



# Bastrop County ESD No. 1 Training Class Application

Course Name-

Applicant Name-

Fire Dept. Name-

Fire Dept. Address-

Fire Department Tel.# -

My Tel. #:

I have read and understood the liability release below.

Applicant's Signature- \_\_\_\_\_ Date:

Departments Chief's Signature- \_\_\_\_\_

#### RELEASE

1. In consideration for receiving permission to participate in the Bastrop County Fire Training Academy, I hereby RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes Bastrop County Fire Chief's Association, and their officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while participating in such activity, or while on the premises owned or leased by Releasees. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate.
2. I am fully aware that there are inherent risks involved with the Bastrop County Fire Training Academy, including but not limited to burns, heat stroke, heart attack, heat exhaustion, falls and other related injuries, and I choose to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me as a result of participating in said activity. I further agree to indemnify and hold harmless the Releasees for any loss, liability, damage or costs, including court costs and attorney fees, which may occur as a result of my participation in said activity.
3. I understand that the Bastrop County Fire Training Academy does not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage.
4. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.
5. In signing this Covenant Not to Sue and Agreement to Hold Harmless, I acknowledge and represent that I have read the foregoing Covenant Not to Sue and Agreement to Hold Harmless, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing agreement that has been reduced to writing have been made. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I am at least eighteen (18) years of age and fully competent.