



# *Fire & Rescue Department*

## *Division of Training*

### Workers Compensation Verification

By signing this document, I acknowledge and verify that Napoleon Fire & Rescue will not be held financially responsible for payment/coverage if injury or death occurs during any and all training evolutions involving myself.

I, \_\_\_\_\_ acknowledge and verify that I will be operating under the \_\_\_\_\_ (Fire Department Name) workman's composition policy and that Napoleon Fire & Rescue will not be held financially responsible for injuries or death that is in result from any and all training evolutions.

I, \_\_\_\_\_ (Fire Chief) acknowledge and verify that I have given permission \_\_\_\_\_ to participate in the training held by Napoleon Fire & Rescue and that they are operating under the said Fire Departments workman's composition policy.

Bureau of Workman's Composition policy # \_\_\_\_\_

Participant (print name) \_\_\_\_\_

Participant Signature \_\_\_\_\_

Fire Chief (print name) \_\_\_\_\_

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