



Seeley Lake Rural Fire District

CADET APPLICATION

# Seeley Lake Rural Fire District

200 Firehouse Ln., Seeley Lake MT 59868

## **FIRE CADET PROGRAM**

### **RELEASE, WAIVER AND INDEMNIFICATION**

#### **AGREEMENT**

This Agreement is entered by and between the Seeley Lake Rural Fire District and the parent(s) or guardian(s) of the minor participating in the Fire Cadet Program.

The Seeley Lake Rural Fire District (District) is sponsoring a Fire Cadet Program. By this program residents of the District between the age of 16 and 18 years may become familiar with, receive training for and participate in the operations of an agency which provide fire protection and emergency medical services. By signing this AGREEMENT you are giving up certain rights on your own behalf and on behalf of the minor to hold the District, its agents, officers, employees and volunteers liable for injuries or damages suffered as a result of the minor's participation in the activities of the Fire Cadet Program. Also, by signing this AGREEMENT you obligate yourself to pay any costs and/or damages the District, its agents, officers, employees and volunteers may incur as a result of a suit brought by yourself or the minor based upon the minor's participation in the Fire Cadet Program.

#### **DISCLOSURES**

The participation in the activities of an agency that provides fire protection and emergency medical services entails certain risks. Risks to which a participant in the Fire Cadet Program may be exposed, include but not limited to:

1. Exposure to fire, smoke and burning buildings
2. Viewing sick, injured, burned and dead people
3. Exposure to communicable disease
4. Being a passenger on a vehicle responding to an emergency scene

There are other risks not identified above to which a participant in the Cadet Program may be exposed.

#### **WAVIER**

I hereby waive, (Give up), my right on behalf of myself and my minor child or ward to sue or collect damages for any injury to person or property occasioned by the participation of my minor child or ward in the Fire Cadet Program.

#### **IDEMNITY**

I hereby agree to pay to the District, its agents, officers, employees or volunteers the amount of money the District, its agents, officers, employees and volunteers may expend as the result of a lawsuit brought on my behalf or on behalf of my minor child

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or ward for any loss resulting from participation of my child or ward in the Fire Cadet Program.

## REPRESENTATION

I hereby represent that my child or ward is physically capable of participating in the Fire Cadet Program.

## AUTHORIZATION

If the District is unable to reach me or to reach the person I have listed as an alternative contact in the case of an emergency, then, I hereby authorize the District to obtain medical treatment necessary for my child or ward in the event of their illness or injury.

## EMERGENCY

If an emergency arises regarding the participation of my child or ward in an activity sponsored by the District please contact:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

My child's Doctor is:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

## CONSENT

I consent to the participation of my minor child or ward, \_\_\_\_\_  
\_\_\_\_\_, (Name of child/ward) in the Fire Cadet Program.

I grant permission to, \_\_\_\_\_, (Name of school),  
to release academic information to the District Fire Chief, or the Volunteer Cadet  
Advisor.

I, the undersigned hereby agree to each of the requirements of this agreement on  
behalf of myself, my spouse and my minor child or ward.

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

Cadet Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Cadet Advisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

District Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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## Fire Cadet Program

### Application & Cadet Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Residence Address)

Address \_\_\_\_\_  
(Mailing Address)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ GPA \_\_\_\_\_

School Counselor \_\_\_\_\_ Phone \_\_\_\_\_

Contact in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (res.) \_\_\_\_\_ Phone (wk.) \_\_\_\_\_

I, \_\_\_\_\_, hereby agree to follow and obey all the rules and regulations, code of conduct, performance standards, etc. pertaining to being a Cadet Member of the Seeley Lake Rural Fire District. Further, I understand that failure to obey the rules and regulations; code of conduct, performance standards, etc. will be cause for my termination from the program.

Signed, \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Cadet)