



VAN PASSENGER - WAIVER OF LIABILITY FORM

CAMP EMBER PARENT/LEGAL GUARDIAN:

Thank you, for your interest in participating in your chosen Camp Ember activity. As a reminder, your child is representing Camp Ember, West Metro Fire Protection District (WMFPD) and Arvada Fire Protection District (AFPD) as both a community member and as a student. They are expected to act in accordance and within the rules of the departments and Camp Ember. Failure to comply with any aspect of these rules and guidelines may affect your status as a student at Camp Ember.

I am exercising my own free choice to allow my child to participate in **van transportation provided by Camp Ember, WMFPD, and AFPD**. I have been informed of the nature of these activities, and I am aware of the hazards and risks that may be associated with my participation in these activities, including the risks of bodily injury, death, or damage to property from known or unknown causes.

For myself, my heirs, successors, executors, I hereby knowingly and intentionally waive and release, indemnify and hold harmless Camp Ember, WMFPD, AFPD, Chiefs, officers, employees, agents and volunteers from and against all claims, actions, causes of action, liabilities, suits, expenses and NEGLIGENCE of any kind of nature arising directly or indirectly out of any damage, loss, injury, paralysis or death in connection with my participation in this course, program or activity and/or use of this equipment and to waive all claims for damages or losses against Camp Ember, WMFPD and AFPD which may arise from such activities.

In signing below I hereby assert that:

1. I have read this document and understand that all Camp Ember, WMFPD and AFPD Code of Conduct articles apply;
2. I understand that a female Camp Ember mentor (professional firefighter representing WMFPD or AFPD) will be driving the passenger van and/or SUVs;
3. I am personally liable for injuries that my child may suffer as a result of participation in this activity, and am strongly encouraged to carry medical insurance for child.

Print Name

Signature of Parent/Guardian

Date

Emergency Contact

Emergency Contact Phone Number