



HIGHLAND PARK FIRE DEPARTMENT

1130 Central Avenue
Highland Park, Illinois 60035
847.433.3110



Citizens Fire Academy Application

Full Name of Participant _____

Street Address of Participant _____ Highland Park, IL 60035

Date of Birth _____ Age _____

WAIVER AND RELEASE OF ALL CLAIMS AND HOLD HARMLESS AGREEMENT

I, _____, will be participating in the Citizen’s Fire Academy, conducted by the Highland Park Fire Department (“**Department**”), which exercise includes, without limitation, the following types of activities: lifting, carrying, running, climbing, using emergency equipment, and all other activities necessary to participate in simulated emergency response exercises (collectively, the “**Training Activities**”).

I have read this form carefully and am aware that by signing this form and participating in the Training Activities, I am WAIVING and RELEASING all claims arising out of such participation. In consideration of the City of Highland Park (“*City*”) allowing me to participate in the Training Activities, I hereby agree as follows:

Acknowledgment of Voluntary Participation

I acknowledge and agree that: (1) I have elected to participate in the Training Activities voluntarily; (2) I will not receive payment or compensation of any kind for my participation in the Training Activities; (3) my participation in the Training Activities will not create any employment or agency relationship with the City; (4) my participation in the Training Activities will not create any special duty relationship between me and the City; and (5) I will not be covered by, or be eligible for compensation from, any of the City insurance or self-insurance policies or programs during, or as a result of, my participation in the Training Activities. I represent that I, before participating in the Training Activities, will bring all questions or concerns that I have regarding the performance of the Training Activities to the attention of a Department employee who is present during the Training Activities. I acknowledge and understand that the City reserves the right to deny or cease my participation in the Training Activities at any time.

Acknowledgement and Assumption of Risk of Injury and Loss

I represent that I: (1) have the necessary abilities, skills, and knowledge to participate in the Training Activities; and (2) do not suffer from any type of ailment, illness, or disorder that affects or may affect my ability to participate in the Training Activities. I recognize and acknowledge that participation in the Training Activities involves risks of bodily injury, death, and property loss. I hereby agree to, and do, assume the full risk of any injuries, including death, and of any property loss, and of all expenses, costs, damages, and losses that I may sustain as a result of my participation in any and all activities associated with the Training Activities.

Waiver of and Release of Claims

I hereby agree to, and do, waive, release and relinquish all claims, demands, rights of action, damages, liabilities, and controversies of every kind, known and unknown, present and future, that I may have against the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors, and assigns arising out of, connected with, or in any way related to my participation in the Training Activities.

Indemnity and Defense

I hereby further agree to indemnify, hold harmless, and defend the City and its officers, agents, servants, employees, insurers, related or affiliated individuals or entities, successors and assigns from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorneys' fees and administrative expenses, of every kind, known and unknown, present and future, arising out of, connected with, or in any way related to my participation in the Training Activities.

I have read and fully understand this Waiver and Release of All Claims and Hold Harmless Agreement and execute it of my own free will and without any reservation whatsoever.

Signature of Participant

Date

Daytime Phone Number

**** Submittal Does NOT Guarantee Selection to Participate ****
Submit Application to Address Above or to
cgottschalk@cityhpil.com