



Sheffield Village Fire Department

4340 Colorado Ave Sheffield Village, Ohio 44054



I, _____ (participant), acknowledge that I have voluntarily applied to participate or give consent in the following activities with the Sheffield Village Fire Department:

- Any Emergency that falls into the scope of responsibilities of the Sheffield Village Fire Department including, but not limited to:
 - Emergency Medical requests for service
 - Motor Vehicle Accidents
 - Rescues
 - Structure Fires

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

As consideration for being permitted to participate in these activities, I further state and reiterate and agree that neither the Village of Sheffield, Ohio, nor any members of the Sheffield Village Fire Department, or their sureties, shall be responsible or liable for any injury, damage, loss or expense, either to me or my property, which may be incurred during the activity or while accompanying any member or employee of said department during the performance of their official duties, or resulting from any negligent act or omission on the part of any member of the Sheffield Village Fire Department. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will, it be being my intention to hold and save the Village of Sheffield harmless from any and all liability whatever which might be incurred in consideration of it granting me the privilege of gaining experience and knowledge in my capacity.

As Medical Director for the Sheffield Village Fire Department, through University Hospitals, Elyria, I agree that this waiver of liability shall remain in effect for the duration of my appointment as Medical Director.

Signature _____ (Participant)

Signature _____ (Parent or Guardian)

Witness _____

Dated at Sheffield Village, Ohio this _____, 20____