



You and other GOV participants will be working with fire services personnel to learn about firefighter skills, practical fire safety knowledge and careers in the fire service.

Many partners are working with First Nations' Emergency Services Society of BC and the Kelowna Fire Department to make this training available. FNESS assists BC First Nations in developing and sustaining safer communities through programs in emergency preparedness, training in firefighting and fire prevention as well as forest fuel and wildfire management.

Fire Prevention: Be a Firefighter Workshop

Thursday, March 23

9:00am- Meet at the bus pick-up spot at the Grand Hotel

10:00am to 2:30pm- Workshop at Fire Hall (Kelowna Fire Department Station #1 Fire Station)

Address: 2255 Enterprise Way, Kelowna, BC V1Y 8B8

Phone: (250) 469-8801

2:30pm- Return to Grand Hotel by bus

Please wear: sweat pants, long sleeve t-shirt, thick socks as you will be wearing firefighter gear

Snacks and lunch are provided

Partners supporting this workshop:

- Indigenous and Northern Affairs Canada
- Kelowna Fire Department
- Kidde Canada
- Fire Chiefs' Association of BC
- Fire Prevention Officers of BC

Complete and return pages 2, 3 and 4 to the GOV Coordinator

REGISTRATION

Name: _____

Age: _____ Birthdate: _____ Grade: _____

Address: _____

Telephone: _____ E-Mail: _____

Parent/guardian name: _____

Parent/guardian telephone: _____ E-Mail: _____

Do you have allergies or special requirements?

Personal Characteristics

☐ First Nation On-Reserve ☐ First Nation Off-Reserve ☐ Métis ☐ Other

Band Name & Number: _____

Your commitment:

1. Be on time for the bus pick.
2. Join in all of the activities.
3. Be supportive and encouraging of the participants and instructors involved in the workshop.

Participant Signature: _____ Date: _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE

PLEASE READ CAREFULLY! This document must be executed by all participants in the GOV 2017- Fire Prevention: Be a Firefighter workshop (the “Program”), and if a participant is 19 years of age or less, by the participant’s parent or guardian.

To: FNESS, all participating First Nations and organizations, fire departments and municipalities and their directors, officers, managers, employees, servants and agents (the “Releasees”):

I, _____ (print full name of participant) in consideration of being permitted to participate in the Program, hereby agree as follows:

1. I am aware that participation in the Program requires physical health and ability and I accept and bear full responsibility for my physical health and ability to participate in the Program. I am aware that the Program may involve risks arising from possible exposure to hot surfaces during fire extinguishment exercises, dangers and hazards associated with firefighting activities including lifting and pulling fire hoses, and I freely accept and fully assume all risks, dangers and hazards related or incidental to my participation in the Program and the possibility of personal injury, death, permanent and disabling injury, property damage or loss resulting there from. I understand that I am responsible for my own safety and that the Releasees assume no responsibility in connection with my participation in the Program.
2. I, for myself and for my heirs, executors and administrators, release and discharge the Releasees from and against any and all claims, demands, liabilities, actions, suits, losses, costs, damages, expenses and compensation of whatsoever nature that I may have now or at any time hereafter, and waive any right that I may have now or in the future to sue the Releasees for any claim relating to personal injury, death, permanent and disabling injury, property damage or loss sustained by me as a result of or arising, in whole or in part, directly or indirectly, from my participation in the Program due to any cause whatsoever, including, without limitation, negligence on the part of the Releasees.
3. I have read and understand this Agreement prior to signing it and I am aware that by signing this Agreement I am waiving certain legal rights, including the right to sue, and I agree that this Agreement will be binding upon my heirs, next of kin, executors, administrators and successors.
4. I confirm, as the parent or guardian of a participant who is under 19 years of age, that I have read and understand this Agreement prior to signing it and I am aware that by signing this Agreement I am waiving certain legal rights, including the right to sue, and I agree that this Agreement will be binding upon my heirs, next of kin, executors, administrators and successors.
5. As parent or guardian of a participant who is under 19 years of age, I will hold harmless and indemnify the Releasees from any and all liability for any personal injury or property damage to my child or to any third party resulting from that person’s participation in the Program.
6. I agree that this Agreement will in all respects be governed by and interpreted in accordance with the laws of the Province of British Columbia.

Initial as having read: _____

Dated this _____ day of _____ (month), 2017.

Participant Signature

Participant Name (print)

Parent/Guardian Signature

Parent/Guardian Name (print)

Witness Signature

Witness Name (print)

Parent/Guardian Telephone: _____

Photograph Release Agreement

I consent to the use of my name, image, portrait, picture or photograph as part of FNESS' image bank and promotional material. The images may be used on FNESS's website (www.fness.bc.ca) as well as in FNESS publications and marketing products such as displays, pamphlets and presentations, and social media.

I understand that my name, portrait, picture or photograph may be used at any time, and that if an image bearing my likeness is used, I may not be consulted beforehand.

I hereby waive any claim that I may have against FNESS in relation to its possessing or using any images of me. I have not given anyone the exclusive right to use my name, portrait, picture or photograph.

Dated this _____ day of _____ (month), 2017.

Participant Signature

Participant Name (print)

Parent/Guardian Signature

Parent/Guardian Name (print)

Witness Signature

Witness Name (print)