

**CITY OF WINTERS – FIRE EXPLORER PROGRAM
WAIVER AND ACKNOWLEDGMENT**

I, _____ [*print name*], have been selected to participate in the Fire Explorer program with the City of Winters Fire Department.

I am:

- (*check one*) over the age of 18.
 under the age of 18 (parent or legal guardian must sign form).

By my initials below, I acknowledge that I have read and understood each item.

(*initials*)

_____ I choose to participate in the Fire Explorer program with the City of Winters, which provides an opportunity for education about the Fire and Emergency services. I am choosing to participate for civic, charitable, or humanitarian reasons.

_____ I will be performing services and obtaining education without promise, expectation, or receipt of compensation (in any form) for any services rendered.

_____ I understand that I have no obligation to continue in the Fire Explorer program and that I can choose to cease my participation at any time. I also understand that I can be relieved of my duties as a Fire Explorer at any time and that I have no rights to continue my Fire Explorer status.

_____ I may be eligible for Workers' Compensation benefits in the event of injury in the course of performing my volunteer duties, but will not under any circumstances receive any other type of compensation for any injuries from the City of Winters that may occur during the course of volunteering.

_____ Other than Workers' Compensation insurance, I understand that I am not eligible for and will not participate in any benefits (including medical insurance, retirement, life insurance, etc.) provided to City of Winters employees.

_____ I understand that I may be exposed to risks of personal injury or property damage in connection with my participation in the Fire Explorer program and agree to release and not to sue the City (or any of its officials, employees, agents, or volunteers) for any damage or loss I may sustain in connection with my participation in the Fire Explorer program.

This Waiver and Acknowledgment is entered into this ___th day of _____, 2019

Print name (Volunteer)

Signature

If under 18, print name of Parent/Guardian

Signature