additionally, I understand no alcohol is allowed on State property. I understand violation of these rules may result in dismissal from the Academy, denial to complete the course, and to attend future resident courses. If smoking has occurred in the assigned room, a \$50 cleaning fee will be charged to the student and/or the Department or Company the student represents.
- In consideration for participating in SCFA training, I hereby release, indemnify and covenant not to sue the South Carolina Fire Academy, S.C. Department of Labor, Licensing and Regulation, the State of South Carolina, their officers, agents or employees (Releasees) as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death, that may be sustained by me, while participating in such activity, or while on the premises owned, leased or used by the Releasees. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental condition that would preclude my full participation in the training.
- I understand the South Carolina Fire Academy is not authorized to provide travel, medical, or health insurance. I verify that I, or my agency, maintain appropriate and necessary coverage and I understand that I, or my agency, will be responsible for any medical expense I may incur as a result of my staying in the dormitory and participating in this program.
- In signing this release, I acknowledge I have read and understand the Release and I am at least 18 years of age and fully competent and a member of a legally organized fire department, fire brigade, fire-related business, or emergency response organization.

Print Name	SCFID #	Course/Event Attending
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Mailing address (home)	City	State	Zip
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Fire Dept. or Company Name	Day Phone #
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Signature

South Carolina Fire Academy

Weight Room Release

I understand the Department of Labor, Licensing and Regulation (LLR) has provided weights and exercise equipment for voluntary use by trainees and employees of the Fire Academy. LLR does not provide training in the proper use of such equipment, nor does it provide any supervision over the persons who choose to exercise with this equipment. No employee of LLR is required to undertake a weight training exercise program and, if they do, that activity is not part of the employee's job. Employees may participate on their own time if they choose to do so.

I understand my use of weights and exercise equipment involves physical exertion and I alone am responsible for making sure I am capable of safely participating in such activities. I agree to seek a doctor's opinion before participating. I also understand and agree it is my responsibility to learn about proper exercise technique and proper use of this equipment before using.

I understand some risk of injury is inherent in any exercise program and I agree to assume all risks associated with using LLR's weights and exercise equipment. I agree not to file any claims or commence any legal action against LLR, its employees, its insurers, or other class participants for any injuries which I may incur. I understand LLR is not responsible for any injuries caused by my voluntary use of its weights and exercise equipment and such injuries are not covered by Worker's Compensation or any other insurance maintained by LLR.

I have read this release and understand its contents. I agree to all of these conditions under which I will be allowed to use the weights and exercise equipment provided by LLR-Fire Academy.

Print Name

Date

Signature

Witness