



# NYSAFC Regional Hands-On Training **FLASHOVER**



**Host: Firefighters Association of the State of New York  
*In conjunction with the FASNY Annual Convention*  
August 10, 2024**

Sanborn Fire Department  
5811 Buffalo Street • Sanborn, NY 14132

It is said that if you're more than five feet from the doorway, your chance of survival in a flashover is minimal. Working in this program, you'll experience fire development from the incipient stage all the way to flashover. You'll be able to identify the signs of the event before you're part of the flashover. If you've never been in a flashover container, this program – staffed by America's most seasoned instructors with years of experience teaching with a simulator – is a must. The program includes a one-hour classroom lecture, followed by two hours of intense live fire hands-on training evolutions in NYSAFC's mobile flashover simulator.



# NYSAFC Regional Hands-On Training **FLASHOVER** Student Registration Form

**Host: Firefighters Association of the State of New York**

**In conjunction with the FASNY Annual Convention**

**When: August 10, 2024**

**Where: Sanborn Fire Department • 5811 Buffalo Street • Sanborn, NY 14132**

**Registration Fee:** \$100 per person

Three-hour program includes one-hour lecture, followed by Flashover Hands-On Training.

**Course Prerequisites (or Equivalents):** Firefighter I OR Basic Firefighter and Intermediate Firefighter OR Firefighting Essentials and Initial Fire Attack. Each student must also provide a signed authorization letter from the chief of his/her department (sample letter will be provided with student registration confirmation). All students must be interior qualified under New York state requirements to participate in live fire training programs.

**PPE Requirements:** Turnout coats and helmets will be provided to avoid heat and smoke damage to students' department gear. Each student must bring bunker pants, hood, gloves, SCBA, and one spare cylinder.

## **Student Information** (Use one form per student.)

Name: \_\_\_\_\_ NYSAFC Member #: \_\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Home Phone: (        ) \_\_\_\_\_ Cell Phone: (        ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

## **Training Date/Session** (Select one date/session. Maximum of 12 students per session.)

August 10: Session A (8:00 – 11:00 a.m.)

August 10: Session B (10:00 a.m. – 1:00 p.m.)

August 10: Session C (12:00 – 3:00 p.m.)

## **Payment**

Method of Payment:  Check (Payable to NYSAFC)  Voucher  Credit Card (3% service fee will be applied)  Cash

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CVN #: \_\_\_\_\_

Name on Account: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Return to New York State Association of Fire Chiefs by August 5, 2024**

1670 Columbia Turnpike • P.O. Box 328 • East Schodack, NY 12063

Fax: (518) 477-4430 • Phone: (800) 676-FIRE • Email: [education@nysfirechiefs.com](mailto:education@nysfirechiefs.com) • [www.nysfirechiefs.com](http://www.nysfirechiefs.com)

**TO:** NYS Association of Fire Chiefs  
**FROM:** Chief \_\_\_\_\_  
(PLEASE PRINT)  
**RE:** Regional Hands-On Training  
**DATE:** \_\_\_\_\_  
(TODAY'S DATE)

Let it be known that I am aware that \_\_\_\_\_ has signed up for and been accepted to take the **Regional Hands on Training**, held in FASNY Conference pending the return of this letter to the NYS Association of Fire Chiefs official registration company, signed and dated, giving my approval for said firefighter to participate in this course.

**Please check the appropriate Hands-On Training Session being attended.**

FASNY Conference, August 10, 2024

**NYSAFC Regional Hands-on Training  
New York State Association of Fire Chiefs  
1670 Columbia Turnpike  
P.O. Box 328  
East Schodack, NY 12063-0328  
Fax: 518-477-4430**

