



CITY OF ABBOTSFORD FIRE RESCUE SERVICE

32270 GEORGE FERGUSON WAY • ABBOTSFORD, BC • V2T 2L1

TELEPHONE: (604) 853-3566 • FACSIMILE: (604) 853-7941

WEBSITE: WWW.ABBOTSFORD.CA/FIRE

PARENTS/GUARDIANS PERMISSION AND LIABILITY WAIVER:

I, _____, the parent/guardian of _____ here fore referred to as "**Applicant**" hereby give permission for the **Applicant** to participate in the CITY OF ABBOTSFORD FIRE RESCUE SERVICE SECONDARY SCHOOL FIRE ACADEMY work experience program. I understand that my son/daughter will be involved in training activities, including but not limited to fire suppression, public education and fire prevention training. I understand that the **Applicant** will be required to provide his/her own transportation to all of the training locations.

I further acknowledge that some physical activity will be involved and state that the **Applicant** is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that the **Applicant** will be capable of participating in the physical activities.

The **Applicant** is to have and wear proper foot wear (steel toed) anytime they are in or around actives at the fire halls.

Further the undersigned agrees to assume all risks of participating in the CITY OF ABBOTSFORD FIRE RESCUE SERVICE SECONDARY SCHOOL FIRE ACADEMY and does hereby remise, release and forever discharge the CITY OF ABBOTSFORD, including FIRE RESCUE SERVICE, its servants and agents, from any and all manner of actions, debts, claims and demands, that said undersigned may have by reason of any matter arising out of the said activities organized by the CITY OF ABBOTSFORD FIRE RESCUE SERVICE during the duration of the Secondary School Fire Academy.

In witness whereof I have set my hand this _____ day of _____, 20__ at the City of Abbotsford.

Parent/Guardian Name

Parent/Guardian Signature

Witness Name

Witness Signature

I pledge that the information contained in the application form is **True** and **Accurate**.

I hereby give consent to the Abbotsford Fire Rescue Service to conduct verification of information given, as required.

Applicant's Signature

Date

The Abbotsford Fire Rescue Service is "making a difference" in our community through prevention, response and safety.