

**KANE COUNTY FIRE CHIEFS – FIRE INVESTIGATION ARSON TASK FORCE
PARTICIPATION FORM**

Sponsoring Organization Name: _____

Address: _____

The undersigned Sponsoring Organization consents to Participant's membership and participation in the Kane County Fire Chiefs Fire Investigation Task Force. Please attach current OSFM certification to this form prior to submittal.

The undersigned, Sponsoring Organization and Participant(s) are duly aware of the risks and hazards inherent in said participation and hereby voluntarily assumes all risks of loss, damage, or injury, including death that may be sustained by Participant(s). The Sponsoring Organization and Participant(s) agree to follow all provisions as outline in the Fire Investigation Task Force Standard Operating Procedures and the Fire Investigation Task Force Memorandum of Understanding.

PARTICIPANTS

PARTICIPANTS

SPONSORING ORGANIZATION

Signature

Date

Printed Name

Title