

LOS ANGELES FIRE DEPARTMENT

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Participant's Name (printed): _____



Minor (under 18)

WAIVER

In consideration of being permitted to participate in any way in Firefighter Preparatory Programs sponsored by the Los Angeles Fire Department ("LAFD"), including but not limited to the Candidate Advancement Program ("CAP"), the Candidate Physical Ability Test ("C-PAT"), Ride-Alongs, LAFD Expos, the Cadet Program, and other similar programs (hereinafter referred to as "LAFD Programs"), I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the City of Los Angeles ("City"), its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in an LAFD Program.

ASSUMPTION OF RISKS

Participation in LAFD Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but can range from injuries both physical and psychological including 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. In light thereof, I hereby acknowledge that I understand the nature of the inherent risks and dangers associated with participation in LAFD Programs; that I am qualified, in good health, and in proper physical condition to participate therein; and that I knowingly and voluntarily accept and assume responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation in LAFD Programs.

INDEMNIFICATION AND HOLD HARMLESS

I agree to indemnify and hold the City of Los Angeles harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my participation in LAFD Programs, and to reimburse the City for any such expenses incurred.

SEVERABILITY

I expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

NOTIFICATION

I further agree to report any injuries which occur during my participation in LAFD Programs to the City's Personnel Department, Medical Services Section, if I subsequently take part in the Firefighter Selection Process and am provided a conditional job offer.

CONSENT FOR USE OF VOICE/IMAGE

The LAFD may photograph or make audio/video recordings of my participation in LAFD Programs. I hereby consent to the LAFD's posting and publication of my voice and/or image on all media platforms, informational pamphlets, or other media releases for educational and informational purposes.

ACKNOWLEDGEMENT OF UNDERSTANDING

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I further acknowledge that I understand and appreciate the risks that are inherent in participating in LAFD Programs. I am aware that participation in LAFD Programs involves strenuous physical exertion and declare that I am physically fit and do not have any medical conditions and/or restrictions that preclude me from safely taking part. I hereby assert that my participation is voluntary and that I knowingly assume all such risks and agree to all the provisions herein.

Participant (signature)

Date

Parent of Minor Participant (print name)

Parent Phone Number

Parent of Minor Participant (signature)

Date