College of the Sequoias
Fire Fighter Academy Hold Harmless Agreement

I __________________________ wish to attend the College of the Sequoias Fire Fighter Academy. I understand that the training consists of physical conditioning activities and hands on “skills testing” as relates to the Fire Service. The physical conditioning program consists of **rigorous physical exercise for 1 hour a day minimum for approximately 19 weeks.**

The skills related to Fire Fighting activities will include **heavy lifting, climbing and carrying activities while on the ground, on ladders, in stairways, on roofs and other elevated locations.** I understand that I will also have to **perform in confined spaces and in areas of limited or zero visibility.** I understand that I will be required to wear Fire Fighting protective clothing including coat, pants, boots, helmet and a 35-pound self contained breathing apparatus. I understand that I will also **engage in actual Fire fighting, in extreme IDLH (Immediately Dangerous to Life and Health) environments.**

The physical conditioning involves exercise focusing on cardiovascular endurance as well as muscular strength. The intensity of the various exercises is individualized to the ability of the academy class and is generally increased throughout the course of the program.

**Each exercise session lasts approximately 60 minutes** and consists of an 8-10 minute warm-up, 30-45 minute conditioning session focusing on a primary training objective, and 3-5 minute cool-down. Physical exercises may include, but is not limited to, sit-ups, leg raises, push-ups, and ¼ to 5-mile runs, wind sprints and pull-ups.

I understand the inherit dangers of Fire Service activities and the training involved in the Fire Academy. I have shown proof of medical insurance to cover any injuries that may occur as a result of my participation in the Fire Academy and agree not to hold College of the Sequoias or its staff liable for any injuries that may occur during the course of instruction.

I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE THE COLLEGE OF THE SEQUOIAS OR THE COLLEGE DISTRICT, ITS TRUSTEES, OFFICERS, EMPLOYEES, AGENTS OR VOLUNTEERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE “RELEASEES.” I FURTHER AGREE, THAT IF, DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES,
ARBITRATION EXPENSES, MEDICAL EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH MAY BE INCURRED AS THE RESULT OF SUCH CLAIM.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

__________________________________________
Print Name

__________________________________________
Signature

________________________
Date

__________________________________________
Insurance Company

__________________________________________
Policy #

__________________________________________
Name of Policy Holder

☐ Please check box if you do not have medical insurance at this time.

Uninsured applicants are still eligible for appointment to the Academy. I understand that the COS Student Health fee is only intended for minor injuries and does not cover major medical expenses.

__________________________________________
Print Name

__________________________________________
Signature

________________________
Date