

LLOYD WINNECKE MAYOR MIKE CONNELLY FIRE CHIEF

550 S.E. Eighth St. • Evansville, IN 47713-1786 (812) 435-6235 • FAX: (812) 435-6248 • TDD/Hearing Impaired: (812) 436-4925

CITY OF EVANSVILLE EMPLOYEE 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"), I hereby agree to this Volunteer Release and Wavier of Liability Agreement (the "Agreement").

I recognize that the Program may involve physical activity and may carry a risk of personal injury and may cause me physical or emotional discomfort. I further recognize that there are natural and manmade hazards, environmental conditions, diseases and other risks, which in combination with my actions in the Program can cause injury to me. I state that I am free from any known health conditions that could prevent me from participating in any of the activities associated with the Program. I further state that I am sufficiently physically fit to participate in the activities of this program. I acknowledge that my participation is voluntary and done at my own risk, and I voluntarily assume all risk of loss, damage or injury that may be sustained while participating in the Program.

I further agree 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 me arising out of any and all activities associated with my 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.

I have read and understood everything written above, and I voluntarily signed this Agreement. If the participant is under 18 years of age, the signature of a parent or guardian of the employee is required in addition to that of the employee.

	Date:
Signature of Employee	
Printed Name of Employee	Parent/Guardian Signature (if applicable)