

NVFC JUNIOR FIREFIGHTER ACADEMY REGISTRATION FORM

**Limited to first 75 students registered.

STUDENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: (required for confirmation) _____

Email Privacy Notice: Email addresses are used to communicate informational updates for events and related offerings by Cygnus Business Media and its appointed representatives. Occasionally, you may receive emails from Cygnus Business Media on behalf of a third party partner who would like you to receive relevant industry information; however your email will never be released to a third party. You will always have the opportunity to opt-out from Cygnus Business Media emails and those we send on behalf of our partners.

REGISTRATION SELECTION *Includes admission to the NVFC Academy and Exhibit Hall Saturday, July 24, 2010.*

Yes, register me for the National NVFC Junior Firefighter Academy **Price:** \$10 (\$15 after June 18, 2010)

Parent/guardian is required to complete a liability waiver and include it with each registration form for the National Jr. Firefighter Academy Program before registration will be complete and participation will be allowed.

**Please allow 2-3 weeks processing time.

PAYMENT INFORMATION

Visa MasterCard American Express

Total Due: _____

Card Number: _____ Exp. Date: _____

Name on Card: _____

Card Holder Signature: (required) _____

CANCELLATION POLICY: If written notice is received by June 18, 2010 the registration fee will be refunded, less a 20% administrative fee. After June 18, 2010 cancellations are non-refundable. Substitutions may be made at anytime. Class offerings are subject to change. Cygnus Expositions will not be liable for any ancillary or related costs, including, but not limited to, hotel and airline charges or cancellation fees. We will make every effort to adapt to training-site conditions and circumstances. However, no refunds or credits will be issued for classes which may be suspended or shortened due to weather or other conditions or circumstances beyond our control.

**LIABILITY RELEASE AND MEDICAL AUTHORIZATION
FOR NVFC'S NATIONAL JUNIOR FIREFIGHTER ACADEMY**

As parent or guardian of the child named below, I give my permission for my child (age 13-18 on July 24, 2010) to attend the National Volunteer Fire Council, Inc.'s (NVFC) National Junior Firefighter Academy ("Academy") course offered at Firehouse Expo in Baltimore, MD, from 9am-12pm on July 24, 2010. I give permission for representatives of the NVFC or Firehouse Expo to provide transportation to my child for emergency reasons. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in the Academy, I voluntarily release the NVFC, Firehouse Expo, and Academy sponsors California Casualty and Spartan Motors, Inc., as well as all of their personnel, staff, and directors, from any and all liability for the injuries.

I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless the NVFC, Firehouse Expo, and Academy sponsors California Casualty and Spartan Motors, Inc.

I understand that the Academy will be a curriculum-based course held in a classroom setting with minimal risk; however, unexpected events may occur.

I have determined that my child is fully medically capable of participating in the activities through the Academy. I understand that photographs may or may not be taken of my child during these activities. I give my permission for the NVFC and Firehouse Expo to use photographs for promotional purposes, including brochures or promotional video.

I have read this release; I understand it; and I fully agree to all of its terms.

Signature of parent/guardian: _____ Date: _____

Name of parent or guardian (print): _____

Parent or guardian address (if different from child): _____

City: _____ State/ZIP: _____

Youth's Name (print): _____ Age: _____

Address: _____

City: _____ State/ZIP: _____