



Sedgwick County Fire District 1

Administrative Office: 7750 N. Wild West Blvd. - Park City, KS 67147
Phone: 316-660-3473 - www.sedgwickcounty.org - Fax: 316-660-3474



*Sedgwick County...
working for you*

SEDGWICK COUNTY FIRE DISTRICT #1 RELEASE OF LIABILITY

I, _____, _____,
(name) (age)
of _____, _____, _____,
(address) (city) (state)

do hereby, in exchange for the opportunity to observe the activities of the Sedgwick County Fire Department first hand, release and forever discharge the Board of County Commissioners of Sedgwick County Kansas, and the Sedgwick County Fire District #1 and all their agents and employees, heirs, executors, administrators, successors, and assigns, from each and every right and claim which I may hereafter have on account of damages to my property or person resulting from any incident, occurrence or activity arising during my accompanying Department Personnel as they perform their duties. **I fully understand that some risks exist in observing Fire Department Officials as they respond to emergency calls and perform their regular duties.**

The undersigned hereby declares and represents that no promise, inducement or agreement not herein expressed has been made to the undersigned, and this Release contains the entire agreement between the parties hereto, and that the terms of this Release are contractual and not a mere recital.

This release shall bind the signor, his heirs, next of kin, executors, administrators, successors, or assigns and shall inure to the benefit of the parties released, their heirs, next of kin, executors, administrators, successors or assigns.

THE UNDERSIGNED HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

IN WITNESS WHEREOF, the undersigned has hereunto set his/her hand to be hereunto affixed this _____
(day)
of _____, _____.
(month) (year)

(Signature)

(Fire Department Officer)

STATE OF KANSAS)
SEDGWICK COUNTY)ss:

On this _____ of _____, _____, before me personally appeared
(day) (month) (year)

_____, to me known to be the person named herein and who
(name)
executed the foregoing Release and who has acknowledged to me that he/she voluntarily executed the same.

Notary Public

My Appointment expires:
(seal)

Items to Bring for Your Ride-Out

- Fitted sheet, top sheet, pillow, and comforter/blanket for a twin size bed
- Towel, wash cloth, bath soap, shampoo, any other personal hygiene products
- Food or cash for food (most crews eat lunch and supper together and they divide the total cost of the meals for the day between the number of crew members present)
- Snacks
- If you have food allergies, please bring your own food
- PE clothing (pack for the weather of the day)
- Business casual wear: Jeans or khaki pants, polo or a decent shirt (no offensive graphics), comfortable shoes or boots (no open toed shoes)
- Extra change of clothes
- Appropriate sleeping clothes
- Container for water (water bottle)
- Arrive on Time
- Report to the Station Officer in Charge
- Signed and notarized release of liability form
- Valid driver license
- Be Respectful and most importantly HAVE FUN