

NORTH CAROLINA YOUTH FIRE ACADEMY

LIABILITY RELEASE AND MEDICAL AUTHORIZATION

CHILD / STUDENT (*print*)

Name:	Date:
Address:	
City:	
State:	ZIP:

As the parent or guardian of the child named herein, I give my permission for my child to participate in the **North Carolina Youth Fire Academy**. I have determined that my child is medically and physically capable of fully participating in the challenging activities of the program. I understand that the program will include minimal risk hands-on trainings with careful, trained supervision; however, unexpected incidents can occur.

In the event of an emergency or medical problem, I authorize representatives of the **North Carolina Youth Fire Academy** to administer first aid, basic life support, and appropriate medical treatments. I give permission for my child to be transported for emergency or medical purposes.

By signing this release, I agree that if my child is injured or suffers a medical problem while participating in the training, I voluntarily release the **North Carolina Youth Fire Academy**, its hosts (Box 1971, Stovall Fire Department, and the Warren County Junior Firefighters Program), its sponsors, as well as all their personnel, staff, Board, and directors from all liabilities. 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 **North Carolina Youth Fire Academy** and its hosts.

I understand that photographs and videos may be taken of my child during these activities. I give my permission for the **North Carolina Youth Fire Academy** and its hosts to use these photographs and videos for promotional or training purposes.

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

Parent/Guardian Signature: _____

PARENT / GUARDIAN (*print*)

Name:	Date:
Address:	
City:	
State:	ZIP: