



Holley-Navarre Fire District Monthly Cadet Program

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Shirt Size: _____ Shoe Size: _____

Education

School Attended: _____ Grade Last Completed: : _____

Parent/Guardian Information

Full Name: _____
Last First M.I.

Phone: _____ Email _____

Emergency Contact _____
Last First M.I.

Phone: _____ Email _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____



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Participant Waiver, Release of Liability & Indemnification Agreement for Underage Adults (ages 15-18)

- **Assumption of Risk:** I, the undersigned participant, acknowledge and understand that there is a risk of injury involved in participation of any athletic activity. I acknowledge and understand that the risk of injury cannot be eliminated. Injuries during strenuous activity can be severe, and in some cases, may result in permanent disability or even death. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from my participation in the HNFD cadet program.
- **Release:** In consideration of Holley-Navarre Fire District allowing myself to participate in the HNFD Monthly Cadet Program, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself, the HNFD, and their respective instructors, volunteers, employees, and other staff members from liability to myself for any and all claims, suits, or causes of action arising from or out of any injury, known or unknown, to property or body that I may suffer from participation in the cadet program.
- **Photographs:** Photographs will occasionally be taken during the summer cadet program. By signing this registration form, I consent to the use of pictures of myself for displays, brochures, and social media promotion.
- **Code of Conduct:** I, the undersigned participant, agree to follow the instructions and guidelines given to me by the program instructors, volunteers, employees, and other staff members to reduce the risk of injury to myself and others. I agree to behave in a responsible manner and to respect the rights and dignity of others. I acknowledge that termination of participation may result from any violation of the Code of Conduct.
- **Certification of Participant's Fitness and Medical Authorization:** I, the undersigned, hereby certify that to the best of my knowledge, I am physically able to safely participate in the HNFD 2024 Monthly Cadet Program. I understand that in the case of illness or injury of myself, the fire district will attempt to notify the emergency contact listed on this form. In the event of medical emergency concerning myself at a time when a guardian/emergency contact cannot be notified, I hereby authorize the HNFD to obtain the necessary medical care and/or treatment for myself including, but not limited to, first aid, X-ray examinations, and aesthetic medical or surgical diagnosis or treatment or hospital care, and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Name of Participant: _____ Date: _____

Signature: _____ Date: _____

Request for Permission to Participate and Assumption of Risk and Release: I, the above referenced participant's parent/guardian, hereby register and give permission for my child to participate in the HNFD Monthly Cadet Program. By signing below, I understand and agree to the assumption of risk, release, photograph, code of conduct and certification of participant's fitness and medical authorization for my child.

Parent/Guardian Signature: _____ Date: _____