CITIZEN FIRE ACADEMY APPLICATION

Come See What We Are All About!

Rockwall Citizen's Fire Academy is a great opportunity for persons that reside or work in the City of Rockwall who want to know more about their fire department.

Topics include:

Fire Service History
Organization Structure
Emergency Apparatus and Equipment
Fire Operations (Hands-on)
Search and Rescue (Hands-on)
Protective Clothing (Hands-on)
Breathing-Apparatus (Hands-on)
Portable Fire Extinguishers (Hands-on)
Extrication (Hands-on)
Volunteer Fire Fighter Recruiting
Fire Marshal's Office (Hands-on)
Fire and Arson Investigations (Hands-on)
Ride out with Firefighters
Live Fire Fighting Exercises (Hands-on)

When: **The Academy is offered March 17, 2015 —May 26, 2015. Class will meet on Tuesday evenings from 6:30 pm—9:30 pm with one full Saturday.**

Where: **The Academy meets at Fire Station #2 located at: 920 Rockwall Parkway.**

Tuition: **Free**

Minimum Requirements: **Recruits must be at least 18 years old or 16 years old with release signed and notarized by parent / legal guardian.**

NAME:_____

ADDRESS:_____

CONTACT #:_____

E-MAIL ADDRESS:_____

T-SHIRT SIZE: _____ **SHOE SIZE**_____**PANT SIZE**_____

For PPE Fitting

Please return this application to the:
Rockwall Fire Department
Office/Fax: 972/771-7770 or 972-771-7772

Submit by Email

Application Instructions

Thank you for your interest in the 2015 Citizen's Fire Academy. To ensure proper enrollment please follow these instructions.

1. **Confirm you are 16 or older.**
2. **Call 972-771-7770 to verbally enroll or go to Rockwall.com/firedepartment/fireacademy.asp to electronically enroll. (Please note that you must verbally or electronically enroll to reserve your seat in the class.) Class is limited to 30 participants first come first serve!**
3. **Complete Citizen's Fire Academy Application and submit by email.**
4. **(Minors) Have participant minor claims release form signed by participant and parent / legal guardian and have notarized.**
5. **(Adults) Claims release form will be available first night of class with notary present.**
6. **Complete Garland Fire Department – Training Facility Release and Waiver of Liability. (Minors ensure last page is signed and notarized by parent / legal guardian.**

If you have any questions or concerns you may call Bryan Patrick (Program coordinator) 972-771-7770 or email bpatrick@rockwall.com.

(Minors) Please ensure all forms are completed and bring with you the first night of class. Incomplete forms will prevent you from being able to participate in the hands-on portion of the class! (Adults) Forms may be completed the first night of class and a notary will be present.

Thank you for your participation!
Bryan Patrick

ROCKWALL FIRE DEPARTMENT
CITIZEN'S FIRE ACADEMY PARTICIPANT
MINOR CLAIMS RELEASE FORM

THE STATE OF TEXAS
COUNTY OF ROCKWALL
CITY OF ROCKWALL

KNOW ALL MEN BY THESE PRESENTS:

I/we, the undersigned parents/legal guardians, grant permission of the undersigned minor participant to the Citizens Fire Academy, a project of the City of Rockwall and the Rockwall Fire Department between the dates of March 17, 2015 through May 26, 2015 and agree that the undersigned minor participant has parental consent to participate voluntarily in the activities associated therewith, including, but not limited to, fire-fighting exercises, ladder climb, rappelling, fire investigation exercise, and riding as a guest in a Rockwall Fire Department vehicle to emergency calls.

