CITY OF LONGMONT FIRE DEPARTMENT
AGREEMENT ASSUMING RISK OF INJURY, AND DAMAGE
WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT

I, ,
request the Longmont Fire Department allow me to accompany a member or members of the Fire Department during the performance of their official duties.

I do hereby agree:

1. That I am aware that the work of the Fire Department is inherently dangerous and that I may be subjected to the risk of death, personal injury or damage to my property by accompanying a member or members of the department during the performance of their official duties;

2. That I voluntarily and knowingly assume the risk of personal injury, property damage or death arising from or in any way connected with the use of vehicles; weapons; unlawful acts or forcible resistance by law violators or suspected law violators; fire; explosion; gas; electrocution; or injury in any other way, while accompanying a member or members of the department during the performance of their official duties;

3. That the City of Longmont, its officers, agents and employees shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property incurred while accompanying any member or members of the Fire Department during the performance of their official duties resulting from any act or omission on the part of any member of the Fire Department or of any member of the public;

4. That the Fire Department is not assuming a special duty to me; and

5. For myself, my heirs, executors, administrators and assigns, to indemnify the City of Longmont, its officers, agents and employees against any and all manner of actions, causes, suits, debts, claims, demands, or damages or liability or expenses of every kind and nature incurred or arising by reason of any actual or claimed negligent or wrongful act or omission of mine while accompanying any member or

members of the Fire Department during the performance of their official duties.

I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

CAUTION YOU ARE WAIVING YOUR LEGAL RIGHTS BY SIGNING THIS DOCUMENT. READ THIS DOCUMENT IN FULL BEFORE SIGNING

Date _____

_____ _____
Signature Witness

_____
Address

_____
Phone

EMERGENCY CONTACT INFORMATION

_____ _____
Name Address & Phone

I authorize the City of Longmont to obtain medical treatment for me, at my own cost and expense, in the case of an emergency.

_____ _____
Signature Witness

cnsntfd.frm