



# RELEASE

Wayne County Regional Training Facility

WHEREAS, the undersigned voluntarily desires to participate in the Firefighter/EMS Training Course; and

WHEREAS, the undersigned is aware that there are risks and hazards which may arise through participation in said activity and that participation in said activity has serious risks, including risk of loss of life and/or limb and/or property of the undersigned; and

WHEREAS, the undersigned being knowledgeable that risks are involved in said course and being willing to waive all rights or claims to injury, person, and/or property;

THEREFORE, it is agreed as follows:

In consideration of being allowed to participate in said activity and receive educational and other benefits, the undersigned voluntarily assumes all risks of accident or personal damage to his person or property, and hereby releases the Wayne County Regional Training Facility, its agents and employees, from every claim, liability or demand of any kind sustained, whether caused by negligence of the Wayne County Regional Training Facility, its agents or employees, or otherwise. This release shall be binding upon any heirs, administrators, executors and assigns of the undersigned.

The undersigned certifies that he/she has read the release and he/she fully understands the conditions herein provided.

\_\_\_\_\_  
Department Chief (Print)

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
Department Chief (Signature)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date