



CONSENT AND RELEASE OF LIABILITY

In consideration of the Consolidated City of Indianapolis and Marion County, Indiana (hereinafter referred to as "City") allowing my child/children,

(PRINT CHILD'S NAME) _____

(PRINT CHILD'S NAME) _____

to participate in the Indianapolis Fire Department's "Firefighters Survive Alive" program (hereinafter referred to as "program"),

I hereby RELEASE AND DISCHARGE the City,

and the City's departments, agencies, officers, agents and employees from all claims of loss or liability, either direct or consequential, arising out of any accidents, injuries or occurrences associated with my child's/children's participation in the program, whether due in whole or in part to negligent acts or omissions of the City, or the City's departments, agencies, officers, agents or employees.

I declare and acknowledge that I am fully aware of the nature and hazards of participation in safety training activities such as those offered in the program, which may include but are not limited to, climbing stairs, climbing out of SIMULATED windows, crawling down a SIMULATED roof, rolling on mats and out of a bed, and crawling on the floor. *

Further, I understand that images captured of all scheduled visits may be used as promotional materials by Firefighters Survive Alive, Inc.

I have read the above "CONSENT AND RELEASE OF LIABILITY", and understand the potential hazards of participation; on behalf of my child/children, and in exchange for their participation in the program, I hereby accept the risks and responsibilities, and release the City from all liabilities as stated above.

(Signature) _____

(Printed) _____

(Date) _____

*You may go to www.survivealive.org for a virtual tour of the Survive Alive Village. A firefighter supervises each child individually as he/she escapes the house down a small ramp simulating a roof. Pants/shorts and "gym shoes" are appropriate attire.