

### WEST THURSTON REGIONAL FIRE AUTHORITY

### CADET/OBSERVER INFORMATION and MINOR LIABILITY RELEASE

Cadet/Observer Name:	Date of Birth	Today's Date:	
Address			
Street	City	Zip	
Phone number (home)	(work or cell)		
Email:Eme	rgency Contact's name & Relationship	<b>:</b>	
Emergency telephone: (daytime)	(evening)		

# How to Complete the ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

Due to the risks inherent in the profession of firefighting, all participants are required to have a completed Release of Liability form (on the reverse side of this page) on file with West Thurston Regional Fire Authority before engaging in Fire-ground training, agility's, rider observation and use of the work out facility at or sponsored by West Thurston Regional Fire Authority. Cadet/Observer under the age of 18 must sign and initial the form and have a parent or guardian sign and initial the form as well. We request that the cadet and parent discuss the risks of participating in Fire service activities and training before completing the form. The following information is provided to assist you in properly completing this form. Cadets without a properly completed form will not be allowed to participate in the rider program, training or physical activities at West Thurston Regional Fire Authority. Please do not alter the form in any way. Please call us at West Thurston Regional Fire Authority if you have questions about completing the form.

- Please read the form on the reverse side of this page in its entirety before signing and initialing the form.
- All Cadets/Observer must read and discuss the form with their parent or guardian before signing and initialing the form on the blanks provided. Sign the form on the "signature of cadet" blank.
- Parent or guardian must sign the form on the signature blank provided at the bottom of the form "Signature of parent or guardian of cadet" and <u>initial all blanks</u>. If you, the parent or guardian, fail to sign and initial all required blanks the minor cadet will not be allowed to participate.
- 4 Print legibly the name of the signer and the name of the climber on the blanks provided.
- 5 Date the form on the blank provided.

## ASSUMPTION OF RISK, RELEASE OF LIABILITY & INDEMNITY AGREEMENT

I represent that I am familiar with the profession of firefighting, and I understand that such observation training and participation involves many inherent and other risks. I also know and accept that firefighting, training and "work-out" equipment or instruction at this facility is intended to prepare me for the risks and hazards of the job of Firefighter. I know that by participating in the West Thurston Regional Fire Authority/NMVSC Cadet Program, I risk personal injury or death from many causes, including (but not limited to) the following:  (a) slips, trips, or falls while using the facilities or equipment, training props, apparatus areas, training tower, floors, the work-out room, stairs, locker and shower facilities;  (b) entanglement with ropes or other equipment;  (c) failure to climb or belay safely or within my own ability;  (d) misuse or failure of the facilities or equipment;  (e) involvement in falls of other persons or their equipment, or involvement in falls in which I or my equipment strikes or becomes entangled with others; and  (f) reliance upon inexperienced persons that otherwise assist me in the preparation, inspection or use of any and all equipment.
I know that <i>risks exist in all places and in all activities</i> conducted within this facility, including the use of fire appliances, work-out equipment or any other equipment, and participation in classes or activities sponsored by West Thurston Regional Fire Authority. I also know that helmets, safety equipment, proficiency checks, supervision and enforcement of rules by West Thurston Regional Fire Authority do not and cannot guarantee my safety. Therefore, I FREELY ACCEPT AND FULLY ASSUME THE RISK THAT I CAN GET HURT, not only in the ways described above, but also in ways that are unknown and unexpected, and even if I follow the instructions of advice of West Thurston Regional Fire Authority employees (initials)
I choose to use West Thurston Regional Fire Authority facilities and equipment in spite of the risk of injury or death, and in addition to the representations I have made above, I agree as follows:
1. I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS that I or my heirs have or may have in the future against West Thurston Regional Fire Authority for any loss, damage, expense, or injury, including death, suffered from or in connection with my use of these facilities or equipment, or participation in activities sponsored by West Thurston Regional Fire Authority, due to any cause whatsoever, <i>INCLUDING NEGLIGENCE ON THE PART OF WEST THURSTON REGIONAL FIRE AUTHORITYEMPLOYEE'S</i> ;
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
TO PROTECT ME FROM HARM, and agree that even if West Thurston Regional Fire Authority chooses to
implement safety procedures, such actions shall not alter the fact that West Thurston Regional Fire Authority has no
duty to protect me;
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
AUTHORITY for liability for property damage or personal injury, including death, to myself and any other person
resulting from or arising in connection with my use of these facilities or equipment, or participation in activities
sponsored by West Thurston Regional Fire Authority;
(initials)
4. I HAVE READ AND UNDERSTAND the foregoing West Thurston Regional Fire Authority
Acknowledgment of Risks and have discussed it with my parent(s) or guardian(s) and am voluntarily signing below. If I am signing on behalf of a minor child, I represent and warrant that I am doing so with the consent and approval
of my spouse (if any) and I understand that I am acknowledging the risks to my child.
(initials) 2 of 3

I have read and understand this Agreement and intend that it be binding on me, my heirs, executors, administrators and assigns. By signing this Agreement, I intend to waive legal rights against West Thurston Regional Fire Authority on behalf of

myself, my heirs, executors, administrators and assigns.

#### NOTE:

Signed this date

Month

- If you do not wish to accept the risk of injury or death, then you may return this release unsigned and we may assist you in finding an alternative class and training.
- If you have a medical condition that may affect your ability to safely participate in this training, please refrain from participation until after consulting your physician and receiving physician authorization.
- As a Cadet/Observer I understand that I am not authorized to perform activities that I have not been trained to perform and I agree to refrain from all activities I have not been trained to perform.

Day

signature of Observer (18 or old	er)	please print Observers name clearly
		E 18, AND CADET-OBSERVER MUST SIGN THIS L BLANKS ON PAGE ONE
representation, waiver, release a or guardian of the minor. I inter to maintain any claim or suit ag Thurston Regional Fire Authorit Regional Fire Authority. I b	and indemnity described about to give up my right, the magainst West Thurston Region ty's facilities or equipment, believe and represent that and I agree to indemnify	above. I hereby make and enter into each and every ove on behalf of myself, the minor, and any other parent minor's right, and the right of any other parent or guardian and Fire Authority arising out of the minor's use of West or participation in activities sponsored by West Thurston I HAVE LEGAL AUTHORITY TO MAKE THESE West Thurston Regional Fire Authority for all liability is waivers and releases.
Signed this date Month	/	Year ·
signature of parent or guardian o	of cadet	please print parent or guardian's name clearly
signature of Cadet/Observer (all	ages)	please print Cadet/Observer name clearly (all ages)