

EXPLORER'S FULL NAME: _____

In consideration of being allowed to participate in any way in the Woodland Fire Department Explorer Program, and/or Woodland Fire Department affiliated/sponsored programs, related events, and activities, I and/or the minor EXPLORER, the undersigned: *(Please initial by each item below after fully reading)*

____ 1. Agree that prior to participating I will inspect to the best of my ability, or if a parent and/or legal guardian I will instruct the minor Explorer to inspect the best of his/her ability, the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor Explorer will immediately advise an Woodland Fire Explorer POST 911 Advisors of such condition(s) and refuse to participate until safe to do so.

____ 2. Acknowledge and fully understand that I and/or minor explorer, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my/their own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonable foreseeable at this time.

____ 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

____ 4. Release, waive, discharge and covenant not to sue Woodland Fire Explorer POST 911, and/or The Woodland Fire Department, and/or The City of Woodland and its affiliated associates, their respective administrators, directors, agents, advisors, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and, if applicable, owners and leasers of premises used to conduct the program/event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

____ 5. I understand that The Woodland Fire Explorer POST 911 does not maintain medical, dental or vision coverage for its participants, nor is the Woodland Fire Department or the City of Woodland Responsible for such insurances. In case of an emergency, my personal medical/dental/vision coverage and/or I will be responsible for all costs accrued. My medical coverage is as follows:

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ PRIMARY DOCTOR: _____

DOCTOR'S ADDRESS: _____ PHONE #: (____) ____ - _____

____ 6. Give permission for the Advisors of the Woodland Fire Explorer POST 911 to obtain for me emergency medical treatment, as they deem advisable.

____ 7. Acknowledge and fully understand that Woodland Fire Explorer POST 911 advisors and members have the authority to exclude explorers from the program for behavior they deem unsafe. Note: Use of alcohol and illegal drugs, or being under the influence, is unsafe behavior. The Woodland Fire Explorer POST 911 regards safety as our first concern. Fire Explorers in the program may be removed or excluded for behavior that is deemed by Woodland Fire Explorer POST 911 Advisors to be a danger to self or others.

PLEASE TURN OVER AND COMPLETE >>>

Please read before signing: I have read the complete waiver and release and I understand that I may have given up substantial rights by signing. I have not changed this orally and I sign this release voluntarily. The information I have given is accurate and complete.

Explorer Printed Name: _____ Date: ____/____/20____

Signature: _____ Birth date: ____/____/____ Age: _____

For Explorers of minor age (Under 18 years old):

This is to certify that I, as parent/guardian with legal responsibility for this minor Explorer, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence.

1st Parent/Guardian's Name: _____

Signature: _____ Date: ____/____/20____

Emergency Phone: (____) ____-____ Relationship: _____

2nd Parent/Guardian's Name: _____

Signature: _____ Date: ____/____/20____

Emergency Phone: (____) ____-____ Relationship: _____

**NOTE: If 2nd parent signature is not possible, 1st parent/guardian certifies that the 2nd parent/guardian has authorized this Explorer to pursue this activity and the 2nd parent/guardian agrees to all items stipulated above.*

**Woodland Fire Explorer POST 911
1550 Springlake Court
Woodland, CA 95776
Phone: (530) 661-5860**