



FIRE FACTOR PARTICIPANT RELEASE AGREEMENT

Acknowledgement of Conditions

Fire Factor, a joint educational effort by the University of Illinois, the City of Champaign, and the City of Urbana (hereinafter referred to as “the Organizers”), conducts its training programs in the safest and most efficient manner possible. However, it is not possible to eliminate all potential hazards to a student’s safety. Please read the following explanations of the requirements of this course and sign the form to acknowledge that you have read and understood the information.

Waiver: In consideration for the Organizers allowing me to participate in any way in this activity sponsored or organized by the Organizers or their employees or assigns, I do hereby, for myself, heirs, executors and assigns, release the Organizers and the officers, officials, agents, employees, and assigns of the Organizers from liability for any harm, injury, damage or loss which I may suffer while participating in the Fire Factor Academy, scheduled for September 23, 2011. This includes all risks that are connected with this activity whether foreseen or unforeseen.

Responsibility: I agree to conduct myself in an appropriate manner, and to listen to and follow the instructions of the instructors at all times, for my own safety and the safety of others. I agree to wear protective clothing or apparatus as required during activities involving fire protection equipment. I acknowledge and agree that I may not use alcohol or other legal or illegal drugs or substances, which may impair my physical or mental abilities, before or during this activity.

Photography: I understand that I may be photographed while participating in this activity and do hereby consent and grant permission for such photographs to be used in any report of this activity, for promotion of future activity by the Organizers, or for related purpose, without compensation.

Assumption of Risk: I understand that participation in this activity carries inherent risks that cannot be avoided regardless of care taken to avoid injuries. I knowingly assume all such risks and agree to hold the Organizers and their agents, officials and employees harmless from any damage to persons or property resulting from my negligence or intentional acts.

Acknowledgement:

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS RELEASE BY READING IT BEFORE I SIGNED IT. I REALIZE THAT BY SIGNING THIS DOCUMENT I AM GIVING UP LEGAL RIGHTS TO WHICH I MAY OTHERWISE BE ENTITLED. I am of lawful age and legally competent to sign this Agreement. I understand the terms and have signed this document as my own free act.

Signature of Participant: _____ Date: _____

Participant Name Printed: _____

Address: _____ E-mail: _____

City: _____ State: _____ Zip: _____