



LA CROSSE COUNTY FIRE & EMS EXPLORER WAIVERS

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PERMISSION TO PARTICIPATE

I certify that I have read the requirements set forth for the position applied for and attest that all statements made by me on the application are true and any false statements will result in disqualification for consideration or termination as a member of the La Crosse County Fire and EMS Explorer program.

AGREEMENT TO MANUAL GUIDELINES

I have read and agree to the La Crosse County Fire Officers Explorer Program Manual Guidelines for the La Crosse County Fire Officers Association Explorer program. I understand that firefighting by nature is a hazardous duty, and these guidelines are written to protect the firefighters and the Explorer group. They must be always obeyed by all members, including myself. Failure for me to follow these procedures or the directions given by the program leaders, or department officers or firefighters may result in my expulsion from the program.

I, the undersigned, hereby empower any employee of the La Crosse County Fire Officers Association to obtain any records and information concerning the enumerated items below, reference to my application for the Fire EMS Exploring Program.

RELEASE OF INFORMATION

I hereby release any individual or institution, including its Firefighters, Employees, or Related Personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result from/to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply within. I understand that the results are confidential, and I do not have access to them, as the information is obtained from sources in confidentiality.

1. From Fire or EMS Departments.
2. From Current or Past Employers.
3. From Schools and Learning Institutions.
4. From Medical, Physical, Mental Offices, Clinics, Hospitals, Treatment Facilities, or other institutions engaged in such services.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S PRINTED NAME: _____



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WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION

In consideration for admission into the La Crosse County Fire Officers Association Explorers Program and permission to engage in La Crosse County Fire Officers Association Explorer activities which further my or my child's education and knowledge of fire and emergency services activities.

I, the undersigned, hereby agree to indemnify and hold harmless the La Crosse County Fire Officers Association, its officials, officers, employees, agents, and volunteers from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of my, or my child's involvement in the La Crosse County Fire Officers Association Explorer activities including damage or injuries which occur while I or my child are accompanying members of the La Crosse County Fire Officers Association as they conduct their official duties.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the La Crosse County Fire Officers Association, its officials, officers, employees, agents and volunteers, as a result of any injury to my or my child's person or property which occur as a result of or during my or my child's involvement in the La Crosse County Fire Officers Association Exploring activities or while I or my child are accompanying members of the La Crosse County Fire Officers Association during their official duties.

I further agree for myself, my heirs, executors, administrators, and assigns, to defend and indemnify the La Crosse County Fire Officers Association, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine or my child's while accompanying any La Crosse County Fire Officers Association official, firefighter, employee, agent, and volunteers, or while engaging in any La Crosse County Fire Officers Association Explorer activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into a knowing and intelligent manner and pursuant to his or her free will.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT'S PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN'S PRINTED NAME: _____