

Lebanon County Fire School

Company Level Training Member Participation Sheet

(No one under the age of 18 is allowed to participate in Live Fire/Smoke Evolutions)

Course/Program: _____ Date: _____

Fire Company: _____

Name	Name	Name

DEPARTMENT AUTHORIZATION TO ATTEND COMPANY LEVEL TRAINING

As Chief Officer/Training Officer of the _____ Fire Department/Company, I hereby verify that the above members are able to participate in the company level training and, therefore, understand that the above individuals will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Lebanon County Fire School shall not be liable for any injuries sustained during such training, nor be responsible for any damage or loss of equipment or personal items of said department while on the property participating in company level training.

Chief Officer/Training
Officer's Name:
(Please print)

Chief Officer/Training
Officer's Signature;

Date: / /
