

**ST. LUCIE COUNTY FIRE DISTRICT**

**WAIVER OF LIABILITY, RELEASE OF CLAIMS, AND INDEMNIFICATION**

In consideration for being a member of the St. Lucie County Fire District Fire Cadets and thereby being permitted to engage in fire district activities which will further my education and knowledge of fire/rescue activities, I the undersigned, hereby agree to indemnify and hold harmless the St. Lucie County Fire District and its officials, officers, employees, agents and volunteers harmless from any and all claims, injuries, or damages of any nature, sustained to my person or property which occur as a result of or during my accompanying members of the St. Lucie County Fire District during their official duties, or during St. Lucie County Fire District Fire Cadet activities.

I further release and waive any and all claims and causes of action, including but not limited to actions based on negligence, which may arise against the St. Lucie County Fire District, its officials, officers, employees, agents and volunteers, as a result of any injury to me or my property which occur as a result of or during my accompanying members of the St. Lucie County Fire District during their official duties, or while engaging in any St. Lucie County Fire District Fire Cadet activity. I further agree for myself, my heirs, executors, administrators, and assigns to defend and indemnify the St. Lucie County Fire District, its officials, officers, employees, agents and volunteers, their sureties against any and all actions, suits, debts, claims, demands, damages, liability, or expenses of any kind incurred or arising by reason of any actual or claimed negligence or wrongful act or omission of mine while accompanying any St. Lucie County Fire District official, officer, employees, agent, and volunteer, or while engaging in any St. Lucie County Fire District Fire Cadet activity.

All parties signing below endorse the preceding three paragraphs as their own and represent that the waiver of liability, release of claims, and indemnification is entered into in a knowing and intelligent manner and pursuant to his/her free will.

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_