

Clackamas County Fire District



RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned realize and appreciate the basic nature of fire department operations and the possibility that situations may arise which might result in my being exposed to the danger of physical harm or injury, including but not limited to, motor vehicle accidents, air borne hazards, hazards substances and infected blood products. I never the less freely and voluntarily accept these products. I never the less freely and voluntarily accept there risks. I further agree to keep confidential anything which I may observe, read or hear when so requested by members of the Fire District. I understand that my observation may be terminated at any time without notice by the officer in charge.

Therefore, in consideration of the educational benefit afforded me by the Fire District granting the above request. I hereby release and hold harmless Clackamas Fire District No. 1, their agents, assigns, employees and Board of Directors from any and all harm, claims for damages in any way arising out of, or connected with the granting of this request. Further I covenant and agree to indemnify, repay, reimburse and make good to Clackamas County Fire District, their agents, assigns, employees and Board of Directors any and all sums of money, losses, damages, attorney fees and other fees, cost and expenses that any or all of them may hereafter be required or compelled to pay or sustain by any person as a result of my action, conduct or omission while I am acting as an observer, and to indemnify and defend them from the same.

Date:

Signature of Applicant:

Signature of Guardian if above is minor:

Approved by:

Date:

ADDRESS of Applicant:

Telephone Number:

~ Clackamas County Fire District #1 ~

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