

James T. Wascom
Fire Chief
Phone (225) 664-7123
Fax (225) 664-6660



9760 Florida Blvd
Walker, Louisiana 70785

<http://www.lfpd4.com>

**Livingston Parish Fire Protection District 4
Junior Firefighter Division**

LIABILITY RELEASE AND MEDICAL AUTHORIZATION

As parent or guardian of the child named below, I give my permission for my child (age 16-18) to participate in the Livingston Parish Fire Protection District 4 Junior Firefighter Program. I give permission for representatives of the Livingston Parish Fire Protection District 4 Junior Firefighter Program to provide transportation to my child for emergency reasons. In the event of an emergency, I authorize the appropriate emergency personnel to provide treatment.

By signing this release, I agree that if my child is injured in any way while participating in the program, I voluntarily release Livingston Parish Fire Protection District 4, the Livingston Parish Fire Protection District 4 Junior Firefighter Program, and their directors, officers, commissioners, employees, volunteers, agents and representatives (collectively the "Released Parties"), from any and all liability for the injuries. I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will defend indemnify and hold the Released Parties harmless from any such claim.

I have read the document entitled "Junior Firefighter Program" and I understand the Program and the duties, roles, and activities of junior firefighters in the program. I understand that the program will include minimal risk hands-on trainings with careful, trained supervision; however, injuries and unexpected events may occur. I have determined that my child is fully medically capable of participating in the program activities.

I understand that photographs and video may or may not be taken of my child during these activities. I give my permission for the Livingston Parish Fire Protection District 4 Junior Firefighter Program to use photographs or video for promotional, including brochures or promotional video, and training purposes.

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SIGNATURE PAGE

I have read the foregoing liability Release and Medical Authorization for the Junior Firefighter Program;
I understand it and fully agree to all its terms.

Guardian 1:

Signature _____ Date _____
Name (Print) _____ Phone _____
Address _____
City _____ State _____ Zip _____

*** Please provide birth certificate or proof of Guardianship

Guardian 2:

Signature _____ Date _____
Name (Print) _____ Phone _____
Address _____
City _____ State _____ Zip _____

Emergency (If above can't be reached):

Name (Print) _____ Relationship _____
Phone _____ Address _____
City _____ State _____ Zip _____

Junior Firefighter:

Signature _____ Date _____ Age _____
Name (Print) _____ Phone _____
Address _____
City _____ State _____ Zip _____

For Office Use Only:

Signature _____ Date _____