



Release of Liability

Be it known that I the undersigned _____, a private person of at least eighteen years of age, for and in consideration, desire to participate in training projects at the Johnson County Fire Training Facility. For purposes of consideration, do hereby unconditionally release, indemnify, hold harmless, and forever discharge any of Johnson County Emergency Services District No. 1, The Johnson County Fire Training Facility, any officers, agents representatives, or employees against any action which I might have against them as a result of any injury or damages sustained while participating in training with _____.

I represent that to the best of my knowledge I am capable of understanding fully and appreciating that such activity may involve certain inherent and hazardous risks. I hereby request that I be given an opportunity to participate in said training and I assume any/or all risks incident thereto.

Signed this _____ day of _____, 20_____.

Name-Print

Signature

Address

Phone Number

Witness/Facility Officer:

Name-Print

Signature

Address

Phone Number