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

PARENTAL CONSENT FORM

I, _____ ,
am the parent and guardian of _____,
and I request the Longmont Fire Department allow my child 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 my child may be subjected to the risk of personal injury or death, or that my property may be subjected to damage 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 for my child and myself of death, personal injury or property damage 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, my child or my property incurred while riding in any vehicle or 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 my child; and

5. For my child, myself, my heirs, executors, administrators and assigns, to indemnify the City of Longmont, its officer, agents and employees against any and all manner of actions, causes or actions, 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 my child 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.

City of Longmont Fire Department
Parental Consent Form

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

Date _____ _____
Child's Signature

_____ _____
Signature Witness

_____
Address

_____
Phone

EMERGENCY CONTACT INFORMATION

_____ _____
Name Address

_____
Phone

Medical Information in Case of an Emergency

I authorize the City of Longmont to procure medical treatment for my child in the case of emergency at my own cost and expense. I understand the City will make a reasonable attempt to notify me.

_____ _____
Signature Witness

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