I/we consent to the undersigned minor participant in participating in the Citizens Fire Academy and all associated activities thereof solely on the undersigned parents/legal guardians own initiative, risk, and responsibility. I fully understand that the undersigned minor participant may be exposed to risks during the Citizens Fire Academy activities and do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects the parents/legal guardian, or the undersigned minor participant in any manner whatsoever as a result of this privilege, and do hereby release the City of Rockwall, it's officials, Fire Department, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action, which may arise in any manner whatsoever from the participation in the Citizens Fire Academy, including liability, claims, suits, demands or causes of action which arise from the negligence or acts of commissions of the City of Rockwall, its agents, employees and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City or Rockwall, its agents, officials and employees of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Art. 6701B, V.A.T.S. or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

We the parents/ legal guardians certify that I/we have read and understand the terms and conditions of this Release, that I/we make this waiver voluntarily, and that I/we have not relied upon any representations made by the City of Rockwall, or its agents, officials, or employees in signing this release. I/we further certify that I/we are the parents/legal guardian of the minor participant. I/we the parents/legal guardian are in sound mental health, fully capable of making this waiver of liability.

Minor Participant: _____ Print Name: _____

Parent / Legal Guardian: _____ Print Name: _____

Parent / Legal Guardian: _____ Print Name: _____

Sworn to and subscribed before me the undersigned notary public on this the ___day of _____ _____, 2015.

_____
Signature of Notary
My Commission expires: _____

STAMP

ROCKWALL FIRE DEPARTMENT
CITIZEN'S FIRE ACADEMY PARTICIPANT
ADULT CLAIMS RELEASE FORM

THE STATE OF TEXAS
COUNTY OF ROCKWALL
CITY OF ROCKWALL

KNOW ALL MEN BY THESE PRESENTS:

I, the undersigned, have applied for permission to the Citizens Fire Academy, a project of the City of Rockwall and the Rockwall Fire Department between the dates of March 17, 2015 through May 26, 2015 and I have been permitted to participate voluntarily in the activities associated therewith, including, but not limited to, fire-fighting exercises, ladder climb, rappelling, fire investigation exercise, and riding as a guest in a Rockwall Fire Department vehicle to emergency calls.

I am participating in the Citizens Fire Academy and all associated activities thereof solely on my own initiative, risk, and responsibility. I fully understand that I may be exposed to risks during the Citizens Fire Academy activities and do hereby agree to and assume any and all risks attendant to any incident, action, occurrence or activity occurring on public, private, or other property, which affects me in any manner whatsoever as a result of this privilege, and do hereby release the City of Rockwall, it's officials, Fire Department, agents and employees, in both their public and private capacities, from any liability, claims, suits, demands or causes of action, which may arise in any manner whatsoever from the participation in the Citizens Fire Academy, including liability, claims, suits, demands or causes of action which arise from the negligence or acts of commissions of the City of Rockwall, its agents, employees and officials.

It is further agreed that the execution of this release shall not constitute a waiver by the City or Rockwall, its agents, officials and employees of the defense of governmental immunity, where applicable, or to defenses predicated on the Texas Automobile Guest Statute, Art. 6701B, V.A.T.S. or any other defense, claim, cause of action or assertion of any kind or nature, recognized by any court of law, administrative agency, or other entity.

I certify that I have read and understand the terms and conditions of this Release, that I make this waiver voluntarily, and that I have not relied upon any representations made by the City of Rockwall, or its agents, officials, or employees in signing this release. I further certify that I am an adult, and am in sound mental health, fully capable of making this waiver of liability.

_____
Adult Participant

Print Name:_____

Sworn to and subscribed before me the undersigned notary public on this the ___day of _____ _____, 2015.

_____
Signature of Notary
My Commission expires: _____

STAMP

_____
Last Name First Name

GARLAND FIRE DEPARTMENT – TRAINING FACILITY

RELEASE AND WAIVER OF LIABILITY

The undersigned trainee ("Trainee") has decided voluntarily to, and does hereby specifically request to participate in training conducted by the Garland Fire Department ("Department"), or at the City of Garland facilities ("Training"). In consideration of being permitted to participate in such Training, I, the Trainee, for myself, and my personal representative, heirs, and next of kin:

I. Represent and warrant that I am at least eighteen (18) years of age or if under eighteen (18) years of age I have the permission of all adults with legal responsibility over me to participate in such Training.

II. Represent and warrant that this release is made by me voluntarily and without any mental, physical or economic duress.

III. Acknowledge, agree, and represent that if I feel anything to be unsafe or unlawful in connection with any particular activity taking place during the Training, I will, as soon as practicable, advise the officer in charge of the Training, or in his absence the instructor overseeing the particular activity, and if necessary cease further participation in the Training.