The aforementioned firefighter meets or exceeds the course prerequisites for the station(s) that he/she has registered to attend. This firefighter is also an active member in good standing with this department and covered by the departments Workers Compensation/VFBL during all times of the training. I understand that this training will contain certain evolutions that simulate and create actual firefighting and **rescue conditions**. Additionally, I attest that said firefighter has been deemed physically fit and capable of performing the functions of an interior firefighter by a medical doctor in the state of New York in accordance with the regulations set forth regarding firefighter health and safety standards in the state of New York. Finally, this firefighter's personal protective equipment that has been assigned either meets or exceeds all OSHA specifications and standards, including SCBA Fit Test. **NOTE:** No participants with facial hair impairing the use of SCBA will be allowed to participate in accordance with 29 C.F.R. Part 1910.134. If you have any questions please feel free to call me at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Sincerely,

\_\_\_\_\_, Chief  
(Please sign)

\_\_\_\_\_  
(Date)

**Chiefs letter must be returned at least three days prior to the program. If no letter is received you will not be able to participate in the live fire portion of the program.**

**RELEASE, ASSUMPTION AND ACCEPTANCE OF RISK, WAIVER AND  
HOLD HARMLESS AGREEMENT FOR PARTICIPATION IN HANDS-ON-TRAINING**

In consideration of my participation in the Flashover Training hands-on-training course offered by the Firefighters Association of the State of New York and the New York State Association of Fire Chiefs (hereinafter “the sponsors”), I hereby acknowledge and represent as follows:

1. I am 18 years of age or older, and understand that my participation in some or all of the fire service games may result in injury or damage, which I may receive in the form of personal injuries, death and/or property damage.

2. I am familiar with the goals and purposes, dangers, risks, requirements, rules, practices, systems and objects of the training in which I am participating, and have received information concerning this training and have had an opportunity to investigate, observe them, and understand the risks inherent therein. I will inform the course instructor if I feel uncomfortable about the training, become sick or injured during training, or require any accommodation to complete the training.

3. I represent that I am in good physical condition and physically fit and able to participate in the training, and that I will not participate while under the influence of drugs or alcohol. I further represent that I obtained the consent of the authority having jurisdiction or other sponsoring entity or agency (e.g. Fire Department, Fire District, Town, Village) over my home emergency services entity to participate in the aforementioned training, and that such entity has valid Volunteer Firefighters’ Benefit Law coverage and/or other insurance coverage in effect at the time of my participation in the aforementioned training that insures me against injuries, losses, or damages that I may cause or sustain as a result of my participation in the aforementioned training.

4. I understand that I must bring my own full complement of personal protective equipment, including self-contained breathing apparatus (“SCBA”). I represent that I have been fully trained by my home agency in the use of all personal protective equipment and SCBA, and that I have been duly fit-tested for use of SCBA and have medical clearance to use SCBA in accordance with 29 CFR § 1910.134.

5. To the fullest extent permitted by law, I hereby assume the risk of my participation in the in the aforementioned training and accept responsibility for any injury or damage, including injury, death or property damage, which may occur to me or to others caused by me while participating in, or being involved in the training, including, but not limited to, any claims for personal injury, death or property damage resulting from or arising out of my acts and participation in the aforementioned training.

6. To the fullest extent permitted by law, I hereby waive any and all claims that I, my heirs, successors, representatives and/or assigns may have by reason of injury, death or property damage sustained by me in my participation in the hands-on-training course, and do hereby release and discharge the Firemen’s Association of the State of New York Inc. and all event hosts and course instructors, as well as the officers, agents, representatives, servants or employees thereof, from any claims for injury or damage against them, or any of them, which I have or may have by reason of my entry and participation in said training.

7. I hereby consent to the publication and use of my name and likeness for the purpose of promotion, publicity, advertising, or other manner or media by the sponsors and any other representative authorized to act on behalf of the sponsors. Likeness includes, but is not limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, web pages, promotional materials or any other audio-visual, electronic, printed, tangible work in any media or format, and/or reproductions of any of these. To the fullest extent permitted by law, I hereby release and hold harmless the sponsors and its employees, agents, affiliates, sponsors, or other representatives from any and all claims, demands, or causes of action arising out of the use of my name and/or likeness.

I have read this Release, Assumption and Acceptance of Risk, Waiver and Hold Harmless Agreement and fully understand its terms and sign it after having read and reviewed it, with my signature being freely and voluntarily given.

---

Participant’s Signature

---

Date

---

Print Name