



Northville City Fire Department

Serving the Cities of Northville & Plymouth

Acknowledgement, Waiver and Release of Liability

I acknowledge that there are risks associated with my participation in the Academy including, but not limited to, those associated with travel, transportation or vehicular traffic, climate or weather or other natural phenomenon, accidents, my own actions or actions of others. I understand that these risks may result in serious illness, injury or death and I hereby accept and assume for myself all such risks. I am physically fit and able to participate in the activities associated with the Academy. In consideration for being allowed to participate in the academy, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, representatives, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release, and discharge from any and all liability the City of Northville and the City of Plymouth, their elected and appointed officials, employees, agents and volunteers for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to, from and during the Academy.
2. Indemnify and hold harmless the City of Northville and the City of Plymouth, their elected and appointed officials, employees, agents and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in the Academy.

I have been notified that as an Academy participant I should carry and maintain my own health and accident insurance. I further understand that the City of Northville and the City of Plymouth are not and will not be responsible for any medical costs that may accrue to me.

I also understand and acknowledge that, in connection with my participation in the Academy, I am not doing so as an employee of the City of Northville or the City of Plymouth, even if I am in other capacities so employed, and will not be paid for my participation in the Academy. I further understand and acknowledge that, in connection with my participation in the Academy, I will not be entitled to workers' compensation benefits or any other employment-related benefits from the City of Northville, the City of Plymouth, or any of their insurers.

Therefore, having attained the age of eighteen (18) years, intending to be bound and as a condition of being allowed to participate in the Academy, I have freely signed this Acknowledgement,

Waiver and Release of Liability on the date indicated. I authorize the City of Northville and the City of Plymouth to seek and obtain medical or surgical services for myself, if the need arises.

Signature

Date

Printed Name