

# MISSISSIPPI STATE FIRE ACADEMY STUDENT ROLL SHEET

Course Name	Instructional Service Area	Course #	Crs Hrs.	EMT Hrs.	Start Date	End Date
Host / Location		County	Dept. Code	Course Coordinator(Print)	Coordinator Signature	

**Be sure each student has completed a Student ID Assignment Form**

I waive any and all claims for myself or my heirs against the Academy, its officials or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

Instructors: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Acknowledgement of Rules/Guidelines Governing Students and Waiver Statement On Reverse Side:**

1	Student Name (Please Print)	Acknw. Waiver/ Rules: Stu. Init.	Attended MSFA Before? Y or N	Student ID# First 3 letters last name First 2 letters first name Last four digits of SS#	Org Type	Department or Organization	Department County	EMT Registry Number	Skills P or F	Numerical Score	C=Complete I=Incomplete D=Drop
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Org Type:	C= Municipal Fire Fighter V= Volunteer Fire Fighter	LE= Law Enforcement EM= Emergency Medical CD= Civil Defense	D= Dispatcher O= Other (Federal, State, County, Tribal, International, Etc.) I= Industry (Fire, Rescue, Haz Mat)
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**Student Acknowledgement of Waiver Statement**

WAIVER-While attending for the purpose of instruction in the State Fire Academy's Program listed and desiring to obtain practical experience by acting in various capacities on the fire apparatus, trucks, and other equipment in connection with my instruction, I do hereby relieve the State Fire Academy and all agencies or individuals furnishing equipment or services in connection with said school as well as any fellow student or instructor from any and all liability of any sort or nature whatsoever that might arise or occur as a result of any accident, injury, or damage to me during my participation in the course conducted by the State Fire Academy and do, by my presence, assume risk, apparent and unapparent, that training of this entails. I understand that the nature of the tasks a fire fighter will be called upon to perform requires a high degree of physical fitness, agility, and dexterity. The instruction I will receive by the State Fire Academy may, therefore, include rigorous exercises which will require physical fitness, strength, and stamina.

I waive any and all claims for myself or my heirs against the Academy, its officials or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

Mark Student Absences Here

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