IV. Hereby acknowledge that the Training:
1) may involve the operation of motor driven, mechanical or other equipment or apparatus capable of causing severe injury or death
2) may involve exposure to considerable danger, as well as stressful or disturbing situations
3) may involve exposure to fire, smoke, water, chemical agents and other materials capable of causing severe injury or death
4) does involve the risk of some or all of the following: serious injury, death, or property damage.

I further agree to properly wear my safety belt at all times while in a moving vehicle during the Training and to properly utilize all safety gear or equipment required during the Training.

I also expressly acknowledge that it is my responsibility to determine my fitness to participate in the Training, and to notify the Department of any physical or medical conditions that might impact the advisability or appropriateness of my participation in the Training, or that might make my participation unduly dangerous.

V. Certify that any protective clothing and equipment, including but not limited to coat, trousers, helmet, gloves, boots, safety harnesses and self-contained breathing apparatus made available to me by the Department is done so without any warranty by the Department and simply as a convenience to me and I am free to utilize or acquire my own protective clothing and equipment from any other source, provided such protective clothing and equipment meets or exceeds all applicable National Fire Protection Association Standards.

VI. Hereby acknowledge that I will retain my status as a civilian and will have none of the powers, protections or benefits of an employee of the Department and may not have any of the protections provided by law to emergency services providers. I further acknowledge that I will have no role, other than that of a trainee, unless I am specifically informed otherwise by an authorized member of the Department.

VII. Represent and warrant that I am not impaired by alcohol, drugs, medication, illness, fatigue, or injury and will not participate in the Training if I am or become so impaired. I further represent and warrant that I will conduct myself in a safe and professional manner at all times during my participation in the Training.

VIII. Certify that I have no physical or health condition or problem that could or might be aggravated by my participating in the Training. I further certify that I have, either through my employer or personally, sufficient insurance (such as life, health, dental, disability and hospitalization) to adequately cover me in case of any injury occurring to me while participating in the Training.

In consideration of the Trainee being permitted to participate in the Training, the undersigned, and if the Trainee is under the age of eighteen (18) an adult with legal responsibility for the Trainee:

Hereby releases and discharges the City of Garland, Texas, and all of its present and former agents, employees, officials and representatives in their official, individual and representative capacities (collectively referred to hereinafter as the "City") from any and all claims, demands, causes of action, judgments, liens and expenses (including attorney's and expert witness fees), costs and damages (whether common law, statutory or constitutional and whether actual, punitive, consequential or incidental), of any conceivable character, due to or arising from injuries to persons (including death) or to property (both real and personal) created by, arising from or in any manner relating to my participation in the program and activities for which this Release is given.

THIS RELEASE EXPRESSLY INCLUDES LIABILITY ATTRIBUTABLE TO THE NEGLIGENCE OF THE CITY OR OTHER RELEASED PARTY AND LIABILITY ASSESSED WITHOUT REGARD TO FAULT OR ASSESSED IN THE ABSENCE OF FAULT.

Hereby acknowledge that the execution of this release shall not constitute a waiver by the City of the defense of governmental immunity or official immunity, where applicable, or any other defense recognized by the state or federal courts.

I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND CONFIDENTIALITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

_____	_____
Trainee's Name (Please Print)	Trainee's Address
_____	_____
Trainee's Signature	Trainee's Telephone Number
_____	
Date	

NOTARIZATION OF THIS DOCUMENT IS REQUIRED FOR

PARTICIPATANTS UNDER THE AGE OF 18.

In consideration of the Trainee being permitted to participate in the Training, I as the parent or legal guardian of the Trainee, hereby certify that I am an adult with legal responsibility for the Trainee whose name and signature appear above, and I have authority to contract, and waive rights, on behalf of the minor Trainee and do so as set forth above.

_____ _____

Legal Guardian Name (Please Print) Legal Guardian Signature

_____

Date

(Notary)

Subscribed and sworn to before me on this _____ day of _____, 20____.

_____

Signature of Notary

(seal)