



Mail:
 High River Fire Department
 c/o Town Office
 309B Macleod Trail SW
 High River, Alberta Canada T1V 1Z5

1010 - 5 St. SE

High River, AB

P: 403.652.3774

F: 403.652.3004

**FIREFIGHTER TRAINING COURSE
 1051 WILDLAND
 APPLICATION FORM**

Dates: April 12th Evening, All day April 13 & 14th 2019
Tuition Fee: \$200.00 per person
Instructor: Stew Walkinshaw

- 8 Tuition fees will be invoiced.
- 8 The course will be held at the **High River Fire Department 1010 5th St SE** promptly at 0800 hours.
- 8 Lunch will be the responsibility of the student.

Name of Applicant: _____ **Phone:** _____

Mailing Address: _____

Email Address: _____ **Fire Dept.:** _____

Fire Dept. Address: _____ **Postal Code:** _____

Fire Dept. Phone: _____ **Fire Dept. Fax:** _____

Fire Chief/T.O: _____ **F.C/T.O Signature:** _____

IF AN APPLICANT DOES NOT SHOW OR CANCELS WITH LESS THAN 1 WEEKS NOTICE THE ASSOCIATED FIRE DEPARTMENT WILL BE CHARGED FOR THAT SPOT RESERVED FOR THE APPLICANT ABOVE.

It is expressly understood that HRFD, its directors, officers, employees, agents, students, volunteers, and independent contractors shall assume no liability for any actions resulting from the presentation of any sponsored or prepared course.

Some elements of this program are physically demanding. If the supervisor or the applicant has any concerns about the applicants ability to do any of the following activities, both with and without wearing breathing apparatus and personal protective equipment weighing at least 27kg, you must contact the Training Officer as noted below to provide additional relevant information at the time of submitting the application form.

I HAVE READ AND UNDERSTOOD THE PRECEDING CAUTION ON BEHALF OF THE APPLICANT NAMED.

Authorized Signature: Name/Title (print) _____

I agree to be solely responsible for any injury, loss or damage which I might sustain while participating in any program, course/ series due to any cause whatsoever and I agree to release the HRFD, its directors, officers, employees, agents, students, volunteers, and independent contractors of all responsibility for such injury, loss or damage. If admitted, I agree to comply with all rules and regulations of HRFD.

I HAVE READ AND UNDERSTOOD THE ABOVE STATEMENTS.

Applicant's Signature: _____ Date: _____

For further information, contact **Alex Marshall:**

Phone: (403) 652-3774

Fax: (403) 652-3004

Email: firetraining@highriver.ca

The High River Fire Department reserves the right to cancel any course.
 All applications are considered on a first come first serve basis