Lancaster County Firemen's Association
Pequea Lane Fire School – Student Liability Form

LAST NAME:_____ FIRST NAME:_____ MIDDLE INITIAL:__

AGE:_____ BIRTHDATE:_____

HOME ADDRESS:_____

CITY:_____ STATE:_____ ZIPCODE:_____

COUNTY:_____ BORO/TWP:_____

HOME PHONE:_____ CELL PHONE:_____

EMAIL ADDRESS:_____

FIRE ORGANIZATION:_____

ORGANIZATION ADDRESS:_____

CITY/STATE/ZIPCODE:_____

IS ORGANIZATION COVERED BY WORKMAN'S COMPENSATION? Y / N

Note: Damages incurred on any or all company level training conducted at the Lancaster County Fire School in Lancaster County Pennsylvania, will be the responsibility of the participant's organization or the participant to pay for the replacement and/or repair costs.

This application releases the Lancaster County Firemen's Association and Lancaster County Fire School from liability claims for damages, for any and all injuries and/or deaths which may occur, to all persons using the Lancaster County Fire School property and/or equipment will be reported immediately to the Fire School Director or appropriate designee. Any damage to Lancaster County Fire School property and/or equipment which is caused by negligent act or omission will be the responsibility of the organization listed on this application.

I (student name) _____ read the Lancaster County Fire School student liability form and understand what I read.

Dated:_____

SIGNED:_____