

# South Carolina Forestry Commission - Course Registration Form

(Form cannot be processed without SSN)

## PLEASE PRINT LEGIBLY

Social Security Number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Initial: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Daytime phone #'s: Work: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail \_\_\_\_\_

Fire Dept. or Organization \_\_\_\_\_ Dept. phone \_\_\_\_\_

Course registering for

\_\_\_\_\_ S-190 Introduction To Wildland Fire Behavior

\_\_\_\_\_ S-130 Wildland Firefighter Training (Must have completed S-190 before registering)

- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Forestry Commission. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.

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Signature

Date

## **SOUTH CAROLINA FORESTRY COMMISSION**

### ***Agreement and Waiver / Liability Release***

- In consideration for participating in South Carolina Forestry Commission training, I hereby release, indemnify, and covenant not to sue the South Carolina Forestry Commission, 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 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 certify that the information on this form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Forestry Commission. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.
- I understand that the South Carolina Forestry Commission 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 organization will be responsible for any medical expenses that I may incur as a result of my participation in this program.
- I understand that the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with this training, including but not limited to heat stroke, heart attack, heat exhaustion, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
- In signing this release, I acknowledge that I have read and understand the Release: and that **I am at least 18 years of age** and fully competent and a member of a legally organized fire department or approved governmental agency.

Signature- Form must be signed by student and Fire Department Chief/ Agency Head

Student  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Fire Chief/Agency Head  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief/Agency Head Printed Name \_\_\_\_\_