

**AGREEMENT AND RELEASE**

**FIRE SCIENCE DEPARTMENT  
STARK STATE COLLEGE OF TECHNOLOGY**

The undersigned hereby applies to participate in Fire Tower Training at **STARK STATE COLLEGE OF TECHNOLOGY**, North Canton, Ohio. In consideration of allowing the undersigned to participate in training and use of facilities, I agree as follows:

1. To abide by all of the College's Rules and Regulations which may be in effect during the course of this training which relate to the control of my actions and conduct while on the College campus, including the Fire Tower Rules and Procedures attached hereto.
2. I hereby acknowledge the risks and hazards which may arise through participation in training and that the activity involves serious risks, including risk of loss of life and/or limb and/or property.
3. I hereby acknowledge that my participation in said training is at the sufferance of the College and I acknowledge that such participation may be revoked at any time, either orally or in writing, by any authorized College personnel. In the event of such revocation, I shall immediately comply and shall thereafter have no rights or recourse against **STARK STATE COLLEGE OF TECHNOLOGY**, its agents or employees as a result of that decision of any other matter whatsoever.
4. I hereby agree to hold **STARK STATE COLLEGE OF TECHNOLOGY**, its agents, employees, and Trustees harmless and to release them from any and all claims which might inure to the benefit of myself, my heirs or assigns during the course of said training; whether arising out of any actions or inaction, either intentional or negligence on the part of myself, **STARK STATE COLLEGE OF TECHNOLOGY**, its agents, employees, and Trustees. I agree that this Release shall be binding upon any of my heirs, administrators, executors, and assigns.
5. I agree to maintain or cause to be maintained a health and accident policy of insurance ensuring that any medical and other claims resulting from my participation in Fire Tower Training shall be covered. I agree to provide the College with proof of such insurance upon the request of the College.
6. By signing this Agreement, I hereby certify that I have read this Agreement and Release, the Rules and Procedures attached thereto, and agree to abide by the conditions contained in them.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number