



**Pikes Peak Regional Fire Academy  
and FST 1000 Firefighter 1  
Application Packet**



**APPLICATION PACKET MUST BE TYPED**

PPSC Student ID number (S#) \_\_\_\_\_ **Applying for FALL or SPRING?**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth (MM/DD/YYYY – Must be 18 years of age): \_\_\_\_\_

Male: \_\_\_ Female: \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Waist: \_\_\_\_\_ Length: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Emergency Contacts**

Name	Relationship	Primary Phone	Secondary Phone
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_____	_____	_____	_____
_____	_____	_____	_____

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### **Waiver of Rights, Assumption of Risks, and Release of Liability, Agreement**

Name: \_\_\_\_\_ S#: \_\_\_\_\_

Activity: \_\_\_\_\_ Lead Person: \_\_\_\_\_

Start/End Date: \_\_\_\_\_

By signing this form, I acknowledge that I am about to participate in a course, program, or activity that has inherent risks, hazards, and dangers that cannot be eliminated. I acknowledge that these include, without limitation, risks from the activity itself, transportation to and from the activity, risks connected with my physical condition and required exertion, risks from improper usage of equipment, and actions of other participants or spectators. I acknowledge that I am responsible to provide my health or accident insurance. I acknowledge that I may be photographed, videotaped, and/or recorded and I waive my photographic rights to Pikes Peak State College.

I hereby accept full responsibility for any damages that I may cause to Pikes Peak State College equipment. I am aware that if I choose NOT to abide by Pikes Peak State College rules and policies, I will be subject to Pikes Peak State College disciplinary action. I further understand that I may be banned from future Pikes Peak State courses, programs, or activities.

I hereby consent to and authorize any use and reproduction by you, or anyone authorized by you, of any and all photographs/digital images/video tapes/recordings.

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, identify and hold harmless the State of Colorado, State Board for Community Colleges and Occupational Education ("SBCCOE" or "Board"), Pikes Peak State College, trustees, officers, employees, agents, and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses, and NEGLIGENCE of any kind or nature arising directly or indirectly out of any damage, loss, injury, paralysis, or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against the state, the Board, or Pikes Peak State College which may arise from such activities.

I, \_\_\_\_\_ (print name) HAVE CAREFULLY READ,  
CLEARLY UNDERSTAND, AND VOLUNTARILY SIGN THIS WAIVER,  
ASSUMPTION OF RISKS AND RELEASE AGREEMENT.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Phone

**DEPARTMENT OF THE ARMY**  
**HEADQUARTERS UNITED STATES ARMY INSTALLATION**  
**FT. CARSON, COLORADO**

"I, \_\_\_\_\_,  
(Print Participant's First, MI, and Last Name)

understand that my participation in the Pikes Peak State College fire training exercises held at Ft Carson Fire Department Training center, involves the risk of personal injury, even death. I understand and agree to assume the risk of any personal injury that may result while participating in this program. In consideration for being permitted to participate in the program, I, for myself, my heirs, administrators, executors, personal representatives, and assignees, do hereby covenant and agree that I will never institute, prosecute, or in any way, aid in the institution or prosecution of any demand, claim or suit against the United States, the Department of the Army, their agents, officers, and employees, officially or otherwise, for injury (or death) to myself which may occur as a result of my participation in this particular program."

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Pikes Peak Regional Fire Academy & PPSC FST 1000 Firefighter 1  
Medical Examination Form**

I, \_\_\_\_\_ (medical practitioner) certify that I have  
examined \_\_\_\_\_ (patient) and found them healthy to participate in  
all activities, including physical training and live fire activities, as required by the Pikes Peak  
Regional Fire Academy or the Pikes Peak State College FST 1000 Firefighter 1 course.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_