

**Red Rocks Community College
Firefighter I Training Academy
Student Information/Application Packet
SPRING 2013**



- Instructions:** Please read the entire packet thoroughly to clearly understand the application process and academy expectations.
- Next Academy:** Begins on Thursday, January 24, 2013 and continues every Thursday and Friday through May 17, 2013. The mandatory orientation for the academy will be held on Monday, January 14, 2013 from 6:00 to 8:00 pm at the West Metro Fire Rescue Training Center. Specific dates for the State of Colorado Division of Fire Safety (CDFS) certification testing (Firefighter I and Hazardous Materials Operations) will be announced during the academy. Academy enrollment is limited to 60 students.
- Course:** The intensive 12-college credit program is 16 weeks in length (including state testing). Classes meet on Thursday and Friday from 6:50 a.m. to 5:00 p.m. each day. Students should expect to spend approximately 2 hours of study/practice time for each hour spent in class and on practical drills.
- Location:** West Metro Fire Rescue Training Center
3535 South Kipling Street, Lakewood, CO 80235
- Requirements:** Applicants must be at least 18 years of age, possess a high school diploma or GED, complete an assessment test (ACCUPLACER or ACT) and score into college level English (or show evidence of completion of the appropriate course work in English). Persons with an Associate's degree or higher are exempt from taking the assessment test.
- Information Sessions:** All students interested in attending the Firefighter I Academy at RRCC should attend an information session. A schedule of information sessions may be found at www.rrcc.edu/fire.
- Mandatory Orientation:** All Red Rocks Fire Academy students must attend the mandatory Academy orientation. The mandatory orientation for the Spring 2012 academy will be held on Monday, January 14, 2012 from 6:00 to 8:00 pm at the West Metro Fire Rescue Training Center.
- The Fire Academy training is physically and mentally rigorous and exacting; students are strongly encouraged to bring parents or spouses to this meeting so that they, too, may understand what will be asked of each Fire Academy student.
- At the orientation, the Red Rocks Fire Academy Drill Instructor and Coordinator will explain the guidelines, procedures, and policies required to successfully complete the Academy and pass the CDFS written and practical exams. RRCC Fire Academy instructors teach to the National Fire Protection Standard 1001 (NFPA), and all instruction is mandated according to this standard.

Physical Demands: Firefighting is an extremely physically demanding profession. Students are expected to be physically fit. To participate in the academy, students are required to pass the West Metro Fire Rescue Physical Ability Test (WMFR PAT). The test is administered in the second week of the academy. Information about the PAT is available at:

WMFR Physical Ability Test (PAT)
<http://www.westmetrofire.org/index.aspx?NID=292>

WMFR Detailed Physical Ability Test
<http://www.westmetrofire.org/index.aspx?nid=619>.

WMFR PAT Video
<http://youtu.be/qbwtNImrkC0>

WMFR PAT Suggested Work-Out Programs
<http://www.westmetrofiretrainingcenter.org/DocumentCenter/View/106>

Students should not underestimate the physical demands of the academy. It is crucial that students have an exercise program prior to attending the academy, and start increasing their endurance and aerobic conditioning several months prior to the start of the academy. It is highly recommended that students take FST 160, the Candidate Physical Ability Test prep class, the semester prior to attending the academy.

Academic Demands: The program demands a high level of academic performance both within the classroom as well as with homework assignments. This requires the student attend all class sessions as well as adequately prepare for and follow through with the workload outside of class. Students can expect approximately two hours of homework/study time for each hour of time spent in class. This equates to an additional 32 hours per week outside of the classroom or drill ground. RRCC discourages students from participating in the academy if this is their first semester of post secondary education. This is due to the heavy workload and self discipline necessary to successfully complete the academy.

Fire Academy Certificate: Students who successfully complete all required courses will receive a Firefighter I Academy certificate from Red Rocks Community College (RRCC) and are eligible to take the (CDFS) Firefighter I and Hazardous Materials Operations certification exams.

Program Cost: Please note that two classes actually comprise the RRCC Firefighter I Academy:

FST 100	Essentials of Firefighting/Firefighter I Academy
FST 107	Hazardous Materials Operations (<i>Required co-requisite for FST 100</i>)
FST 170	Fire Academy Clinical (Ride Along) Highly suggested to enhance your fire academy experience.

