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## EXO Personal Escape System Training Event Description & Registration

**Date:** May 13-15, 2008      **Location:** 1735 West 2nd Avenue, Eugene, OR 97402

**Cost:** **Early-Bird \$620 through 3/31//08 | \$725 starting 4/1/08**  
(Includes EXO PES unit, training, sales support materials, training materials and use of equipment)

**Equipment:** Petzl and RRG will supply EXO Kits, SCBA bottles, belay ropes, hardware and fall arrest system. Participants must bring fire service bunker pants and jackets, helmet, gloves and SCBA masks. (Trainees will not be on bottled air; SCBA bottles and masks will be used as training props only)

**Description:** This course is intended to train **Trainers** on the EXO Personal Escape System. Participants who successfully complete the training will be authorized by Petzl to; purchase, use, demonstrate and train end-users on the EXO System. Training will cover the following topics:

- **Sales Model for EXO Kits**
- **Fire Ground Survival Skills**
- **Product Development History**
- **System Components**
  - Anchor hook
  - Rope
  - Rope terminations
  - EXO DCD
  - Connector
  - Harness
  - Carry bag
- **System Deployment**
  - Recognize the need for emergency escape
  - Declare Mayday
  - Identify egress point
  - Breaching
- Anchoring options
- "Opening" the system
- Anchoring the system
- Horizontal movement
- Negotiate the sill
- Descent control
- System disconnection
  - On the secure surface
  - On ladder
  - Lower window/balcony
- Special situations
  - Clearing EXO from sill
  - Rope entanglement
  - Multiple firefighters
- **Training Considerations**
  - General safety
    - PPE
    - Emergency intervention
  - Training site location
  - Secondary safety system
    - Belays (safety lines)
    - Connection points
    - Pads
    - Rescue
- **Care and Inspection**
  - Checking components
  - Inspection frequency
  - Proper care
  - Retirement recommendations

To register, complete the attached application & waiver form, include a one page FD training experience resume & your training insurance certificate, and submit by FAX to Lance Piatt at 541-549-2155 or mail to:  
Rescue Response Gear | 14916 Surrey Lane | Sisters, Oregon 97759 | Questions: 888-600-9116



# Application and Waiver Form

(Print clearly)

name \_\_\_\_\_ phone # (Office) \_\_\_\_\_ fax \_\_\_\_\_

organization \_\_\_\_\_ phone # (Cell) \_\_\_\_\_ email \_\_\_\_\_

address: no, street, app \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_ zip/postal code \_\_\_\_\_ country \_\_\_\_\_

Credit Card Information: (must accompany application) EXO course requested: \_\_\_\_\_

VISA / MC / AE Card # \_\_\_\_\_ Name on card \_\_\_\_\_ Exp Date: \_\_\_\_\_

## WAIVER OF LIABILITY and CERTIFICATION OF PHYSICAL CONDITION

I, (printed full name) \_\_\_\_\_, fully and completely understand that the EXO Personal Escape System training in which I am voluntarily participating is inherently dangerous and involves risk of life and limb. Participant's Initials: \_\_\_\_\_

I hereby certify that I am physically able to perform the strenuous tasks required in the EXO Personal Escape System training. I certify that I do not have any known sicknesses or physical impairments, which could be aggravated by my participation. Some contra-indications include, but are not limited to: heart disease, high blood pressure, epilepsy, black-outs, fear of heights, vertigo, impaired limb function, alcohol or drug abuse, psychiatric illness, and diabetes. I understand that this training involves being suspended in a harness for prolonged periods, which can place additional stress on the circulatory system. Furthermore, I agree to immediately notify a staff member if I feel I cannot safely perform a procedure and will refrain from performing such procedure. Participant's Initials: \_\_\_\_\_

I agree to fully assume total responsibility for any injury (inclusive of a fatal injury) that may befall me either during the EXO Personal Escape System training and/or demonstration, or after the event in that such injury is not immediately detected. I also agree in the event of such injury during this training and/or demonstration, or in later performing the skills acquired, that I will not seek recovery for medical expenses or disability from Petzl America, Heavy Rescue Training, LLC., The FDNY, Rescue Response Gear LLC., The Eugene Fire Department, its members, directors, board members, or its agents and sponsors (the "Indemnified Parties") involved in this event. Participant's Initials: \_\_\_\_\_

I do hereby release and hold harmless for myself and my heirs, the Indemnified Parties from any and all liability and legal responsibility due to any injury sustained by me in the EXO Personal Escape System training, performance evaluation, and/or demonstration conducted during this event. I hereby certify that I am at least 18 years of age and by voluntarily signing below I certify that I have read and understand the above waiver of liability. Participant's Initials: \_\_\_\_\_

I agree and confirm that I have received the Instructions for Use for all equipment issued by Petzl America for use during this activity. I understand it is my responsibility to read the Instructions for Use prior to using the equipment and that if I have any questions or concerns, to ask representatives of Petzl America for clarification. Participant's Initials: \_\_\_\_\_

I further certify that I am covered by the medical insurance carrier set forth below, and I authorize Petzl America, Inc. or Heavy Rescue Training LLC to obtain medical treatment on my behalf in the event of an emergency. I agree to hold all Indemnified Parties harmless for any acts or omissions while I am on the premises including acts or omissions in the pursuit of such medical treatment. I hereby waive any rights my insurer may have to subrogation or to otherwise pursue payment from the Indemnified Parties. The Indemnified Parties will be entitled to reimbursement for any attorney fees expended in the defense of any claim related to participation in this workshop. Participant's Initials: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Primary Insured: \_\_\_\_\_

Policy/ID#: \_\_\_\_\_ Insurer's Phone Number: \_\_\_\_\_

## I HAVE READ AND UNDERSTAND THE ENTIRE CONTENTS OF THIS WAIVER OF LIABILITY AND CERTIFICATION OF PHYSICAL CONDITION

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