

**Evergreen Fire Protection District
d/b/a Evergreen Fire/Rescue
1802 Bergen Parkway
Evergreen, CO. 80439**

**Cadet Program Application to Participate, Permission,
Acknowledgement of Risk and Waiver**

This Cadet Program Application to Participate, Permission, Acknowledgement of Risk and Waiver (“Waiver”) is intended to serve as both an application to participate and permission form for participation in the EFR Cadet Program, along with a statement of risk and waiver and release of claims. Please read this carefully and discuss it with a parent or guardian, who also must sign prior to active participation in the Cadet Program. This form acknowledges the inherent risks associated with participation. Applicants to participate should read it carefully and become fully aware of the risk prior to signing.

I, _____

| | | |
|--------------|---------|-----|
| Cadet’s Name | Address | |
| _____ | | |
| City | State | Zip |

do by signing this Waiver apply to ride along with Evergreen Fire/Rescue ambulance crews in order to *observe* their activities, as part of the Evergreen Fire/Rescue Cadet Program. I acknowledge that I have received a copy of the information sheet for the Evergreen Fire/Rescue EMR Cadet Program and have been informed of and understand that there are certain inherent dangers associated with riding with an ambulance crew, including but not limited to: vehicular accidents involving the ambulance, exposure to patients, negligent or intentional acts by third persons, exposure to communicable diseases and trauma care, and various accidents during the provision of emergency medical treatment. I acknowledge that I have been informed of and understand the basic safety rules for the activities connected with the ride along, and agree to follow the safety rules described to me, but there cannot be any guarantee that I will not be exposed to the inherent risks of riding in an ambulance on active response.

I understand that it is not the purpose of the EMR Cadet Program to teach me emergency medical procedures, nor is it the function of the ambulance service to serve as the guardians of my safety. I am an observer only during my time with the ambulance crew. I will observe from a safe distance, will not interfere with the provision of emergency medical services, will not communicate with patients, and will not provide any emergency medical assistance while participating in the Cadet Program.

I acknowledge that while participating in the Cadet Program I may be exposed to real life situations which may include contacts with friends and family, traumatic bodily injuries, up to and including total body destruction, death and dying, suffering, mass casualty events, exposure to disease, risk of injury, exposure to individuals who may not be acting in a rational manner and who may be capable of inflicting danger to myself and others, and all hazards associated with traffic/ motor vehicles. I understand and agree that the laws concerning confidentiality of individually identifiable information about patient care apply to me even if I will not be rendering care, and I agree to keep such information strickly confidential.

Release and Waiver:

Further by signing this document, I release and waive any claims that I may have, myself or through my successors, parents, heirs or assigns, against the Evergreen Fire Protection District, and its agents and employees, related to or caused by any occurrence in connection with my observation of the Evergreen Fire/Rescue crews in performing their duties and my participation in the Cadet Program.

In consideration of being allowed to participate in the EMR Cadet Program, I hereby personally assume all risks in connection with such activity, and I further release the Evergreen Fire Protection District, the Evergreen Fire/Rescue EMS, its employees and assigns, from any and all injury or damage which may befall me while I am with the Evergreen Fire/Rescue crews, including all risks connected therewith, whether foreseen or unforeseen; and further claimed by me or my family, estates, heirs, or assigns, arising out of my participation in the EMR Cadet Program.

I further state that I understand the terms herein are contractual and not mere recital, and that I have signed of my own free will.

I affirm that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it. I affirm that I am fit and capable of all tasks contemplated by the "cadet" or the EMR Cadet Program for persons such as myself.

On _____, _____ by _____
Month/Day Year Name

Witness Signature of Applicant

Parent or Guardian Permission and Waiver

I am the _____ to _____
Relationship Cadet's Name

and hereby affirm that I am the parent or legal guardian of _____,
who has signed the foregoing release. Cadet's Name

I have read the information for the Evergreen Fire/Rescue EMR Cadet Program and the foregoing Waiver Form, and Release of Liability. Any questions I may have had have been answered to my satisfaction, and I affirm that I am fully informed.

I hereby consent to the participation of the minor _____
Cadet's Name

In the Evergreen Fire/Rescue EMR Cadet Program, subject to the rules of the program and subject to all of the conditions and agreements set in the Waiver Form and Release of Liability. I for myself, my heirs representatives and assigns, waive and release any and all claims that I may have as a result of any injury, loss, or medical exposure, including but not limited to physical pain, suffering, medical expense, emotional distress and death, which may occur related to the Cadet's participation in the Cadet Program.

I further state that I am of lawful age and legally competent to sign this affirmation and release, that I understand the terms herein are contractual and not mere recital, and that I have signed this document as my own free act.

I affirm that I have fully informed myself of the contents of the foregoing affirmation and release by reading it before I have signed below; I affirm that the Minor is fit and capable of performing all tasks as contemplated by the "Cadet" or the EMR Cadet Program.

On _____, _____ by _____
Month/Day Year Name

Signature of Parent or Guardian