Resident tuition and fees (with COF applied) are approximately \$1,800*. Nonresident tuition and fees are approximately \$5,900*. Included in these figures is a special Fire Science fee of \$345*. Financial aid may be available. Please contact RRCC Financial aid directly with questions. **Tuition and fees are subject to change.*

In addition, each student must purchase required textbooks and workbooks (approximately \$300), NFPA compliant structural firefighting “bunker” boots (approximately \$250), NFPA compliant structural firefighting gloves (approximately \$75), Protective hood (approximately \$35), two academy tee shirts (approximately \$15 each) and two Blue BDU style pants (approximately \$35 each). Vendor information provided at orientation.

Students who pass the Firefighter academy and receive a Firefighter I Academy certificate from RRCC may take the CDFS Firefighter I written and practical certification exam including the live burn (approximately \$150).

Students who pass the Hazardous Materials class final written exam may take the CDFS Hazardous Materials Operations written and practical certification exam (approximately \$120).

Application Process: Please complete the steps shown below:

- Complete the RRCC online application and sign up for COF (College Opportunity Fund) at www.rrcc.edu.
- Complete the ACCUPLACER or ACT Assessment Test and score into college level English and reading (or show evidence of completion of the appropriate course work in English). Instructions for the ACCUPLACER are shown below. Persons with an Associate's degree or higher are exempt from taking the assessment test.
- Obtain a copy of your high school diploma or GED.
- Obtain printed confirmation of submission of a background check through American DataBank. (Instructions are included in this packet).
- Obtain proof of age 18 by the first day of class (no exceptions).

Once the above documents/processes have been/completed, meet with a RRCC advisor, Advising@rrcc.edu. Advisors register students for the Fire Academy and will check for completion of the above.

**ACCUPLACER
Assessment Test**

Please submit an application for admission to Red Rocks Community College online before you take the ACCUPLACER test in the Assessment Center.

The ACCUPLACER test is offered at the RRCC Assessment Center (303-914-6720). Please check the website www.rrcc.edu/assessment/ for testing times. No appointment is needed, the exam is computerized, and the test is free. Allow approximately two hours to complete the exam. ACCUPLACER tests taken in the last five years are acceptable. Minimum scores required are 80 in the reading section and 95 in sentence skills.

First Day of class:

On the first day of class, students are expected to turn in copies (Do not bring originals) of the following:

- Copy of Driver's License
- Copy of CPR card (American Heart Association "BLS for Healthcare Providers or American Red Cross "CPR for Professional Rescuers." This course is offered at RRCC as HPR 102) The CPR card must be current at the time of entry in the academy and remain valid through the end of the academy.
- Copy of document showing proof of current health insurance
- Completed Student Information Form (included in this packet)
- Completed Medical Release Form (included in this packet)
- Completed RRCC Release of Liability Form (included in this packet)
- Completed WMFR Release of Liability Form (included in this packet)

Attachments:

Instructions for Background Screening
Appendix C to CFR Sec. 1910.134 (Respiratory Protection) (For medical exam)

INSTRUCTIONS FOR BACKGROUND SCREENING

Step 1: Go to www.healthcareex.com

Step 2: Go to **Click to Order** near the bottom of the page on this Website and start the application. Select package 1, the criminal background check without a drug test or fingerprint check (\$59*). *Subject to change.

DISQUALIFYING OFFENSES

Any conviction or deferred adjudication of the following criminal offenses (Felony or Misdemeanor) appearing on a criminal background check will disqualify an applicant for admission to a CCCS Health Program.

I. Crimes against persons (physical or sexual abuse, neglect, assault, murder, etc.). As defined in section 18-1.3-406 C.R.S.

II. Any offense involving unlawful sexual behavior.

III. Any underlying basis of which has been found by the court on the record to include an act of domestic violence, as defined in section 18-6-800.3 C.R.S.

IV. Any crime of child abuse, as defined in section 18-6-401 C.R.S.

V. Any crime related to the sale, possession, distribution or transfer of narcotics or controlled substances.

VI. Crimes of theft

VII. Any offense of sexual assault on a client by a psychotherapist, as defined in section 18-3-405.5 C.R.S.

VIII. Crimes of moral turpitude (prostitution, public lewdness/exposure, etc.)

IX. Registered sex offenders

X. Any offense in another state, the elements which are substantially similar to the elements of any of the above offenses.

