



## INFORMED CONSENT FORM

### LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT - MOBILE LIVE FIRE TRAINING UNIT

NOTE: Facial hair that lies along the sealing area of the respirator, such as beards, sideburns, moustaches, or even a few days growth of stubble may interfere with the respirator seal of tight-fitting respirators and therefore is not permitted if participating in training that requires an SCBA.

I, \_\_\_\_\_ have voluntarily enrolled in live fire training, on the following date(s): \_\_\_\_\_

In acknowledgement of the Colorado Governmental Immunity Act, C.R.S. 24-10-101 et seq., and in consideration of my anticipated training(s) the legal sufficiency of which consideration is hereby acknowledged, I agree, intending to be legally bound hereby, that the State of Colorado and its agencies, officers, and employees (“the State”) SHALL NOT BE LIABLE FOR MY DEATH OR INJURY TO MY PERSON, OR FOR ANY LOSS OR DAMAGE TO MY PROPERTY caused in any manner whatsoever, whether attributable to the negligence of the State, or for any other reason, occurring during the time that I am in, entering or alighting from the Mobile Live Fire Training Unit under the control of or owned by the State, and I do hereby waive any right of action from any and all causes or claims that I may have. I further agree not to sue on any such cause or claim. This agreement shall not release liability for gross negligence or willful misconduct of the State. I agree to indemnify and hold the State harmless for any losses, judgments or damages that may be incurred, including but not limited to attorneys’ fees, arising out any lawsuit related to the training and/or enforcement of or legal challenge to this agreement. It is my intention that this agreement be interpreted and enforced to the maximum extent allowed by Colorado law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LIVE FIRE TRAINING AFFIDAVIT

(To be completed by the student’s Fire Chief)

I certify that \_\_\_\_\_ is a member of my fire department, covered by workers compensation insurance during Colorado Division of Fire Prevention and Control training and has successfully completed training in the proper use of personal protective clothing (turnout gear) and self-contained breathing apparatus (SCBA) and has satisfactorily demonstrated the knowledge and skills to safely participate in live fire training using turnout gear and SCBA. I also certify that the applicant meets the medical and physical requirements required by my department to perform the duties of a fire fighter.

Name of Fire Chief: \_\_\_\_\_

Department: \_\_\_\_\_

Signature of Chief: \_\_\_\_\_ Date: \_\_\_\_\_