



GREENVILLE FIRE DEPARTMENT FIREFIGHTER EXPLORER PROGRAM

IMPORTANT: This is a legal document to be signed by parents / guardians of participating minors, or by participants over the age of eighteen, and includes an indemnification, waiver and release of liability, and consent to emergency treatment.

The City of Greenville Fire Department (“Fire Department”) has established a Firefighter Explorer Program (“Explorer Program”) which is open to young men and women ages 14 to 20 who may be interested in pursuing a career in fire or emergency services. This is an interactive, hands-on program designed to provide leadership experience, community service opportunities, social network development, and confidence building. In addition to real world experience, participants will also benefit from one-on-one mentorship and guidance in planning for a career in fire or emergency services. It is anticipated that the Explorer Program will meet 1-2 times per month, for approximately 12 hours each time, at a Greenville fire station, with one or more Greenville firefighter mentors who will be in attendance; and may include ride-a-longs on firefighter service calls. Every reasonable effort will be made to keep you and/or your child safe. However, while we do not wish to frighten you or discourage you, or your child’s, participation in the program, you need to understand and be aware that the aspects of the program that make it desirable, such as interacting with and learning from Greenville firefighters and/or EMS personnel and observing and/or experiencing a portion of their duties, may also lead to danger, injury, and/or death. Thus, you must determine if you, if over the age of eighteen, or your child, if a minor, is capable of participating in the Explorer Program, and if such participation is advisable for you or your child. After considering the foregoing, you must certify for yourself, if over the age of eighteen, or your child, if a minor, that you or your child is capable of participating in the Explorer Program, and that you have determined that it is advisable to do so, and do hereby consent to such participation.

YOU OR YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN THE EXPLORER PROGRAM WITHOUT COMPLETING AND SIGNING THIS FORM, AND HAVING SUCH NOTARIZED.

ACKNOWLEDGMENT OF RISK – CONSENT TO TREATMENT

I hereby certify that I have considered the benefits of my participation, if over the age of eighteen, or my child’s participation, if a minor, in the Explorer Program, and the possible risks inherent in such participation. After considering this, I hereby acknowledge that I have read the above statement on the risks involved in this activity, and certify that I, or my child, as applicable, is capable of participating in the Explorer Program, choose for me or my child to so participate, as applicable, and willingly assume full responsibility for myself or my child for expenses, bodily injury and/or death arising out of, or in any way connected with, participation in the Explorer Program.

I also consent to allow myself, if over eighteen, or my child if a minor, in the event of injury, accident, or illness, to receive emergency medical treatment that may seem advisable to the firefighters and/or EMS personnel in attendance, or to be transported to a medical facility for treatment.

INDEMNIFICATION, HOLD HARMLESS, WAIVER AND RELEASE

I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE CITY OF GREENVILLE AND ITS EMPLOYEES, OFFICERS, OFFICIALS, AGENTS AND/OR CONTRACTORS FROM AND AGAINST ANY AND ALL DAMAGES, LOSSES, SUITS, LIABILITY AND/OR CAUSES OF ACTION RESULTING FROM PERSONAL INJURY, INCLUDING DEATH, OF MYSELF OR THOSE FOR WHOM I HAVE LEGAL AUTHORITY ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY OR THEIR PARTICIPATION IN THE EXPLORER PROGRAM. AND FOR MYSELF, MY FAMILY MEMBERS, HEIRS AND/OR EXECUTORS



DO HEREBY RELEASE CITY AND ITS PERSONNEL AND REPRESENT AND COVENANT NOT TO TAKE ACTION AGAINST OR SUE THE CITY GREENVILLE OR ITS EMPLOYEES, OFFICIALS, OFFICERS, OR AGENTS AS A RESULT OF MY OR MY CHILD’S PARTICIPATION IN THE EXPLORER PROGRAM, UNLESS SUCH DAMAGES AND/OR INJURIES ARE CAUSED BY THE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF CITY OR ITS EMPLOYEES.

In consideration of the right to participate in the Explorer Program, I, for myself if over the age of eighteen, or for my child, if a minor, sign below.

(Signature of Participant over the age of eighteen)

(Witness)

(Printed Name of Participant over the age of eighteen)

(Witness)

(Address)

(Emergency Contact Number)

OR

(Signature of Parent / Guardian)

(Printed Name of minor child and age)

(Printed Name of Parent / Guardian of minor)

(Witness)

(Address)

(Witness)

(Emergency Contact Number)

STATE OF SOUTH CAROLINA)
)
COUNTY OF GREENVILLE)

ACKNOWLEDGMENT

The foregoing instrument was acknowledged before me this _____ day of _____, 2018 by the _____ participant, or _____ parent/guardian for the minor participant, in the Explorer Program. *(Initial one)*

Notary Public for South Carolina

Printed name of Notary

My Commission Expires: _____