(Students who have completed the terms of their deferred adjudication agreement, those crimes will not be disqualifying.)

**FIREFIGHTER I ACADEMY
REFERENCE DOCUMENT FOR EXAMINING PHYSICIAN**

This document is provided for reference purposes only and does not have to be completed by the student or the physician.

Medical conditions that may disqualify a person from participating in the academy include but are not limited to:

1. All uncontrolled seizure disorders
2. Allergic respiratory disorder
3. Anemia
4. Arthritis
5. Asthma
6. Chronic lung diseases
7. Chronic sinusitis
8. Congestive heart failure
9. Diabetes mellitus
10. Disorders producing orthostatic hypotension
11. Documented predisposition to heat stress
12. Emphysema
13. Hemophilia, Von Willebrand's disease and other clotting/bleeding disorders
14. Hernia
15. Impaired immune system
16. Labyrinthine or vestibular disorders with vertigo
17. Malignant diseases not in remission
18. Multiple sclerosis
19. Muscular atrophies
20. Myocardial insufficiency
21. Neurological disorders with ataxia
22. Peripheral vascular disease
23. Pregnancy (after 1st trimester)
24. Progressive muscular dystrophy
25. Severe congenital deformities of the spine, trunk, or limbs
26. Severe eczema or other dermatitis including dyshidrotic types
27. Severe limitations of motion of joints

Additional Reference: NFPA 1582 – Medical requirements for fire fighters

This document is provided for reference purposes only and does not have to be completed by the student or the physician.

Appendix C to Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory) The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____

2. Your name: _____

3. Your age (to nearest year): _____

4. Sex (circle one): Male/Female

5. Your height: _____ ft. _____ in.

6. Your weight: _____ lbs.

7. Your job title: _____

8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____

9. The best time to phone you at this number: _____

10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No

11. Check the type of respirator you will use (you can check more than one category):

a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).

b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).

12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you *currently* smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you *ever had* any of the following conditions?

a. Seizures: Yes/No

b. Diabetes (sugar disease): Yes/No

c. Allergic reactions that interfere with your breathing: Yes/No

d. Claustrophobia (fear of closed-in places): Yes/No

e. Trouble smelling odors: Yes/No

3. Have you *ever had* any of the following pulmonary or lung problems?

a. Asbestosis: Yes/No

b. Asthma: Yes/No

c. Chronic bronchitis: Yes/No

d. Emphysema: Yes/No

e. Pneumonia: Yes/No

f. Tuberculosis: Yes/No

g. Silicosis: Yes/No

h. Pneumothorax (collapsed lung): Yes/No

i. Lung cancer: Yes/No

j. Broken ribs: Yes/No

k. Any chest injuries or surgeries: Yes/No

l. Any other lung problem that you've been told about: Yes/No

4. Do you *currently* have any of the following symptoms of pulmonary or lung illness?

a. Shortness of breath: Yes/No

b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No

c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No

d. Have to stop for breath when walking at your own pace on level ground: Yes/No

e. Shortness of breath when washing or dressing yourself: Yes/No

- f. Shortness of breath that interferes with your job: Yes/No
 - g. Coughing that produces phlegm (thick sputum): Yes/No
 - h. Coughing that wakes you early in the morning: Yes/No
 - i. Coughing that occurs mostly when you are lying down: Yes/No
 - j. Coughing up blood in the last month: Yes/No
 - k. Wheezing: Yes/No
 - l. Wheezing that interferes with your job: Yes/No
 - m. Chest pain when you breathe deeply: Yes/No
 - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you *ever had* any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
 - b. Stroke: Yes/No
 - c. Angina: Yes/No
 - d. Heart failure: Yes/No
 - e. Swelling in your legs or feet (not caused by walking): Yes/No
 - f. Heart arrhythmia (heart beating irregularly): Yes/No
 - g. High blood pressure: Yes/No
 - h. Any other heart problem that you've been told about: Yes/No
6. Have you *ever had* any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
 - b. Pain or tightness in your chest during physical activity: Yes/No
 - c. Pain or tightness in your chest that interferes with your job: Yes/No
 - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
 - e. Heartburn or indigestion that is not related to eating: Yes/No
 - d. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you *currently* take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No

b. Heart trouble: Yes/No

c. Blood pressure: Yes/No

d. Seizures (fits): Yes/No

8. If you've used a respirator, have you *ever had* any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

a. Eye irritation: Yes/No

b. Skin allergies or rashes: Yes/No

c. Anxiety: Yes/No

d. General weakness or fatigue: Yes/No

e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you *ever lost* vision in either eye (temporarily or permanently): Yes/No

