



City of Franklin, TN Citizens' Fire Academy Participation Waiver

1. The undersigned, in exchange of and in consideration for his/her participation in the **Franklin Citizens' Fire Academy**, a program sponsored and conducted by the Franklin Fire Department, and as a condition of the undersigned's participation in the **Franklin Citizens' Fire Academy**, the undersigned, on behalf of him/herself and his/her heirs, successors, and assigns, agrees to release and hold the City of Franklin, Tennessee, the Board of Mayor and Aldermen of the City of Franklin, Tennessee, its officials, employees, agents and assigns (collectively "the City") harmless for any physical or mental injury, (including but not limited to death), loss, delay, or any damage and expense incurred by the undersigned due to: (i) any incident beyond the City's reasonable control, including, without limitation, acts of Nature, fire, flood, smoke, crimes of violence, acts of war, or government actions and restrictions; (ii) any events directly or indirectly caused by intentional or negligent acts or omissions by any third party; (iii) risks associated with the profession of firefighting, including but not limited to risks associated with health care, transportation, crime, smoke, and fire; and (v) any act or omission of the City.
2. As a further condition of my participation in the **Franklin Citizens' Fire Academy**, the undersigned, on behalf of him/herself and his/her heirs, successors, and assigns agree to indemnify and hold the City harmless from any liability or expense, including court costs and attorney's fees, resulting from any injury, loss or any other damage or expense caused by me during my participation in the **Franklin Citizens' Fire Academy**.
3. No member, official or employee of the City of Franklin, Tennessee shall be personally liable to me, or any successor in interest, in the event of any default or breach by City of Franklin, Tennessee.

Please attach a copy of your current, valid driver's license to this document prior to returning it to the Franklin Fire Department.

Participant's Signature: _____

Participant's Name (printed) _____

Witness Signature: _____

Witness's Name: _____

(Witness must be a City of Franklin employee)

Date: _____