

SPRINGDALE FIRE DEPARTMENT

Fire Prevention Division

Citizens Fire Academy Release Form

Name: _____

Address: _____

City: _____ State _____ Zip _____ Home Phone _____

RELEASE OF LIABILITY CONTRACT

The above named participant hereby represents and agrees to each of the following:

PARTICIPATION AUTHORIZATION AND RELEASE OF LIABILITY

I hereby assume the risks, if any, of participating in the Springdale Citizen's Fire Academy and all associated activities. The City of Springdale, Springdale Fire Department, its officers, representatives, employees and sponsors are hereby released from any and all liability or responsibility for any injury that may occur for any reason to me resulting directly or indirectly from my participation in the Springdale Citizen's Fire Academy.

AUTHORIZATION FOR EMERGENCY TREATMENT

I hereby authorize any physician, surgeon or dentist in the nearest Emergency Medical facility, to administer any emergency treatment, procedure or medicine necessary or advisable. I further authorize that I be transported to the emergency room of the closest Hospital/Emergency facility, if necessary. I also authorize officials of the Springdale Citizen's Fire Academy to secure the use of an ambulance, if necessary, for transporting me to the Hospital/Emergency facility to administer first aid treatment. I further agree to pay the hospital, doctors, and ambulance service for all services rendered. I request that this authorization remain in force as long as I am engaged in any activity relating to the Springdale Citizen's Fire Academy unless notified in writing of a change by me.

Participant's Signature: _____

Date: _____

Emergency Contact: Name: _____ Phone: _____

Special Requests or Medical Conditions: _____