



NORTH PORT FIRE RESCUE

4980 City Center Blvd.
North Port, FL 34286
Main 941.240.8150
Fax 941.240.8182

NORTH PORT FIRE RESCUE CADET PROGRAM HOLD-HARMLESS AGREEMENT

The undersigned, being for myself or on behalf of my legal ward, do hereby request the North Port Fire Rescue Department of North Port, Florida permission to ride as a Cadet, in an authorized North Port Fire Rescue vehicle. This participation includes providing basic first aid in accordance with my training and assisting North Port Fire Rescue personnel in more advanced lifesaving protocols. If permission is granted, I hereby agree to obey at all times all instructions, orders, and commands given by me by the officer or officers in command of any vehicle in which I may be riding.

I FULLY REALIZE AND APPRECIATE THE BASIC NATURE OF FIRE RESCUE AND EMERGENCY SERVICE WORK AND THE POSSIBILITY THAT SITUATIONS WILL ARISE WHICH MIGHT RESULT IN MY BEING EXPOSED TO THE DANGER OF PHYSICAL HARM, PERSONAL INJURY, OR DEATH CAUSED BY INCIDENTS INCLUDING BUT NOT LIMITED TO MOTOR VEHICLE, EXPOSURE TO COMMUNICABLE DISEASES OR OTHER HAZARDOUS EXPOSURE INJURY FROM PARTICIPATION WITH PATIENTS, ANY INTENTIONAL OR NEGLIGENT ACTS OR OMISSIONS BY ME, OR ANY OFFICER, EMPLOYEE OR AGENT OF CITY OF NORTH PORT OR MALFUNCTION OF EQUIPMENT.

Wherefore, in consideration for the benefit to be received and the granting of the above request, I hereby agree to release and hold the City of North Port and North Port Fire Rescue, its employees, agents and servants harmless from all liability for property damage, physical harm, personal injury, or death arising out of my experience as an Cadet and I **further agree to waive all rights or claims for damages, legal or equitable, arising out of any intentional or negligent acts or omissions by me, or any officer, employee or agent of the City of North Port.**

This agreement shall remain in effect for every occasion on which the participant requests and is granted permission to ride.

The undersigned acknowledges that this agreement has been fully explained and that all questions regarding it have been answered.

OBSERVER'S NAME (CADET)

OBSERVER'S SIGNATURE (CADET)

LEGAL GAURDIAN NAME

LEGAL GUARDIAN SIGNATURE

(LEGAL GUARDIAN FOR PARTICIPANTS IF UNDER THE AGE OF 18)





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OBSERVER'S AGE (CADET) ADDRESS

NAME OF PERSON (s) (BOTH CADET / GUARDIAN) DATE

State of Florida, County of Sarasota

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____, who produced the following as identification:

or is personally known to me.

Notary Public: _____

My commission expires: _____

