



# **FARM EXTRICATION & MACHINERY ENTRAPMENT RESCUE SYMPOSIUM**

**MAY 27-29, 2022**

## **EVENT SUMMARY**

---

The Alberta Vehicle Extrication Association(AVEA), St. Paul Fire Department and Penn State College is pleased to announce that we will be Co-hosting the 2022 Farm Extrication and Machinery Entrapment Rescue Symposium, May 27-29, 2022 @ Canalta Hotel 5009 - 43 St. and Agland 58030 Highway 881 South.

The Alberta Vehicle Extrication Association (AVEA) is a Not for Profit functioning organization that is committed to contributing to the reduction of injury and deaths of all Albertans involved in transportation and related emergencies; and to enhance the health and safety of all of our emergency responders and to assist all of our members in achieving those commitments within their local communities.

This learning symposium will provide an occasion for firefighters from all over Alberta to participate in and witness Farm Machinery extrications and engulfment scenarios. Participants of this symposium will have the opportunity to be involved in workshops that demonstrate "Stabilization & Extrication of patients engulfed in Farm implement machinery such as combines, tractor rollovers and grain bin engulfment props" using standard equipment found on a typical rescue truck. Many emergency departments, as a result of the Farm Extrication and Machinery Entrapment Rescue course, will benefit from the new techniques learned and tools used to improve their rescue skills and pre-hospital care management.

## **CONTACT INFORMATION**

---

**FOR REGISTRATION CONTACT**

**JOAN MEIDINGER**

**PH: 780-986-7680 or [agentjoan@hotmail.com](mailto:agentjoan@hotmail.com)**

**Come visit us @ [www.albertavx.com](http://www.albertavx.com)**



# Alberta Vehicle Extrication Association

## 2022 Farm Extrication & Machinery Entrapment Rescue Symposium

May 27-29, 2022

### REGISTRATION FORM

ONLY 60 SPOTS AVAILABLE, ON A FIRST-COME, FIRST SERVED BASIS.

NAME OF FIRE SERVICE / ORGANIZATION		
PRIMARY DEPARTMENT CONTACT	TELEPHONE NUMBER ( ) -	FAX NUMBER ( ) -
ADDRESS  STREET CITY PROV. POSTAL CODE		EMAIL ADDRESS
<b>PARTICIPANTS</b>		
<b>PARTICIPANTS</b>	Name _____	Name _____
	Name _____	Name _____
<b>SYMPOSIUM PARTICIPANTS INFORMATION</b>	<b>WAVIER MUST BE COMPLETED BY EACH PARTICIPANT</b>	
<b>PRICING</b>		
<i>DESCRIPTION</i>	<i>PRICE</i>	<i>SUB-TOTAL</i>
2 ½ -DAY RESCUE SYMPOSIUM, (INCLUDES LUNCHES)	650.00/person (60 spots available) **  \$650.00 X _____ participants =	\$. ____ . 00
<p>REGISTER, SEND CHEQUE OR MONEY ORDER AND ORIGINAL <u>SIGNED</u> WAIVER FORM TO:</p> <p style="color: red; margin: 0;"><b>ALBERTA VEHICLE EXTRICATION ASSOCIATION</b></p> <p style="color: red; margin: 0;">c/o 4301 – 46 Avenue, Leduc, AB T9E 5T6</p> <p style="color: red; margin: 0;">REGISTRATION CONTACT: Joan Meidinger 780-986-7680</p> <p style="color: red; margin: 0;">agentjoan@hotmail.com</p> <p style="color: red; margin: 0;"><b><u>REGISTRATION FORM, WAIVER FORM &amp; ENTRY FEE(S) MUST BE RECEIVED BY: May 1, 2022</u></b></p>		
<p>No registration fee will be refunded for cancellations fourteen (14) business days prior to commencement of the course.</p>		

# Symposium Information

Dates /

Location: May 27-29, 2022

## Personal Information

Full Name: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City Province Postal Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

## Department Information

Department: \_\_\_\_\_ Fire Chief: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City Province Postal Code

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail  
Address: \_\_\_\_\_

## Authorization / Release of Liability / Waiver

### **WARNING: BY SIGNING THIS DOCUMENT YOU WILL GIVE UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, CLAIM DAMAGES, AND SEEK COMPENSATION.**

Caution – Physical Requirement. Applicant's supervisor must read and sign the following as part of this application, if noted in course description. Many training programs are physically demanding. If the supervisor or the applicants have any concerns about the applicant's ability to do any of the following activities, personal protective equipment weighing at least 13 kg (30 pounds), you must contact Alberta Vehicle Extrication Association. (403-669-0750) to provide additional relevant information at the time of submitting the application form:

- a) Crawling, bending, lifting, pushing, and climbing in restrictive areas;
- b) Carrying, pulling, and/or pushing a weighted object (9 to 45 kg/20 to 100 pounds) both with and without assistance;
- c) Performing the tasks set out in a) and b) above combined with less strenuous tasks for 2-hour duration

**THIS SYMPOSIUM WILL BE PRESENTED FOR THE TARGET AUDIENCE OF DEPARTMENT INSTRUCTORS AND OR SENIOR / EXPERIENCED FIREFIGHTERS. STUDENTS MUST HAVE EXTRICATION EXPERIENCE, PRACTICAL SKILL COMPETENCIES SHALL BE ENDORSED BY THE SIGNATURE OF THE FIRE CHIEF OR HIS / HER DESIGNATE AT THE BOTTOM OF THIS DECLARATION.**

I have read and understood the preceding. I am aware that there are inherent risks of injury, loss or damage associated with participating in the fire / rescue training, including the risks inherent in rescue operations in heavy physical activity and in working with rescue equipment and in extreme temperatures. I acknowledge that I am under no obligation to participate in the training or in any specific activity covered during the training and do so of my own free will. I agree to be solely responsible for any injury, loss or damage which I might sustain while participating in any Alberta Vehicle Extrication Association training, course/series and agree to release, hold harmless and indemnify Alberta Vehicle Extrication Association, hosts, facilitators and their respective directors, officers' employees, and volunteers from any and all responsibility for any injury, loss or damage that I may incur while participating in the training. **All Participants' must be covered under Workers Compensation Boards by their respective employer.**

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

Fire Department  
Representative  
Signature \_\_\_\_\_ Date: \_\_\_\_\_