

# CITY OF SUNRISE

## FIRE-RESCUE DEPARTMENT

10440 W. OAKLAND PARK BLVD., SUNRISE, FLORIDA 33351

### EXPLORER'S PERMISSION AND RELEASE FORM

#### **I. NAME OF EXPLORER**

\_\_\_\_\_, (name) Explorer Scout, who is \_\_\_\_\_ years of age, wishes to participate in the activities of post #310, sponsored by the City of Sunrise Fire-Rescue Department.

#### **II. NOTICE OF ACTIVITIES AND EXPOSURE TO RISK**

Activities of the Post may include;

1. Receiving instruction on the use of fire equipment, including live hose streams, ladder climbs, generators, power tools, and breathing apparatus
2. Extinguishing controlled training fires as a member of a team
3. Riding in an emergency vehicle, such as a fire truck or rescue truck, during response to an actual emergency call
4. Gathering information, carrying messages, and dispensing food and drink to firefighters at the periphery of an emergency scene, during a prolonged emergency
5. Instruction in, and provision of, basic medical care and first-aid

#### **III. EXPLORER'S PHYSICAL LIMITATIONS**

The Explorer is subject to the following disabilities: (please list below)

---

---

The disabilities limit or prevent the Explorer from participating in the following activities: (please list below)

---

---

#### **IV. RELEASE FROM LIABILITY**

1. I am the parent or legal guardian of the Explorer Scout; or I am over the age of 18 years.
2. I have read Section II above, notifying me of the activities an Explorer is likely to take part in as a member of the Sunrise Fire-Rescue Explorer Post # 310
3. I agree that the Explorer will observe the physical limitations I have listed above
4. I understand that an Explorer could be accidentally injured or harmed while taking part in Explorer activities
5. In consideration for allowing the individual named in Section I above to participate in the named activities, I agree to release the City of Sunrise, its officers, employees and agents (hereinafter referred to as the "City") from liability as follows:

##### **A. ACTS COVERED BY RELEASE:**

1. I release the "City" from liability for acts or omissions that are partially the negligence of the "City"
2. I release the "City" from liability for acts or omissions that are the negligence of persons other than the "City"
3. I release the "City" from liability for acts or omissions of the City's officers, agents or employees, if they are not acting officially on the behalf of the "City" while committing the act or omission by which an Explorer is harmed.

##### **B. DAMAGES COVERED BY RELEASE**

1. I release the "City" from liability for all claims, damages, costs, attorney's fees or expenses arising out of harm to the Explorer, unless the Explorer is harmed solely by its negligence.

##### **C. TIME COVERED BY RELEASE**

1. I release the "City" from liability for harm to the Explorer whether the harm is evident immediately or is discovered only on some later date; except I do not release them from liability for their sole negligence.

##### **D. PERSONS BOUND BY THIS RELEASE**

1. I make this release on the behalf of the Explorer, myself, and all other members of the Explorer's family

2. By signing below, I permit the Explorer Scout to participate in activities of the Explorer Post # 310 and I agree to the terms of the release set forth in this form.

---

SIGNATURE

---

RELATIONSHIP TO EXPLORER

---

DATE

---

NOTARY SEAL

# CITY OF SUNRISE

## FIRE-RESCUE DEPARTMENT

10440 W. OAKLAND PARK BLVD., SUNRISE, FLORIDA 33351

### RELEASE AND HOLD HARMLESS

The undersigned being the age of fourteen (14) or older, does hereby request the City of Sunrise of Broward County, Florida for permission to ride as an observer only in an authorized City of Sunrise motor vehicle unit.

If permission is granted, I hereby agree to obey, at all times, all instructions, orders and commands given to me by unit members in command of any vehicle in which I may be riding. I fully realize and appreciate the basic nature of Emergency Medical work and the possibility that situations will arise which might result in my being exposed to the danger of physical harm or injury, including but not limited to motor vehicle accidents. I, nevertheless, freely accept these risks.

WHEREFORE, in consideration of the educational benefits to be received and the granting of the above request, I hereby agree to hold the City of Sunrise, it's councilmen, it's employees, and its agents harmless from all liability to me for personal injury or property damage sustained during the period of time I may be in the capacity of an observer or passenger, as aforesaid.

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

STATE OF FLORIDA

County of \_\_\_\_\_

I, an officer authorized to take acknowledgements, hereby certify that this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me \_\_\_\_\_, to me well known to be the person described in the foregoing release, and acknowledged to me that he/she executed the same freely and voluntarily for the uses and purposes therein expressed.

\_\_\_\_\_  
Notary Public

# CITY OF SUNRISE Fire-Rescue Explorers

## APPLICATION

All applications must be filled out with either a blue or black pen. Please fill out the application truthfully and thoroughly, or it will not be processed.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LEGAL GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT NUMBERS: \_\_\_\_\_

SCHOOL YOU ATTEND: \_\_\_\_\_ GRADE: \_\_\_\_\_

LIST CLASSES AND GRADES: \_\_\_\_\_

\_\_\_\_\_

DO YOU DRIVE? \_\_\_\_\_ IF SO, LICENSE NUMBER: \_\_\_\_\_

TRAFFIC VIOLATIONS: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? \_\_\_\_\_ IF YES, EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

CHECK ALL THAT APPLY:

- FIRST AID

- EMT

- PREVIOUS EXPLORER EXPERIENCE

- CPR

- FIRE

DO YOU BELONG TO ANY ORGANIZATIONS? \_\_\_\_\_ IF SO, LIST: \_\_\_\_\_

\_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, LIST: \_\_\_\_\_

\_\_\_\_\_





APPLICATION  
CON'T

I HEREBY CERTIFY THAT I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY AND ACCURATELY. I AUTHORIZE THE CITY OF SUNRISE FIRE-RESCUE TO MAKE INQUIRIES INTO MY SCHOOL, POLICE DEPARTMENT AND EMPLOYER, CONCERNING MY FITNESS AND MORAL CHARACTER

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

I HEREBY ACKNOWLEDGE AND UNDERSTAND ALL OF THE ABOVE AND HAVE NO OBJECTIONS TO MY SON OR DAUGHTER JOINING THE CITY OF SUNRISE FIRE-RESCUE EXPLORER PROGRAM.

SIGNATURE OF GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

TURN IN COMPLETED APPLICATION TO:

ATTN: TIM EWING  
SUNRISE FIRE RESCUE DEPARTMENT  
10440 W. OAKLAND PARK BLVD  
SUNRISE, FL. 33351

MEETINGS ARE HELD EVERY MONDAY NIGHT AT SUNRISE FIRE STATION #59, LOCATED AT 8330 NW 27<sup>TH</sup> PLACE. MEETINGS WILL START AT 7:00PM.

---

DEPARTMENT USE ONLY – DO NOT WRITE BELOW

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

- ACCEPTED

- DENIED

EXPLAIN \_\_\_\_\_

- POSTPONED

EXPLAIN \_\_\_\_\_