

# ORLAND FIRE DISTRICT

## CITIZENS' FIRE ACADEMY PARTICIPANT APPLICATION

*The emergency information sheet and releases forms must accompany this application.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Polo Shirt Size: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

What interest do you have in the fire service?: \_\_\_\_\_

\_\_\_\_\_

What expectations do you have of the fire academy?: \_\_\_\_\_

\_\_\_\_\_

If the academy is full, may we place your name on a waiting list?:  Yes  No

All applicants must be at least eighteen years old. All of the information included on this application must be true and accurate. The Orland Fire Protection District reserves the right to reject or accept any application for its Citizens' Fire Academy.

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

*This application form should be completed and returned with the emergency information form and the legal release.*

# ORLAND FIRE DISTRICT

## CITIZENS' FIRE ACADEMY EMERGENCY INFORMATION SHEET

*Please clearly print all information.*

Name: \_\_\_\_\_

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

City, State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

In case of emergency, whom shall we contact?

Name

Relationship

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Conditions

- Cardiac/Heart
- Breathing/Respiratory
- Stroke
- Diabetes
- Vision/Hearing
- Other \_\_\_\_\_

Do you have any known allergies?:  Yes  No To What?: \_\_\_\_\_

Note: Certain activities throughout the Citizens' Fire Academy may involve a moderate degree of physical exertion. It is recommended that participants with any of the above mentioned conditions check with their physician prior to participating in the academy. Participating in any portion of the program is purely voluntary and shall not be considered a requisite for acceptance.

# ORLAND FIRE DISTRICT

## CITIZENS' FIRE ACADEMY

### WAIVER/RELEASE OF LIABILITY AND INDEMNITY

In consideration of the permission extended to me by the Orland Fire Protection District, to participate in the Citizens' Fire Academy, and for other valuable consideration, I, \_\_\_\_\_, of the address of \_\_\_\_\_ (street address, city, state and zip code), for myself, my heirs, executors, administrators and assigns, do hereby FULLY AND FOREVER RELEASE, COVENANT NOT TO SUE AND DISCHARGE the Orland Fire Protection District and its trustees, officers, instructors, employees, servants, agents from any and all claims (including attorneys' fees), demands and damages, on account of, or in any way resulting from any damages or loss (including wrongful death, personal injury or property damage) suffered by me, arising out of the activities on the premises of the Orland Fire Protection District and/or in any way associated (either directly or indirectly) with the Citizens' Fire Academy, specifically including but not limited to any training exercise. This agreement is also intended to include any losses incurred or arising out of instructions, training and directions received in the course of any of the Citizens' Fire Academy activities.

Furthermore, in consideration of the foregoing premises, I do, for myself, my heirs, executors, administrators and assigns, hereby expressly stipulate, covenant, and agree to INDEMNIFY, hold harmless and defend The Orland Fire Protection District and its trustees, officers, instructors, employees, servants and agents against and from any and all losses and claims for loss which hereafter arise, or are instituted or recovered against the Orland Fire Protection District, and its trustees, officers, instructors, employees, servants and agents arising out of, connected with or in any way associated with my participation in the Citizens' Fire Academy. I hereby intentionally waive and release as well as hold the Orland Fire Protection District, its trustees, officers, instructors, employees, servants and agents harmless from any and all injuries, damages sustained by me or my property arising from the negligence of the Orland Fire Protection District, its trustees, officers, instructors, employees, servants and agents.

I acknowledge that I am 18 years of age or older, and am familiar with the nature of the activities which may occur and take place in the Citizens' Fire Academy, and I am cognizant of the danger to my person and property presented in my participation therein and do fully assume all such risks. I am aware of no reason, medical or otherwise, which would or could prevent me from performing the tasks required in the Citizens' Fire Academy activities, that I have acquainted myself with what is required to perform the tasks I intend to take part in, and I have sufficient skill and ability to perform them in a manner which includes providing for my own safety and that of others. I am fully aware of, and do acknowledge and assume all risk of injury inherent in my participating in the Citizens' Fire Academy activities, and I will assume full responsibility for my own safety, and that of others, while engaged in those activities connected with my participation, instruction and/or training in the Citizens' Fire Academy activities.

I acknowledge that I am not now an Orland Fire Protection District employee and that by signing this document, I am also waiving and hereby do release and hold the Orland Fire Protection District harmless from any and all claims which might be made under any Worker's Compensation Program of which the Orland Fire Protection District is a part, whether insured, self-insured or otherwise.

I permit and hereby give my consent to the taking of photographs, audio and video tapes of me and/or my likeness during the Citizens' Fire Academy for publication and use as the Orland Fire Protection District deems necessary.

I hereby represent that I have read this entire document and that by signing this Agreement, I acknowledge that I understand all the words, intentions and provisions of this document, as well as the rights, duties, obligations and limitations of the same as provided for herein. I understand that this is a legal document and that I have the right and option of having an attorney review the document before signing it.

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

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

Name (printed): \_\_\_\_\_