



TACTICAL MEDIC COURSE  
Savannah, Georgia 2003

CONSENT FORM

I understand that I will be training in a potentially hazardous environment during this course and that I may be exposed to the following conditions:

- CS or CN gas
- Underwater Operations
- Blank firing weapons
- Simunitions
- Pyrotechnics (distraction devices)
- Darkness within austere field environment
- Field training under physical & psychological stress conditions
- Being housed in field conditions
- Simulated tactical operations
- Harsh environmental conditions
- OC contamination

I understand that every effort will be made to insure the safety of all participants, but that the possibility of injury exists. I also understand that designated emergency medical personnel will be on-site during training exercises.

I further state that I am in good physical condition and that I have no pre-existing medical conditions that prelude me from participating fully in this field-training course.

I hold Rescue Training Inc, Savannah Police Department, City of Savannah, Savannah Fire Department, MedstarOne, Memorial Health University Medical Center, Urban Survival Academy, Fire and Safety Training, Chatham County, any and all participating agencies, and their instructors harmless for any mishap or injury which may occur.

**I understand that I am responsible for all costs of medical care administered to me.**

Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Printed name: \_\_\_\_\_

***\*This form must be returned and on file prior to the first day of class.***