11. Do you *currently* have any of the following vision problems?

a. Wear contact lenses: Yes/No

b. Wear glasses: Yes/No

c. Color blind: Yes/No

d. Any other eye or vision problem: Yes/No

12. Have you *ever had* an injury to your ears, including a broken ear drum: Yes/No

13. Do you *currently* have any of the following hearing problems?

a. Difficulty hearing: Yes/No

b. Wear a hearing aid: Yes/No

c. Any other hearing or ear problem: Yes/No

14. Have you *ever had* a back injury: Yes/No

15. Do you *currently* have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No

h. Tin: Yes/No

i. Dusty environments: Yes/No

j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

a. HEPA Filters: Yes/No

b. Canisters (for example, gas masks): Yes/No

c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

a. Escape only (no rescue): Yes/No

b. Emergency rescue only: Yes/No

c. Less than 5 hours *per week*: Yes/No

d. Less than 2 hours *per day*: Yes/No

e. 2 to 4 hours per day: Yes/No

f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

a. *Light* (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are *sitting* while writing, typing, drafting, or performing light assembly work; or *standing* while operating a drill press (1-3 lbs.) or controlling machines.

b. *Moderate* (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are *sitting* while nailing or filing; *driving* a truck or bus in urban traffic; *standing* while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; *walking* on a level surface about 2 mph or down a 5-degree grade about 3 mph; or *pushing* a wheelbarrow with a heavy load (about 100 lbs.) on a level surface. c. *Heavy* (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are *lifting* a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; *shoveling*; *standing* while bricklaying or chipping castings; *walking* up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

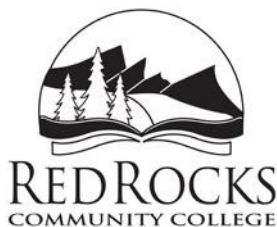
Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):



Firefighter I Academy Student Information Form

Please type or print

Semester: Fall: _____ Spring: _____ Year: _____

Student ID number: (S number issued by RRCC): _____

Name: _____
Last First Middle

Date of Birth: (Month, Day, Year) _____ Male: _____ Female: _____

Mailing Address: _____

City, State, Zip: _____

Preferred Phone: _____ Secondary Phone: _____

Email Address: _____

EMERGENCY CONTACTS:

Name	Relationship	Primary Phone	Secondary Phone
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Current medications: _____

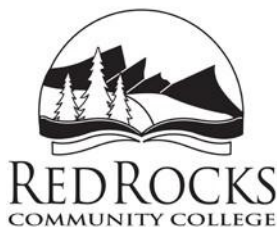
Allergies: _____

Personal Physician: _____ Phone: _____

In the event of an emergency, I hereby authorize Red Rocks Community College and/or West Metro Fire to release all information on this form to appropriate medical personnel.

Printed Name: _____

Signature: _____ Date: _____



**Firefighter I Academy
Medical Release Form**
Please type or print

Name: _____
Last First Middle initial

INSTRUCTIONS FOR PHYSICIAN:

The above-named person has been extended an offer of admission to the Red Rocks Community College Fire Academy. To matriculate into the Academy, the student must demonstrate that he/she is free of any medical conditions that would prevent him/her from performing the physical tasks necessary for a fire career.

Academy students are expected to perform at emergency incidents and will be required to perform in training drills and emergency exercises. Students will participate in exercises that include but are not limited to fire suppression activities, ladder exercises, hose and fire stream operations, and physical conditioning. Tasks that the academy students will be asked to do (but are not limited to) will include: running, sitting, lifting, throwing, kneeling, squatting; general calisthenics - sit ups, pull ups, pushing, jumping, and obstacle courses, etc.

These students are required to meet the standards of CFR 1910.134 (Respiratory Protection). Appendix C (included in this packet).

At the expense of the student, please interview and examine this prospective student and complete the statement below.

For questions, please contact the Red Rocks Fire Academy Coordinator at 303-914-6405.

