



## **FIRE OPS 101 WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT**

I, \_\_\_\_\_, in consideration of being permitted to participate in field training exercises known as Fire Ops 101, hereby acknowledge and agree as follows:

1. I understand the nature of the activities I may perform while participating in Fire Ops 101 (hereinafter referred to as "program/activity"), requires mental judgment and a high degree of physical fitness, agility, and dexterity, and that this may include strenuous exercise in varying environmental conditions, which requires physical fitness, strength, and stamina. By signing this Agreement, I represent that I am qualified, in good health, and in proper physical condition to participate in the program/activity. I acknowledge that if I believe event conditions are unsafe, I will immediately discontinue participation in the program/activity.
2. I understand fully that the program/activity involves the risk of injury, including serious bodily injury and death, which may be caused by my own or others' actions or inactions, or those of others participating in the event, and I voluntarily and fully assume all risks relating to my participation in the program/activity. By assumption of all risks, I agree that Calgary, Airdrie, Cochrane, Okotoks, MD of Rockyview, the Calgary Fire Department, the Airdrie Fire Department, Cochrane Fire Services, the Okotoks Fire Department, Rockyview Fire Services, IAFF Local 255, IAFF Local 4778, IAFF 4819, IAFF Local 4829, IAFF Local 4794, the IAFF, and their respective officers, directors, commissions, employees, agents and representatives (hereinafter collectively referred to as the "City") shall not be liable for any claim, action, cause of action, damages, or demand, in law or equity, of every kind of character on account of personal injury or damage to me or my property.

3. I understand the City will not provide medical or health insurance coverage to me during any aspect of my participation in the activity. I hereby represent and warrant that I am and will be covered throughout the activity by a policy of accident and health insurance that provides coverage for injuries I may sustain in the course of my participation in the program/activity. I understand I may be required to show proof of insurance coverage prior to my participation in the program/activity.

4. I fully accept and assume all responsibility for losses, costs, and damages I incur as a result of my participation in the program/activity, and accordingly, I, individually, and on behalf of my heirs, successors, assigns, and personal representatives, hereby agree to indemnify, defend, and hold harmless the City from any and all liability whatsoever for any and all damages, losses, cost, or injuries (including death) I sustain to my person or property or both, including but not limited to any claims, demands, actions, causes of action, judgments, expenses, and costs, including lawyers' fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the program/activity.

5. I, individually, and on behalf of my heirs, successors, assigns and personal representatives, hereby release and forever discharge the City from any and all liability, loss, damage or expense, including lawyers' fees, that the City or any of them incur or sustain as a result of any claims, demands, actions, causes of action, damages, judgments, costs or expenses, including lawyers' fees, which arise out of, occur during, or are in any way connected with my participation in the program/activity.

6. To the extent that I, individually, or my heirs, successors, assigns, or personal representatives bring a claim of any kind whatsoever against the City, I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the province of Alberta, and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. Any claims or causes of action arising out of or related to this program/activity shall be tried exclusively in the courts of the province of Alberta.

7. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

8. I certify the information provided on this registration form is true and accurate.

Participant Name - \_\_\_\_\_

Date - \_\_\_\_\_

Participant Signature - \_\_\_\_\_



## **FIRE OPS 101**

### **PERSONAL PROTECTIVE EQUIPMENT**

#### **SIZING INFORMATION & CHART**

##### **Dear Fire Ops 101 Participant:**

On the first day as a recruit firefighter, one of the first things a recruit will do is to be issued their personal protective equipment, commonly referred to as turnout gear, or bunkers. A firefighter's turnout gear and breathing apparatus can be compared to a police officer's bulletproof vest; it is his/her first line of protection.

During your experience as a Fire Ops 101 participant, it will be necessary for you to wear firefighter's turnout gear. For our department to properly fit you in a rapid fashion, it will be necessary for you to provide us with specific measurements.

For the best results, use a flexible sewing tape measure and have a friend or family member assist you when taking the measurements. All measurements should be taken over normal, casual, street-type clothing (Do not just go by normal jean sizing, as it will be too small).

##### **Chest/Bust Measurement:**

Take a deep breath, hold it and measure under the arms around the fullest part of the chest (bust).

##### **Waist Measurement:**

Please indicate your normal pant or jean waist size in inches. As an alternative, you may measure around your waist at your normal pant waist line. When using this method it is best to take the measurement over a belt.

##### **Shoe/Boot Size:**

<b>Size</b>	<b>Chest/Bust (in inches)</b>

Small	34" – 36"
Medium	38" – 40"
Large	42" – 44"
XLarge	46" – 48"
2XLarge	50" – 52"
3XLarge	54" – 56"

<b>Size</b>	<b>Waist (in inches)</b>
Small	28" – 30"
Medium	32" – 34"
Large	36" – 38"
XLarge	40" – 42"
2XLarge	44" – 46"
3XLarge	48" – 50"

If you know your foot size as measured at a shoe store on a Brannock foot-measuring device (as illustrated to the left) please provide this measurement, as this will provide the most accurate measurement for the fitting of your firefighting boots. If you do not know your foot's measurement as described above, please indicate your normal dress shoe size or boot size. Running/gym type shoe sizes will not provide an accurate sizing for our firefighting boots.



**FIRE OPS 101**  
**PERSONAL PROTECTIVE EQUIPMENT**  
**SIZING INFORMATION & CHART**

**Participant's Name:** \_\_\_\_\_

**Height:** \_\_\_\_\_ feet \_\_\_\_\_ inches

**Gender:** Male Female

**T-Shirt Size:**

Small Medium Large X-Large 2XLarge

Using the information on proper measurements from the previous page, please fill out the information below:

**Chest/Bust Measurement:**

Small Medium Large X-Large 2XLarge 3XLarge

**Waist Measurement:**

Small Medium Large X-Large 2XLarge 3XLarge

**Boot Size:**

If you have any questions regarding this form or need assistance pertaining to your Personal Protective Equipment sizing, please contact us at [office@calgaryfirefighters.org](mailto:office@calgaryfirefighters.org).



## Fire Ops 101

### Medical Fitness Agreement

I have examined on this date in \_\_\_\_\_, AB.

is my patient, and I declare them to be physically fit and able to participate in the Fire Ops 101 day presented by the Calgary Firefighters Association and the Calgary Fire Department. This patient is able to withstand moderately strenuous activity in controlled fire events. They do not have pre-existing medical conditions or allergies that would be triggered by being in close proximity to a controlled fire. This patient is capable wearing turnout gear and an SCBA mask (breathing apparatus). This patient has no prior history of breathing difficulty and is in good health.

OK to participate: YES NO

Practitioner: \_\_\_\_\_

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