Dawson County Emergency Services
2016 Junior Fire Academy Application

Cadet's Name:_____ Birth Date:_____ Current Grade:____

Cadet's School:_____ Male/Female(circle) T-Shirt Size:____(Youth/Adult)

Home Address:_____ City_____ Zip_____

Home Phone:_____ Email Address:_____

Parent/Guardian: _____ Printed Name: _____

Emergency Contact: _____
Name Telephone Cell Phone

ONLY the following people may pick my child up from the Junior Fire Academy:

_____

Please list all health concerns, allergies, limitations or restrictions, and medications for your child:

_____

_____

MINOR CHILD RELEASE, LIABILITY WAIVER AND HOLD HARMLESS STATEMENT FOR PARTICIPATION IN THE JUNIOR FIRE ACADEMY PROGRAM SPONSORED BY DAWSONCOUNTY

I understand that there are certain risks involved with participating in the activity identified above. On behalf of my minor child identified above, I hereby RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS DAWSON COUNTY, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, from any and every claim, demand or action of any kind arising due to bodily injury, illness, death, and/or property damage resulting from any incident which may occur to my minor child as a result of my minor child's participation in the County's activities. This RELEASE, LIABILITY, WAIVER AND HOLD HARMLESS STATEMENT does not apply if such injury, death or damage is caused by the willful, reckless or gross negligence of Dawson County, its officers, agents, volunteers, assistants or employees.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Printed Name of Parent or Guardian Printed Name of Minor Child