STATEMENT OF PHYSICIAN

I understand that the above-named person has been extended a conditional offer of admission to the Red Rocks Fire Academy during the _____ (Semester) _____ (Year).

I have examined: (Student) _____ and have determined that in accordance with CFR 1910.134 (Respiratory Protection). Appendix C (as included in this packet), he/she is in good physical condition and has no physical disabilities that would prevent him/her from performing the physical tasks necessary for a fire career.

EXAMINING PHYSICIAN: _____

SIGNATURE OF PHYSICIAN: _____

OFFICE PHONE: _____ DATE: _____

Note: Examining physician must be a licensed doctor of medicine or osteopathy

**RED ROCKS COMMUNITY COLLEGE
STUDENT WAIVER OF LIABILITY FORM**

FIELD ACTIVITY

Red Rocks Community College is an Institution of Higher Education in the State of Colorado and, as such, is covered by the Colorado Governmental Immunity Act, C.R.S. 24-20-101 et seq. This law provides that the State and its institutions are immune from lawsuits for injuries suffered by private persons, except, in specific situations listed in the law, where immunity is specifically waived. In other words, by law, if a student suffers an injury as a result of a participation in instructional activities of the college, the college is immune from fiscal liability for such injury. For this reason, students are strongly encouraged to obtain medical insurance coverage, if they do not already have coverage, before participating in activities that present a risk of physical injury.

I am exercising my own free choice to participate voluntarily in (Firefighter One Training Academy), and I promise to take due care during such participation. I have been informed of the nature of these activities, and I am aware of the hazards and risks that may be associated with my participation in these activities, including the risks of bodily injury, death or damage to property from known or unknown causes.

In consideration of the privilege of participating in instruction offered by employees of Red Rocks Community College, I have and do hereby assume all risks and will hold Red Rocks Community College and its employees and agents harmless from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever which I now have or which may arise from or in connection with participation in instruction activities arranged for me by Red Rocks Community College or its employees or agents. The terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators and all members of my family.

In signing below I hereby assert that:

1. I have read this document;
2. I understand that Red Rocks Community College is covered by the Colorado Governmental Immunity Act;
3. I am personally liable for injuries that I may suffer as a result of participation in this activity.

Student Signature

Date

Witness

Date

**WEST METRO FIRE RESCUE
RELEASE AGREEMENT**

1. By participating in any training program (regardless of the sponsorship of such program), that involves the use of any of the facilities of the West Metro Training Center (herein, "Facilities"), the undersigned participant expressly agrees the West Metro Fire Protection District shall not be liable for any damages arising from personal injuries sustained by the party in, on or about the premises of the Facilities or as a result of using the Facilities and/or the equipment thereon.
2. By the execution of this Agreement, the undersigned participant acknowledges and assumes full risk and responsibility for any personal injuries, damages, or losses which may occur to such participant on or about the premises of the Facilities, regardless of participation in any program, and does hereby fully release and discharge the West Metro Fire Protection District (including its officers, employees and agents) from any and all claims, demands, rights of action or causes of action, present or future, known or unknown, resulting from arising out of the undersigned's use of the Facilities or the equipment thereon.
3. The undersigned further acknowledges and agrees that the West Metro Fire Protection District (including is officers, employees, and agents) shall not be liable for any damage, loss or theft of any party's personal property occurring while the undersigned is present at the Facilities.
4. The undersigned also acknowledges and agrees that the West Metro Fire Protection District, acting by and through its Training Center employees, reserves the right to call emergency medical aid for an injured party and said party accepts responsibility for any financial obligations arising from such emergency medical aid or transportation to a medical facility, through health insurance or otherwise.
5. Party agrees to keep and obey all rules and regulations of the West Metro Training Center for the use of facilities and the equipment and facilities therein.
6. This Agreement shall be interpreted in accordance with the statutes of the state of Colorado, and if any particular provision in this contract shall be deemed invalid, the same shall not affect the balance of this contract and the remaining provisions thereof.

This release and agreement shall be binding upon me, any of my heirs, executors, administrators, personal representatives and assigns, and shall inure to the benefit of the said Fire Protection District, officers, and members herein designated, and their heirs, executors, administrators, personal representatives, assigns and successors in office.

Dated this: _____ day of _____, 20_____

Printed Name: _____

Address: _____

City, State, Zip: _____

Signature: _____