

City of Hudson –Department of Fire

17 YEAR OLD PROBATIONARY FIREFIGHTER LIABILITY RELEASE AND MEDICAL AUTHORIZATION

As parent or guardian of the child named below, I give my permission for my child, age 17, to participate in the City of Hudson Probationary Firefighter Program.

I give permission for representatives of the City of Hudson Department of Fire to provide transportation to my child for emergency reasons, during emergency calls for service, during training and special event/detail functions. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in the program, I voluntarily release the City of Hudson and the City of Hudson Department of Fire, as well as all of their personnel, staff, and officials from any and all liability for the injuries. I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless the City of Hudson and the City of Hudson Department of Fire.

I understand that the program will include risks while performing hands-on training and incident scene activities, with supervision; however, unexpected events may occur. I have determined that my child is fully medically capable of participating in the program activities.

I grant permission for my child to undergo a physical examination as outlined in NFPA (National Fire Protection Agency) Standard 1582 by the medical organization assigned by the City of Hudson Department of Fire. I also understand there will be no cost to me for this examination.

I understand that photographs and video may or may not be taken of my child during these activities. I give my permission for the City of Hudson and the City of Hudson Department of Fire to use photographs or video for promotional, including brochures or promotional video, and training purposes.

I have read this release; I understand it; and I fully agree to all its terms.

Name of parent or guardian (print): _____

Parent or guardian address (if different from child): _____

City: _____ State/ZIP: _____

Emergency Contact Number(s) _____, _____

Signature of parent/guardian: _____ Date: _____

Notary Public verification required, do not sign until advised by the Notary.

Sworn to me this _____ day of _____, 20____.

Notary Public: State of New York

Updated 12/10/19