



2018 FNESS Safety Expo: Training Registration Form

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2 Days of Training: Tuesday, June 5 and Wednesday, June 6 –2018 8:45am to 5:00pm—Check in at 8:15am

Archie Browning Arena 1151

Esquimalt Road, Esquimalt, BC 4NA 3N6

No cost for this training!

Fire Ground Tactics Training

- JIBC Live Fire Trailer
- SCBA Training: learn search techniques and emergency procedures to become a proficient user of this important safety equipment.
- Ground Fire Cover
- SPU (Sprinkler Protection Units)
- Electrical Safety
- Fortis BC Natural Gas 101
- Fortis BC Liquefied Natural Gas Safety (LNG)
- Fire Smart

All fire fighters will rotate through the 7 training components during the two days. Components are subject to change in any of the two days of the event

Please Print Clearly

Participant Name Role/Title

Address City/Town Province Postal Code

Phone Fax Email

First Nations Name

Emergency Contact Name Emergency Contact Phone



First Nations'
Emergency Services Society
O F B R I T I S H C O L U M B I A

102-70 Orwell Street, North Vancouver, BC V7J 3R5

Tel 604.669.7305 or 1.888.822.3388 Fax 604.669.9832 Email fireservices@fness.bc.ca Web www.fness.bc.ca



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Fire Ground Tactics Training

I understand, and acknowledge that fire fighting, fire fighting training and fire fighting competitions are dangerous activities which could result in injury to me, or in my death. I further understand and acknowledge that I am fully responsible for choosing to attend and participate in the 2018 First Nations' Emergency Services Society of BC (FNESS) Safety Expo Fire fighter training (the "Training") and do so with full knowledge of the risks of personal injury and/or death inherent in the Training. I hereby, and with full knowledge, CONSENT to attending and being a participant in the Training. I hereby WAIVE any and all claims I, or my estate, may have against the First Nations Emergency Services Society (FNESS), its directors, officers, employees, agents or contractors and the Township of Esquimalt for any personal injury, personal injury causing death or accidental death which may arise from my attendance at or participation in the Training. And furthermore, hereby release, acquit, satisfy and forever discharge the said Releasee, of and from all actions, causes of actions, suit, debts, covenants, contracts, controversies, agreements, promises, claims and representative, successor, heir or assign of said Releaser, hereinafter can, shall or may have against said Releasee, by reason of any matter, cause, or things whatsoever, directly or indirectly as a result of participation in this competition or event.

Participant's Name: _____

Signature: _____

Date: _____

Please complete this form and email or fax to FNESS



Photograph Release Agreement

I consent to the use of my name, portrait, picture or photograph as part of First Nation’s Emergency Services Society (FNESS) photo bank and promotional material. This is a collection of images of FNESS work, training, staff, volunteers, patrons and clients intended to showcase FNESS activities.

The images in this collection may be used on FNESS’s website (www.fness.bc.ca) as well as in FNESS publications and marketing products such as displays, pamphlets and presentations. Uses include but are not limited to:

- Engaging current employees (internal communications)
- Attracting prospective employees (recruitment)
- Enhancing stakeholder relations (marketing and outreach)
- Informing parliamentarians (parliamentary relations)
- Informing Canadian and international audiences (external communications)
- Informing FNESS Members and First Nations Bands by newsletters and other means of communications

I understand that my name, portrait, picture or photograph may be included in this image bank for an undetermined amount of time.

I understand that if any image bearing my likeness in this collection is selected for a particular use, I may not be consulted beforehand.

Name: _____

Address: _____

Telephone: _____

Email: _____

I agree that I shall have no claim against First Nations’ Emergency Service Society or against anyone accessing or using images as part of this collection.

I confirm that I am over 19 years of age and that I have not given anyone the exclusive right to use my name, portrait, picture or photograph.

Signature _____

Name: (Print in block letters) _____

Date: _____

Please complete this form and email or fax to FNESS