

**ST. LUCIE COUNTY FIRE DISTRICT  
HOLD HARMLESS AGREEMENT**

In consideration of the St. Lucie County Fire District granting the undersigned the opportunity to accompany an employee (s) of the St. Lucie County Fire District in the performance of said employee's duties, by riding with said employee (s) in a Fire District vehicle; and the undersigned recognizing the fact that the duties of the officers of the Fire District are inherently dangerous and that no duty is owed to the passenger while such employee(s) is engaged in his/her official duties, hereby assumes all risks attendant upon such activity and agrees to hold the St. Lucie County Fire District, its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the undersigned accompanying said employee(s) of the St. Lucie County Fire District.

I have read the above and agree and understand its contents.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Applicant's Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

***THE REMAINDER OF THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ANY PERSON WHO IS UNDER THE AGE OF EIGHTEEN (18), AND IS APPLYING TO BECOME A ST. LUCIE COUNTY FIRE DISTRICT FIRE CADET.***

I, \_\_\_\_\_, the parent or legal guardian of the above named minor/Cadet applicant, have read this Hold Harmless Agreement and hereby consent to the minor/applicant accompanying a St. Lucie County Fire District employee(s) by riding with the employee(s) in a Fire District owned vehicle. I am aware of the risks involved and assuming same, hereby agree to hold the St. Lucie County Fire District and its officials, officers, employees, agents, and volunteers harmless from any and all claims which may arise as a result of the above minor/applicant accompanying said employee(s) of the St. Lucie County Fire District.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_