



LLOYD WINNECKE  
MAYOR

MIKE CONNELLY  
FIRE CHIEF

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**CITY OF EVANSVILLE  
EMPLOYER RELEASE AND WAIVER OF LIABILITY**

In consideration of voluntarily participating in the Evansville Fire Department Fire Extinguisher Training Program (hereinafter referred to as the "Program"), \_\_\_\_\_ (*insert name of business*)(hereinafter referred to as the "Employer") hereby agrees to this Employer Release and Wavier of Liability Agreement (the "Agreement").

Employer recognizes that the Program may involve physical activity and may carry a risk of personal injury and may cause its employees physical or emotional discomfort. Employer further recognizes that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with any actions in the Program can cause injury to its employees. Employer acknowledges that the participation of its employees is voluntary and done at their own risk, and employer voluntarily assumes all risk of loss, damage or injury that may be sustained by its employees while participating in the Program.

Employer further agrees to release, indemnify, and hold harmless the City of Evansville, the Evansville Fire Department, their agencies, departments, officers, employees, agents, insurers, representatives, elected officials, affiliates, directors, servants, instructors, volunteers, members, sponsors and/or officials and staff from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness, attorneys' fees or harm of any kind or nature to its employees arising out of any and all activities associated with its employee's participation in the Program.

This Agreement is granted, without limitation in favor of the City of Evansville, the Evansville Fire Department and their agents, respective officials, members, employees, representatives, directors, sponsors, and organizers, and other participants in the Program.

Employer has read and understood everything written above, and Employer voluntarily signed this Agreement.

**EMPLOYER:**

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

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