



# Tactical Leadership on the Fire Ground

## Course Registration

Please make payment to: Four Corners Fire Training Officers Association  
C/O: Mike Cabell Telluride Fire Protection District  
PO Box 1645 131 West Columbia Avenue Telluride, CO 81435  
970-728-3801

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. Initial: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Department Sponsor \_\_\_\_\_ Fire Chief \_\_\_\_\_

Department Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

It is the policy of the Four Corners Training Officers Association to make all training services available to all interested parties without regard to race, religion, color, national origin, sex, or age.

### Affiliation Status

- ☐ paid ☐ volunteer ☐ other  
☐ paid and volunteer ☐ public safety officer

1. In consideration for participating in a Four Corners Training Officers (FCTO) training event, I hereby release, indemnify, and covenant not to sue the FCTO, their officers, agents or employees as well as any other students or instructors from any and all liability, claims, cost and causes of action arising out of or related to any property damage or personal injury, including death that may be sustained by me, while participating in such activity or while on the premises owned, leased or used by the FCTO. I acknowledge the training involves physically strenuous activities in which I am capable of fully participating. I know of no physical or mental conditions and/or limitations that would preclude my full participation in the training.
2. I understand that the FCTO is not authorized to provide travel, medical or health insurance. I verify that I or my agency maintains appropriate and necessary coverage, and I understand that I or my agency will be responsible for any medical expenses that I may incur as a result of my participation in this training event.
3. I understand the nature of the tasks I may perform while involved in this training may require a high degree of physical fitness, agility, and dexterity, and that this may include rigorous exercises which require physical fitness, strength, and stamina. I am fully aware of the risks and hazards associated with fire, rescue and hazardous materials training, including but not limited to burns, heat stroke, heart attack, falls and other related injuries, and I choose to voluntarily participate in the activity with full knowledge that said activity may be hazardous to me and my property.
4. By registering for this course, I hereby give the FCTO permission to reproduce and publish my name and/or photographic likeness provided it is tasteful and appropriate.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Fire Chief or Agency Head

I verify that this applicant has met the minimum training level equivalent to Firefighter I and all prerequisites listed below, through either in house or formal training to safely attend this training course. This applicant has the full support of our organization to attend the requested course; this applicant has no known medical conditions/limitations that would preclude their full participation in a physically demanding training.

Fire Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Type	FCTO Use Only		
Check # _____	Received From: _____ _____ _____ _____	Prerequisites: <ul style="list-style-type: none"><li>• No facial hair such as beards or goatees</li><li>• Firefighter I or equivalent</li><li>• Compliant PPE &amp; SCBA + extra bottle</li></ul>	Refund Amount \$ _____
PO # _____			<input type="checkbox"/> class cancelled
Amount \$ _____			<input type="checkbox"/> class full
			<input type="checkbox"/> student cancelled
			<input type="checkbox"/> prerequisite not met
			<input type="checkbox"/> registration late

