



### **Parental/Guardian Release of Civil Claims and Indemnity Agreement**

For and in consideration of being permitted to use the facility at the Washington State Fire Training Academy in North Bend, Washington, and understanding that I am in no way an agent of the state, I, \_\_\_\_\_, for myself, my heirs, assigns or other successors in interest, do hereby release and forever discharge the Washington State Fire Training Academy, the state of Washington, its officers, agents, employees, agencies, and departments from any and all liability for all existing and future claims, damages, and causes of action of any nature whatsoever which I may have or which may cause injury to me, which concern the loss or damage of property, and I hereby waive any claim against the Washington State Fire Training Academy, the state of Washington, its officers, agents, employees, agencies and departments for personal injuries, loss of service, loss or damage of property or medical expenses of whatever nature which might arise during or as a result of my being a permissive user of said facility.

Furthermore, I do agree that I will forever protect, defend, hold harmless, and indemnify the Washington State Fire Training Academy, state of Washington, its officers, agents, employees, agencies and departments against any and all claims for damages, judgment, or liabilities by third persons that may occur as a direct or indirect result of using said facility, including those resulting directly or indirectly from my acts or omissions, from the Washington State Fire Training Academy's acts or omissions or any combinations thereof.

I have reviewed the regulations promulgated by or pertaining to the Washington State Fire Training Academy and I agree to abide by the regulations.

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

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Subscribed and sworn before me the \_\_\_\_\_ day of the month of \_\_\_\_\_ of the  
calendar year \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

Complete address and contact information for Notary

\_\_\_\_\_  
\_\_\_\_\_  
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Seal of the Notary