## FRTC SOP 2.0 Attachment 2.2

## **Training Disclaimer**

In consideration of being permitted to enroll in training exercises at the DVFD FRTC facility, the participant acknowledges that he/she is aware of the risks associated with such training and is voluntarily agreeing to assume such risks. The participant, for themselves, their heirs, and their executors shall forever release and discharge the City of Denison, it's officers, employees, servants, and agents from any and all claims, demands, actions, causes of action and suits at law or in equity for and on account of any and all known injuries, disabilities, physical and mental disease, damages, losses and expenses sustained by the participant now or hereafter, as a result of any accident sustained by me during my active participation in this training.

If the information below is not completed as required, the participant understands they cannot be allowed to participate in any skills or practical exercises at the FRTC. By completing the requested information on this form and signing, the participant acknowledges that they understand the intent of the above warnings and agree with them.

Participants should sign only if they have read & understand the intent of the FRTC SOP 2.0: Facility Disclaimer, and agree.

	Print Name	Your Employer/ Department	Date	Sign only if you have read & understand the intent of the FRTC SOP 2.0: Facility Disclaimer, and agree.
1				
2				
3				
4				
5				
6				
7				
8				
9				
			_	

10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		

I affirm the content of this document was read to all the above named participants pr	ior to them signing.
Witness:	date: