



Emergency Services Training Institute - Extension

PO Box 40006, College Station, TX 77842
200 Technology Way, College Station, TX 77845

Phone: 979-845-2122

Website: www.teex.org/extension

Participant Information:

Please Print Clearly

(Photocopies can be made for additional participants)

Participant Legal Name (First name MI Last name) _____

TEEX Student ID** (or Last 4 of SSN*) _____

TCOLE PID# _____

TCFP FIDO# _____

FEMA SID# _____

PERSONAL INFORMATION

Address _____

City / County _____ / _____

State / Zip / Nation _____ / _____ / _____

Phone _____

Email _____

Date of Birth _____
(month / day / year) or (year) – see below

*Full date of birth required from non-US students and any student taking a course where full date of birth is required to be provided for participation.
Contact the course point of contact if unsure.*

I am or will be at least 18 years old on the first day of class

Male Female Student or Instructor

Company/Department/Agency Information

Organization _____

Supervisor Name _____

Address _____

City / County _____ / _____

State / Zip / Nation _____ / _____ / _____

Phone _____ Fax _____

Email _____

AFFILIATION STATUS (check all that apply)

- Paid Volunteer
 Industrial Non-affiliated

VETERAN? Yes No

Course Information:

Review and sign on back

Course Number	Course name	Class Location	Class Start Date
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*Section 7(b) of the Privacy Act of 1975 (5 U.S.C. 552a) requires that when any federal, state, or local government requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 866-878-8900 for full privacy statement.)

**New students will receive a student ID number from TEEX.

Prerequisite Release

Complete for Live Fire Training

I, the undersigned, verify that I have successfully completed any required prerequisite(s) as outlined.

Participant Name (Print or Type) _____

I, the undersigned, as chief or training officer of the represented fire department, company, or organization, verify that the above individual has successfully completed the required prerequisite(s) and will present verification documentation at this course.

Name (Print or Type) _____ Signature _____

Department / Company _____ Date _____

Review and sign on back

GENERAL RELEASE INFORMATION

REQUIRED FOR PARTICIPATION

General Liability Statement

In consideration for receiving permission to participate in the foregoing course sponsored by the Texas A&M Engineering Extension Service (TEEX), a member of The Texas A&M University System (TAMUS), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, TEEX, TAMUS, the Board of Regents of TAMUS, and their respective officers, servants, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the Course, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the Course or my participation in the Course, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below I hereby acknowledge that there are inherent risks involved in this Course and I recognize and assume all of the risks associated with participation in the Course. **I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE COURSE, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT.** I understand that TEEX does not provide such coverage, and that no insurance coverage may exist through TEEX to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the Course.

Non-Discrimination Statement

No individual will, on the basis of race, color, sex, religion, national origin, age, or disability, be excluded from participation in, or be denied the benefit of, or be subjected to discrimination under any System program or activity. If you, as a student do feel that you have been discriminated against, please contact TEEX's Human Resources Office at 979-458-6801 or at HR@teex.tamu.edu.

Media Release

Occasionally TEEX training is photographed and/or videotaped for marketing and promotional purposes. If such a need should occur, the instructor will notify the class and you will have the opportunity to opt-out of participation. Otherwise, your participation grants TEEX the right to use any and all photographs or video taken during training for the purposes of marketing or promotion.

*Privacy Act and Policy

All participants of TEEX courses, technical assistance, and exercises are advised that disclosure of a full Social Security Number (SSN) is optional unless required for reporting purposes by the participant's occupation's certifying organization or a grant/contract sponsor. The SSN is used to maintain accurate participant training records and to reliably report such data to supervisors or other agencies. A participant SSN will not be disclosed to any other person(s) without the participant's prior written consent.

Section 559.003 of the *Texas Government Code* requires that all participants be informed that, with few exceptions, participants are entitled on request, to receive, review and correct any information collected by the use of this form. It is the policy of TEEX that all federal statutes will be followed pertaining to employment and recruitment of students without regard to race, sex, color, religion, national origin, age, or disability.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Release of Academic Record

I authorize the release of my academic records, including test scores, by TEEX to my sponsoring company or department for the purpose of verification of my attendance and completion of training provided by TEEX. Be advised, your certificate may be sent to your sponsoring company/department regardless of your response. **Select your response.**

YES **NO** **NOT APPLICABLE (Not enrolling as part of a company or department)**

Signature: _____

Date Signed: _____
