

# AGREEMENT AND RELEASE FOR TRAINING

## CANTON FIRE DEPARTMENT

The undersigned hereby applies to participate in Training at Fire Station Number 4 located at 2502 Cleveland Avenue NW, Canton, OH 44709. In consideration of allowing the undersigned to participate in training and use of facilities, I agree as follows:

1. To abide by all of the Fire Department's rules and regulations which may be in effect during the course of this training or any other procedure which relate to the control of my actions and conduct while in the Fire Station.
2. I hereby acknowledge the risks and hazards which may arise through participation in training or any other procedure and that these activities involve serious risks, including risk of loss of life, and/or limb, and/or property.
3. I hereby acknowledge that my participation in said training or any other procedures is at the sufferance of the City and I acknowledge that such participation may be revoked at any time, either orally or in writing, by any authorized City personnel. In the event of such revocation, I shall immediately comply and shall thereafter have no rights or recourse against the City of Canton, its agents or employees as a result of that decision or any other matter whatsoever.
4. I hereby agree to hold the City of Canton, its agents, and employees harmless and to release them from any and all claims which might inure to the benefit to myself, my heirs or assigns during the course of said training or other procedures; whether arising out of my action or inaction, either intentional or negligence on the part of myself, City of Canton, its agents, and employees. I agree that the Release shall be binding upon any of my heirs, administrators, executors, and assigns.
5. I agree to maintain or cause to be maintained a health and accident policy of insurance ensuring that any medical and other claims resulting from my participation in Training shall be covered. I agree to provide the City with proof of such insurance upon request.
6. By signing this Agreement, I hereby certify that I have read this Agreement and Release and agree to abide by the conditions contained in them.

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**PRINT NAME**

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**SIGNATURE**

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**DATE**

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**SOCIAL SECURITY NUMBER**