

**15th Annual
Great Florida Fire School
South Florida Community College
Avon Park, Florida
November 5 – November 9, 2008**

REGISTRATION FORM

If further information is needed, please contact Jerry DeJonge, Dept. Chair, Public Service Programs (863) 784-7280 or email: dejonge@southflorida.edu.

The one fee of \$80.00 allows a student to attend as many of the courses being offered as possible. Please indicate up to three of the courses that you would most like to attend. (Classes offered by the Great Florida Fire School are NOT for credit)

Course Title	Course Number
Course Title	Course Number
Course Title	Course Number
Course Title	Course Number

Student Information

Name (Last, First, Middle Initial)		Date of Birth	
Home Address	Email Address	Agency Affiliation	
City	State	Zip Code	Phone Number
FREE BANQUET AND OPENING CEREMONIES – FRIDAY, Nov. 7th			
PLEASE INDICATE # OF PEOPLE ATTENDING _____			

Registration Information: (Registration Fee is due at the time of registration)

Cost: Registration Fee: **Great Florida Fire School CRN 11680** \$80.00

Payment: Make checks payable to: South Florida Community College

Mail registration and payment to: South Florida Community College
Attn: Cashier Services
600 W. College Dr.
Avon Park, Florida 33825

Please select method of payment.

My check in the amount of \$_____ is enclosed.

Please charge my credit card (Discover, VISA, MC) \$_____.

**FAX Registration ONLY if paying by Credit Card.
FAX: 863-784-7186**

Print name as it appears on card:

Card number:

Security number (last 3 numbers back of card)

Expiration date:

Signature: (as name appears on card) and date

___ / ___

**15th Annual
Great Florida Fire School
South Florida Community College
Avon Park, Florida
November 5, 2008 – November 9, 2008**

**RELEASE OF THE GREAT FLORIDA FIRE SCHOOL
Please read carefully**

I have enrolled in a course entitled "The Great Florida Fire School" that is offered at South Florida Community College in conjunction with the Florida Fire College and the State Firefighters Association. I agree to assume full responsibility for obtaining information about the content of the course, including, but not limited to, equipment requirements, safety procedures, and risks specific to the activity and provisions for supervision.

I further recognize and acknowledge that my participation in this course may require considerable physical exertion, exposure to live fires, smoke, and that I will utilize potentially dangerous equipment at my own risk. I have no physical restrictions or conditions that would prohibit my participation in the course/courses that I have registered for, and that I agree to assume responsibility for any injuries or damages which may occur to me on, in, or about the premises of the various locations where this course may be taught.

I further agree to assume the risks incidental to my participation in the Great Florida Fire School course and release and forever discharge South Florida Community College, the Florida State Fire College, the Firefighters Association and associated agents and instructors of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in such activity, and further agree to indemnify and hold each of the parties harmless against any and all liabilities, claims, actions, damage, costs or expenses, including, but not limited to, attorney's and other professional fees and disbursements. The released parties and the members of South Florida Community College and the officers, employees, agents, representatives, successors and assigns of each. I understand that this release and Indemnity include any claims based on the negligence, action or inaction of any of the above parties and covers bodily injury (including death) and property damage, whether suffered by me before, during or after such participation.

This agreement shall be binding upon me and my heirs, personal representative and assigns and shall be governed by the laws of the State of Florida.

I have executed this Release with full knowledge that it is legally binding and with full knowledge of its terms and the consequences of my signing and executing the same. I do so freely and voluntarily without compulsion of any kind or nature.

Student's Signature Student's Printed Name Date

In case of emergency, notify:

Name: _____ Phone Numbers: _____

I hereby agree with this employee's participation in the training offered by the Great Florida Fire School and certify that this person is physically capable and has met the required training prerequisites for the courses that are being registered for.

Fire Chief/Administrator Date Agency or Fire Department