



**ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS
ROWLETT FD, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES**

ROWLETT FD LIVE-FIRE & TACTICAL TRAINING FACILITY (herein training facility)

In making available its or other selected facilities, training ground, equipment, and its staff, to provide an opportunity to learn on the part of its students and other invitees, makes no representation of and assumes no liability for the suitability or condition of its or other selected facilities, training grounds, or equipment.

In consideration for my participation in this program, I agree to assume all risk associated with the program and to hold Rowlett Fire Department, its employees, agents, and representatives harmless from all liability which may result from my participation in the program including but not limited to any claims, demands, or suits of any nature, kind or description whatsoever, including costs and expenses, for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee or any death or injury to which may result from any cause, including but not limited to, the condition and operation of training facility, facilities, training grounds, and equipment, or the condition and operation of any other selected facilities, training grounds and equipment, and the acts or omissions of members of their staff.

I also agree to indemnify and hold harmless the instructors who are independent contractors with the state, in their personal and representative capacity, from suit of any nature, kind, or description whatsoever, including costs and expenses for or on account of any loss or damage to property owned or possessed by me or by any student or other invitee or any death or injury which may result from my participation in this program.

I also authorize Rowlett FD to seek emergency medical assistance on my behalf, as necessary, and I agree to pay for all medical expenses incurred on my behalf.

Participant Name (print)

Date

Participant Name (signature)

Fire Department (if applicable)

Contact Number (_____) _____