****

**HOODLAND FIRE DISTRICT #74**

**FIRE CADET APPLICATION**

Application Completed Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CADET’S CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: | Middle Name: | | | Last Name: | | |
| Address: | | City: | | | State: | Zip: |
| Mailing Address: | | City: | | | State: | Zip: |
| Home Phone #: | | | Cell Phone #: | | | |
| Email Address: | | | Date of Birth: | | | |

**GUARDIAN/EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First Name: | Middle Name: | | | Last Name: | | |
| Address: | | City: | | | State: | Zip: |
| Mailing Address: | | City: | | | State: | Zip: |
| Home Phone #: | | | Cell Phone #: | | | |
| Email Address: | | | | | | |

**LIABILITY RELEASE AND MEDICAL AUTHORIZATION**

As parent/guardian of the child named above, I give my permission for this child to participate in the Hoodland Fire District #74 Fire Cadet Program. In the event of an emergency, I authorize the administration of basic first aid. I also authorize appropriate treatment by emergency medical personnel.

By signing this release, I agree that if my child is injured in any way while participating in the program, I voluntarily release Hoodland Fire District #74, as well as all of their volunteer personnel, staff, and Board of Directors, from any and all liability for the injuries. I understand and agree that this release applies to not only me, but also my estate, heirs, and assigns.

In the event some other person or entity seeks compensation for these released liabilities, my estate or I, will indemnify and hold harmless Hoodland Fire District #74.

I understand that the program will include occasional ride-alongs in Fire District Vehicles and hands-on trainings with careful, trained supervision; however, unexpected events may occur. I have determined that my child is fully medically capable of participating in the program activities.

I understand that photographs and video may or may not be taken of my child during these activities. I give my permission for Hoodland Fire District #74 to use photographs or video for promotional, including brochures or promotional video, and training purposes.

I have read this release; I understand it; and I fully agree to all its terms.

Name of parent/guardian (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Cadet \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_