

**THE NOVA SCOTIA FIREFIGHTERS SCHOOL
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT FOR JUNIOR FIREFIGHTERS**

I am the PARENT OR LEGAL GUARDIAN of the Junior Firefighter listed below who will be partaking in training activities with the Nova Scotia Firefighters School ("NSFS"). I agree that while participating in NSFS training my son/daughter will be under the care of a member of my son/daughter's fire department who is over the age of 18. I also agree that it is my responsibility to find out who that person will be.

My intent by signing below is to exempt, waive and relieve the Nova Scotia Firefighters School ("NSFS") from liability for personal injury, property damage, and wrongful death, including if caused by negligence. I have read this agreement, fully understand its terms and understand that I have given up substantial rights on behalf of the minor under my care. I acknowledge that I have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Name of Participant: _____ Date of Birth (MM/DD/YYYY): _____

Printed Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____ Date: _____

Department Acceptance of Responsibility

I, _____ (Name of Chief, Deputy Chief or Training Officer, of the _____ (Name of Dept./Employer) the undersigned, confirm that the above named student has met all of the prerequisite requirements for the course applying for. I also confirm that I have read this agreement and fully understand its terms. I understand that the Department/Employer must assume any risk of injury or death as a condition of participation. In the event that injury or death does occur, I therefore agree to hold harmless the Nova Scotia Firefighters School ("NSFS"), its executive, board of directors, employees, instructors, assistants, volunteers, host departments, drivers, landowners or caretakers of land where NSFS training activities take place. I agree to designate a member of my department who is 18 years of age or older to be a Department Chaperone. The Department Chaperone will participate in the training with and be responsible for the care of the junior firefighter listed above.

Printed Name: _____ Dept. Position _____

Signature _____ Date: _____

Department Chaperone:

I agree to participate in the training with, and be responsible for the care of the junior firefighter listed above.

Printed Name: _____ Date of Birth (MM/DD/YYYY): _____

Signature _____ Date: _____